

UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES

**EXPLORING ACCESSIBILITY TO AND USES OF THE DISABILITY
SUPPORT FUND AMONG PERSONS WITH DISABILITY (PWDS) IN
THE NSAWAM ADOAGYIRI MUNICIPALITY**

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DECLARATION

I hereby declare that except for the references to other authors' works, which have been duly acknowledged, this dissertation "Exploring Accessibility to and Uses of the Disability Support Fund Among Persons With Disability (PWDs) in the Nsawam Adoagyiri Municipality" is my own research work carried out in the Institute of Statistical, Social, and Economic Research (ISSER) under the supervision of Dr. Cynthia Addoquaye Tagoe.



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ABSTRACT

Persons with Disability (PWDs) are said to be the poorest in the global and Ghanaian economy. This issue is worrisome particularly when several of these persons are found among the poorest of the poor and may also suffer deprivations of lack of access to economic and social services in Ghana. The Disability Support Fund (DSF) was thus initiated as a social protection response to address poverty among PWDs and their households. The Disability Support Fund notwithstanding is faced with accessibility challenges. This study investigated the accessibility to and uses of the DSF among PWDs in the Nsawam Adoagyiri Municipality using cross-sectional design with a mixed-method approach. The study employed a total sample of 150 PWDs with three key informants from the DSF Management Committee including the chairperson, finance secretary and the PWDs' representative using a questionnaire and an interview guide respectively. The study revealed that the DSF has been useful in terms of contributing to the livelihoods of PWDs in the Nsawam Adoagyiri Municipality. Beneficiaries were able to fund their education, food and healthcare with the help of the Fund. Though useful, a significant number (about 70%) of PWDs in the municipality did not have access to the Fund due to the insufficiency of the Fund. For this reason, the contribution of the Fund to the livelihoods of PWDs in the Nsawam Adoagyiri Municipality appeared to be significantly marginal. There were delays in the disbursement of the Fund from the central government and the municipal office due to some stringent procedures required to follow before amounts are disbursed. The study recommends that the government provides enough funding at the MMDAs and for that matter the Department of Social Welfare to enable them disburse adequate funds to all qualified PWDs. Additionally, the support of NGOs, firms, and philanthropic individuals through financial and material support to the Fund could increase the Fund and also help improve the accessibility of the Fund by PWDs.

DEDICATION

This work is dedicated to Allah, the All-Powerful, who has blessed me with knowledge, wisdom, health, and strength throughout my academic career.



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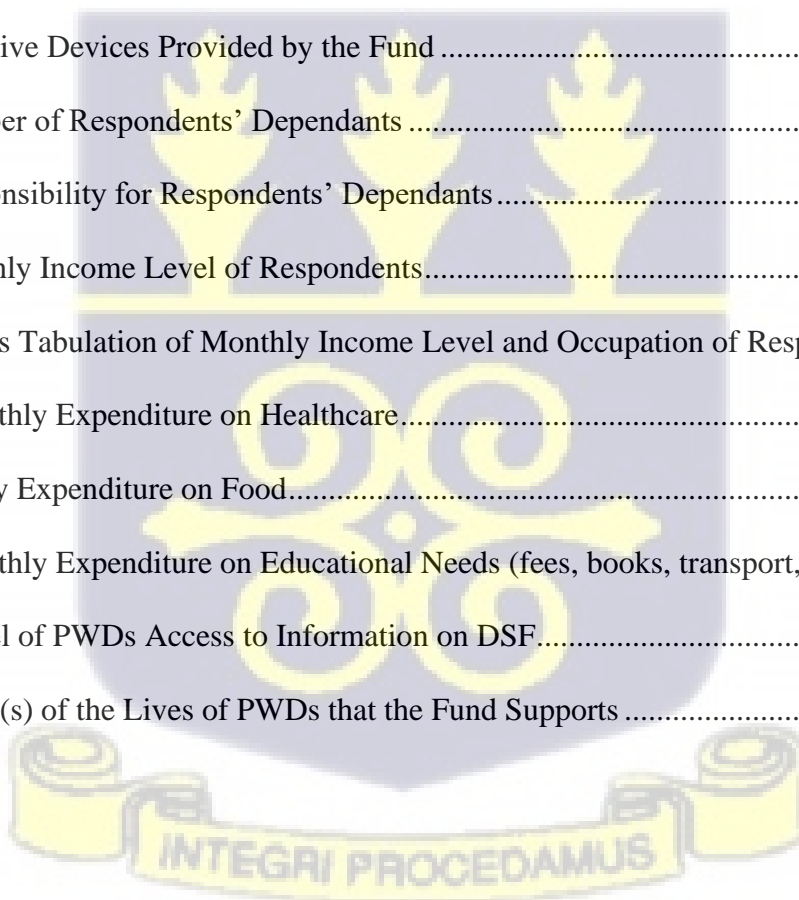
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LIST OF ACRONYMS

CRPD	Convention on the Rights of Persons with Disabilities
DACF	District Assemblies Common Fund
DCF	Disability Common Fund
DSF	Disability Support Fund
GSS	Ghana Statistical Service
ICF	International Classification of Functioning
ILO	International Labour Organisation
LEAP	Livelihood Empowerment Against Poverty
MDGs	Millennium Development Goals
MMDAs	Metropolitan, Municipal and District Assemblies
MMDCEs	Metropolitan, Municipal and District Chief Executives
NAMA	Nsawam Adoagyiri Municipal Assembly
NCPD	National Council for Persons with Disability
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
OECD	Organisation for Economic Co-operation and Development
PWD	Person with Disability
PWDs	Persons with Disability
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations

UNCRPD	United Nations Convention on the Right of Persons with Disabilities
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNICEF	United Nations International Children’s Emergency Fund
USD	United States Dollars
WHO	World Health Organisation



CHAPTER ONE: INTRODUCTION

1.0 Background of Study

The World Health Organisation (2021:10), defined disability as “the outcome of the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome or depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports)”. The international community has made it abundantly clear through the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs), that it is committed to ending poverty through concerted, forward-thinking action. Most of these groups, including the World Bank, the United Nations, and other development partners, have concentrated on helping poorer countries implement pro-poor policies. Amidst this global attempt, Persons with Disability (PWDs) have been found to be worse sufferers of poverty, experiencing multiple deprivations with multidimensional poverty gaps higher than persons without disabilities (DESA, 2011).

According to the World Health Organisation (2022), approximately 1.3 billion people, which accounts for 16 percent of the global population, experience significant disability. These PWDs are mostly subjected to discrimination and stigma which have effects on their mental and physical health (WHO, 2022). These limitations make them highly vulnerable and subject to various deprivations which affect their social and economic progress in society. Shakespeare et al. (2019) therefore, asserted that deprivations and inequities make PWDs non-resilient to many risks. These risks aggravate not only their poverty status but also their vulnerability due to unavailability and lack of access to economic and social resources for preventing, mitigating and coping with shocks. It is therefore necessary for PWDs to be specifically targeted in developing poverty reduction

initiatives. Disability inclusion is also vital in achieving ‘health for all’ as priorities for global health and the SDGs (WHO, 2022). The realisation of targeting PWDs in developing poverty reduction initiatives which was omitted from the Millennium Development Goals (MDGs) has triggered debate towards the demand for intentional inclusion of PWDs and their needs in social protection policies and programmes at all levels (Banks et al., 2017). The Sustainable Development Goals include several targets that aim to improve the lives of PWDs and promote their inclusion and participation in society. Some of these targets include SDG 1 (Target 1.4 seeks to ensure that all men and women, especially the poor and vulnerable have equal rights to economic resources as well as basic services to reduce poverty), SDG 4 (Target 4.5 seeks to eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable including PWDs), SDG 8 (Target 8.5 seeks to achieve full and productive employment and decent work for all women and men, including for young people and PWDs, and equal pay for work of equal value), SDG 10 (Target 10.2 seeks to empower and promote economic, social and political inclusion for all and reduce inequalities within and among countries), SDG 11 (Target 11.2 seeks to provide universal access to safe, affordable, accessible, and sustainable transport systems, particularly for women and children, older persons and PWDs) and SDG 16 (Target 16.3 seeks to promote peaceful and inclusive societies, provide access to justice for all, and build effective and accountable institutions) which all work towards improving the lives of everyone, including PWDs.

In its attempt to provide a unified and standardised synopsis of wellness and health-related states of Persons with Disability, the World Health Organisation (WHO, 2011) has developed an

International Classification of Functioning Disability and Health. Within this classification system, disabilities are categorised as involving one or more of the following:

- **Impairment:** conditions that exist within the intrinsic structure of a given body such as loss or total deformity of a body part or an organ and function which restricts the ability of a person to perform everyday functions. Cleft lip, cleft palate, deafness, blindness, mental retardation, limb deformities, and stuttering are all examples.
- **Activity limitation:** this denotes struggles that an individual may have which cause a stall or anomaly when executing daily activities such as doing housework and dressing.
- **Participation restrictions:** which denote restrictions faced by persons in playing a part in life situations. These may be in the form of restriction faced in daily activities like climbing a staircase, walking, hearing and speaking.

Therefore, it is essential to look at the functioning of an individual in terms of impairment as the consequence of a complex interplay between the individual's health concerns and the contexts that are the product of both personal and environmental factors such as sex, age, religion, ethnicity, personal attitude, limited social support and economic situation. However, the medical conditions such as blindness, cerebral palsy, dementia, down syndrome or spinal cord injury impact on the welfare of persons living with these restrictions, limitations or impairments (WHO, 2011; Banks et al., 2017; WHO, 2021; WHO, 2022).

The general development response to protect all vulnerable persons in society including Persons with Disability underpins policy and actions which resulted in *welfare* systems and initiatives. Over time the term, *well-being*, has also evolved in the literature as economists strove to measure happiness and good life through utility and satisfaction (Maximo, 2016).

The welfare concept which is based on earlier economic theory focused predominantly on economic power denoting that an individual's welfare (quality of life) should be perceived and measured by one's income. Criticisms of the welfare concept as measured narrowly by income, led to shift to the use of well-being which accommodates other subjective determinants of a good life other than income of an individual or group of people (Maximo, 2016). The term "welfare" is most commonly used within the realm of social protection; however, the scope of its measures often goes far beyond the realm of pure economics to encompass concerns such as the availability of nourishing food, medical care, and quality educational opportunities (Norton et al., 2012). The Organisation for Economic Co-operation and Development (2013) therefore averred that all definitions at least point to the fact that well-being or welfare is achieved when essential human needs are met with individuals able to pursue their life goals.

In Ghana's policy and legal space, there are several provisions which seek to protect and enhance the welfare of persons who are socially disadvantaged including PWDs. Such efforts span from its clear support of global action in the form of guidelines and frameworks such as Article 25 of the Universal Declaration of Human Rights and Article 28 of the United Nations Convention on the Rights of Persons with Disabilities treaty (International Labour Organisation, 2015). Prior to this action, the Persons with Disability Act 2006 (Act 715) which is also referred to as the Disability Act 2006 had been passed in 2006 by Ghana's Parliament to further cushion rights of Persons with Disability. Additionally, there are crosscutting legal provisions for protecting the rights of PWDs such as Children's Act 1998 (Act 560), the National Health Insurance Act 2012 (Act 852), the Education Act 2008 (Act 778) and the Labour Act 2003 (Act 651). These legislations have specific sections which address the needs of PWDs (Republic of Ghana, 1998; 2003; 2006; 2008; 2012).

More so, as Article 29 of the 1992 Constitution of Ghana spells out the rights of PWDs, the Disability Act 2006 in particular is quite comprehensive with about 61 clauses, which touch on rights of PWDs; promising access to service, education, transportation, and health care (Republic of Ghana, 2006).

Beside these substantial legal provisions, specific initiatives have been made by several governments to support the economic and social progress of PWDs. One of the specific social protection programmes introduced at the local level is the Disability Support Fund for Persons with Disability. This Fund seeks to support PWDs to enhance their social and economic development (Ghana Statistical Service, 2014a). The Disability Support Fund which was 2 percent (now 3%) allocation of the District Assemblies Common Fund (DACF) is transferred to the various Metropolitan, Municipal and District Assemblies (MMDAs) from the central government on quarterly basis (Gyamfi, 2013).

The National Council for Persons with Disability (NCPD), in collaboration with other stakeholders in Ghana's social protection system, has developed a set of guidelines for the distribution of funds in addition to ensuring that these resources are utilised in the most efficient manner possible. These guidelines prioritise the following areas: raising public awareness about problems faced by PWDs; assisting PWDs in strengthening their organisations; offering PWDs access to skills training and income-generating opportunities; and facilitating their participation in formal education and the job market (National Council on Persons with Disability, 2010). It is a one-time payment with a limited opportunity for subsequent support opened to all PWDs within the various local government areas who can clearly articulate their purposes for accessing the Fund. The limited

subsequent opportunity is subject to beneficiaries' ability to show evidence of proper utilisation (Opoku & Nketia, 2021). Within the MMDAs, a five-member Management Committee is constituted to include the District Planning Officer, Social Welfare Director, and other members appointed by the MMDAs to oversee the utilisation of the Disability Support Fund (Agyemang, 2015).

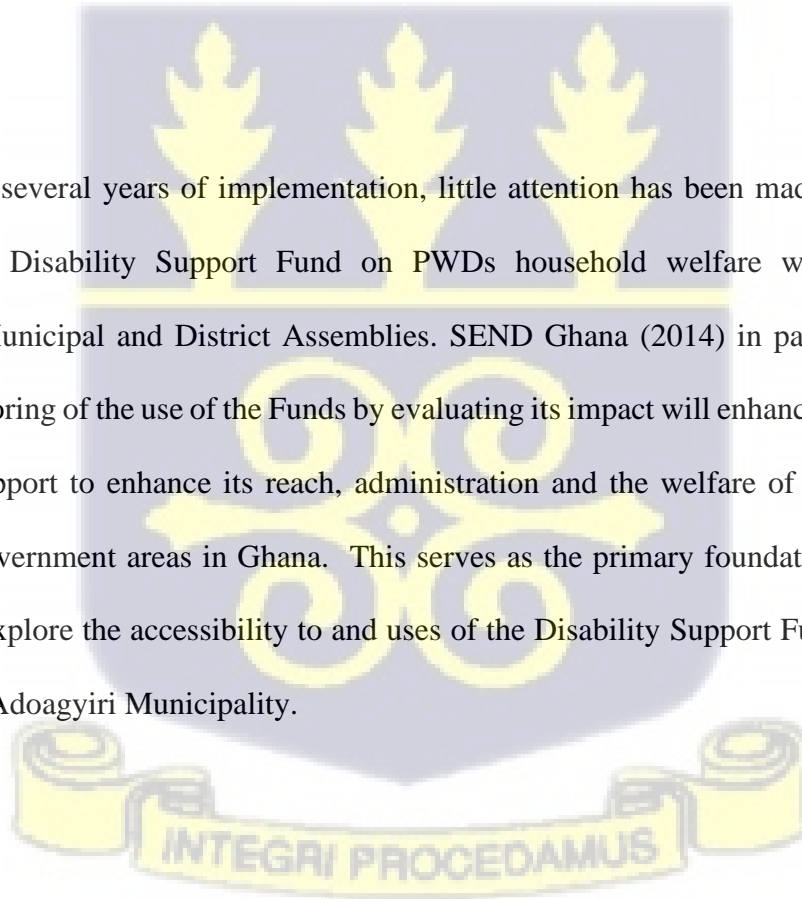
1.1 Problem Statement

According to the Population and Housing Census that was carried out in Ghana in 2021 by the Ghana Statistical Service, an estimated 2,098,138 individuals, which corresponds to approximately 8 percent of the total population of 30,832,019 Ghanaians, were identified as having varying degrees of difficulty in performing activities (Ghana Statistical Service, 2022). This is a significant increase compared to the 2010 Population and Housing Census Report on Disability in Ghana which estimated 3 percent of the total population of 24 million Ghanaians as having severe disability of some kind (Ghana Statistical Service, 2014a).

The results of global studies were found to be supported by the findings of the Ghana Population and Housing Census Report (2010), which found that PWDs in Ghana are more likely to be impoverished than people who do not have disabilities (Ghana Statistical Service, 2014a; Banks et al., 2017). So, PWDs suffer several deprivations of lack of access to economic and social services being found among the poorest of the poor in Ghana (Voice Ghana, 2014). This perhaps accounts for the migration of PWDs to urban centres to beg for alms on the streets of Ghana.

To address poverty of PWDs and their households, the Disability Support Fund initiative appears to be a right social protection response for breaking out of poverty. This Fund seeks to support PWDs to enhance their social and economic development (Ghana Statistical Service, 2014a). Yet, efforts made to improve the welfare and protection of PWDs through this District Assembly Common Fund for Persons with Disability is not without challenges. While some district assemblies are unwilling to open separate accounts for the Fund, others do not have committees set up to manage and report on this 3 percent allocation as stipulated in the Fund's disbursement guidelines. There are also reports of political interferences by Metropolitan, Municipal and District Chief Executives (MMDCEs) who misappropriate the Disability Support Fund (SEND Ghana, 2014).

Moreover, after several years of implementation, little attention has been made to ascertain the impacts of the Disability Support Fund on PWDs household welfare within the various Metropolitan, Municipal and District Assemblies. SEND Ghana (2014) in particular avers that increased monitoring of the use of the Funds by evaluating its impact will enhance policy discourse on disability support to enhance its reach, administration and the welfare of PWDs within the various local government areas in Ghana. This serves as the primary foundation for this study, which aims to explore the accessibility to and uses of the Disability Support Fund among PWDs in the Nsawam Adoagyiri Municipality.



1.2 Research Questions

This research is driven by the following question: To what extent has the Disability Support Fund affected the standard of living for Persons with Disability living in Nsawam Adoagyiri Municipality? In particular, the study will address the following questions:

- What is the level of awareness of the Disability Support Fund among PWDs?
- How accessible is the Disability Support Fund to PWDs?
- What is the effect of the Disability Support Fund on PWDs household welfare?
- What are the challenges of managing the Disability Support Fund?

1.3 Research Objectives

As such, this enquiry aims primarily to appraise the Disability Support Fund by studying its effect on PWDs household welfare in the Nsawam Adoagyiri Municipality. Specifically, the study seeks to:

- Assess the level of awareness of the Disability Support Fund among PWDs.
- Examine the level of accessibility of the Disability Support Fund to PWDs in the study area.
- Analyse the effect of the Disability Support Fund on the welfare of beneficiary households.
- Identify and analyse the challenges of managing the Disability Support Fund and suggest practical solutions.

1.4 Significance of the Study

The study will provide information for policymakers about social protection programmes, particularly on the impact of social assistance programmes which target Persons with Disability

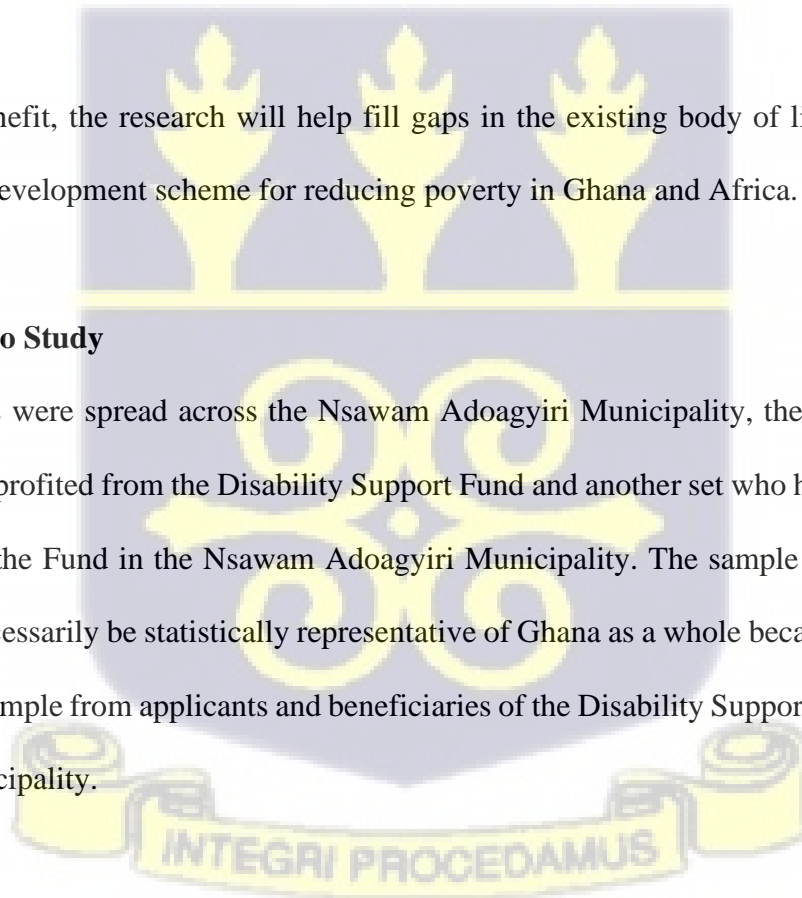
and their households, by providing and uncovering the magnitude to which current assistance programmes have achieved their purpose.

It is anticipated that the findings will also contribute to the information that the Nsawam Adoagyiri Municipal Assembly has regarding the impact that the Disability Support Fund interventions have on the beneficiaries. This can serve as a basis for reaching more private sector funders to provide additional support to expand the programme to reach more PWDs who have not benefited from the programme. It will also uncover areas which need improvement to enhance impact and sustainability of the Disability Support Fund.

As an added benefit, the research will help fill gaps in the existing body of literature on social protection as a development scheme for reducing poverty in Ghana and Africa.

1.5 Limitation to Study

Although PWDs were spread across the Nsawam Adoagyiri Municipality, the study focused on PWDs who had profited from the Disability Support Fund and another set who had applied but yet to benefit from the Fund in the Nsawam Adoagyiri Municipality. The sample for the study will therefore not necessarily be statistically representative of Ghana as a whole because the researcher was limited to sample from applicants and beneficiaries of the Disability Support Fund in Nsawam Adoagyiri Municipality.



1.6 Definition of Concepts/Terms

1.6.1 Welfare/Well-being

Though both terms are often used interchangeably, there is some little difference (Organisation for Economic Co-operation and Development, 2013). Whilst welfare is a general/broad term that includes well-being, well-being itself is often used as a term to define the standard of living of persons such as health, comfort, or happiness. In other words, welfare is a broader term that encapsulates well-being. In this study, the term welfare and well-being will be used interchangeably to mean good life, healthy, happiness, life satisfaction, etc.

1.6.2 Persons with Disability (PWDs)

Those who, due to a combination of their disability and other factors, are unable to take part in society on an equivalent footing with others are said to have a disability of some kind (UNCRPD, 2006). The World Health Organisation (2021) defines PWDs as persons with long-term impairment which could be mental, intellectual, physical or sensory which in interaction with various obstacles may hamper their complete and effective engagement in society on same level with others. The definition of PWDs in Ghana is in accordance with the Persons with Disability Act 2006 (Act 715) of Ghana. According to this Act, a Person with Disability is defined as someone who has a physical, mental, intellectual, or sensory impairment that results in substantial and long-term limitation of their ability to perform normal day-to-day activities. This definition includes individuals with physical disabilities, visual impairments, hearing impairments, intellectual disabilities, developmental disabilities, mental health conditions, and other forms of impairment. The abbreviation, PWDs for Persons with Disability shall be used and maintained throughout the text to mean physically challenged, deaf and dumb, intellectually impaired, and visually impaired as explained below.

1.6.2.1 Physically Challenged

A person is physically challenged when he/she has physical limitations and infirmities. Such persons included but not limited to amputees, lepers, and limpers (GSS, 2014a).

1.6.2.2 Deaf and Dumb

These are persons who cannot hear and have difficulty in speaking. The most common means of communication is through sign language (GSS, 2014a).

1.6.2.3 Intellectually Impaired

Intellectual impairment, formerly known as mental retardation, is an impairment of mental function and adaptive behaviour that develops between birth and the start of adulthood (GSS, 2014a).

1.6.2.4 Visually Impaired

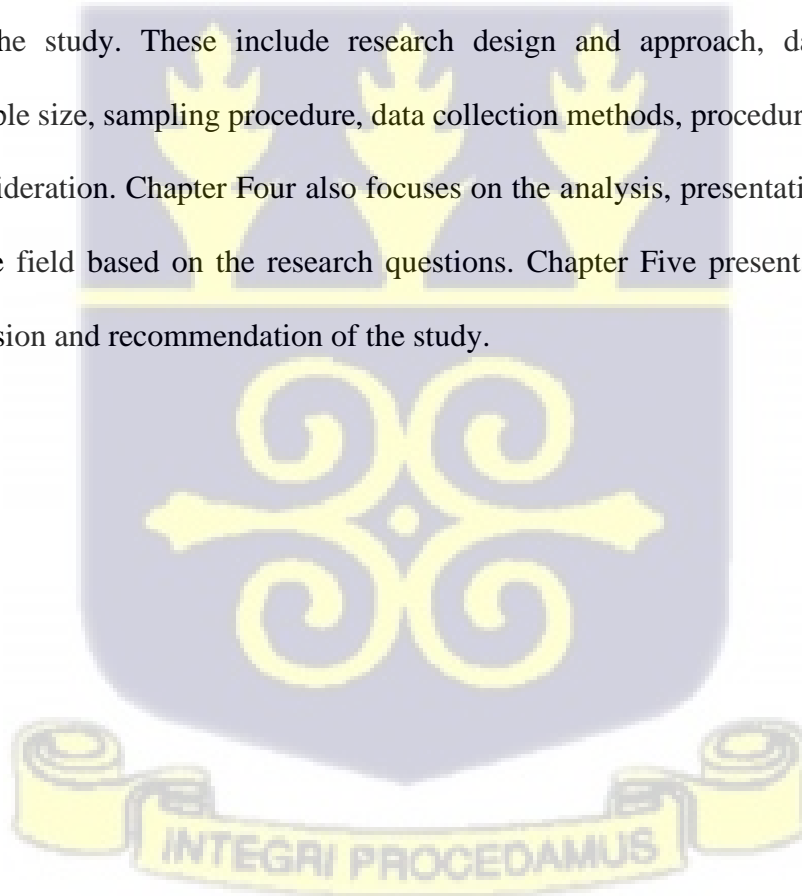
A loss of vision, whether total or partial, is collectively referred to as "visual impairment" by medical professionals. These include the totally blind and partially blind such as those suffering from long and short sightedness (Ghana Health Service, 2015).

1.6.3 Assistive Devices

These are devices that enable a person who needs support to carry out his routine activities that are necessary for maintaining well-being and independence to live a full life (Ministry of Health, 2020).

1.7 Organisation of the Study

This study is divided into five chapters. Chapter One focuses on the introduction to the study. Specifically, it provides the background to the study with the problem statement, research questions, objective of the study, significance of the study, limitation of the study, definition of concepts/terms and organisation of the study. Chapter Two entails reviews of relevant literature on the topic under study. It focuses on concepts of social protection and its international and local policy basis for the development of social protection programmes for PWDs. It also reviews other works conducted on the impact of similar social assistance programmes as a social development tool for improved welfare of PWDs. Chapter Three explains the research methodology which was employed for the study. These include research design and approach, data source, study population, sample size, sampling procedure, data collection methods, procedure for data analysis and ethical consideration. Chapter Four also focuses on the analysis, presentation and discussion of data from the field based on the research questions. Chapter Five presents the summary of findings, conclusion and recommendation of the study.



CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This section presents the analysis of previous studies that have been conducted around the topic of the current study by a variety of academics. Thus, the various arguments and positions on social protection and management of Persons with Disability by scholars are brought forth and discussed. The research materials used for the review were deemed consequential to the selected themes in this chapter. The review specifically focuses on concepts of social protection and its international and local policy basis for the development of social protection programmes for PWDs. The review also captures other works conducted on the influence of similar social assistance programmes as a social development tool for improved welfare of PWDs, not excluding the concepts of disability, classification and models of disability, vulnerability, social protection, and the Disability Common Fund (DCF) also known as Disability Support Fund in Ghana.

2.1 The Concept of Disability

The World Health Organisation (2021:10), defined disability as “the outcome of the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome or depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports)”. There are substantial differences in the experience of Persons with Disability living in different regions of the entire world (Pineda, 2020). In the globe today, there are a wide and increasing number of PWDs. It is anticipated that the findings of surveys conducted on various population subgroups, in conjunction with the observations of seasoned researchers, will confirm the figure to be 1.3 billion, which would reflect 16 percent of the total population of the world (World Health Organisation, 2022). This suggests that one in

every six people is physically, mentally or sensory impaired, representing the world's largest minority (World Health Organisation, 2022). The causes of impairments and the prevalence and impact of disability are varying worldwide (Barnes & Mercer, 2010; Heera & Maini, 2018; Palmer & Harley, 2012; Smith & Bundon, 2018; UN Enable, 2006). These variations stem from diverse socio-economic conditions and different provisions for the well-being of the members of any society (UN Enable, 2006). Research has estimated that at least 350 million PWDs live in locations in which there are no services to help them overcome their limitations (UN Enable, 2006). Generally, PWDs experience physical, cultural and social constraints that hinder their life and are more complicated with limited rehabilitative aid (UN Enable, 2006). In this regard, it is important to dive into the classification and models of the concept of disability and draw on the vulnerability and accessibility of the Disability Support Fund to the PWDs in general and particularly in Ghana.

2.1.1 Disability Classification and Models

Disability as a concept has emerged in the development agenda for decades. This concept has been a contested one in terms of definition and approach (Shildrick, 2019) and remains even after the establishment of the UN Convention on the Rights of Persons with Disabilities. For this reason, several models have been developed for defining the concept. According to Palmer & Harley (2012), these can be considered in extremes as 'medical' and 'social' models, while acknowledging that there are also several hybrid models. The medical model of disability views disability as a medical problem that is inherent in an individual's physical or mental impairment (Palmer & Harley, 2012). The medical model places responsibility for addressing disability on medical professionals and health care systems.

In contrast, the social model of disability views disability as a social construct that is created by societal barriers and prejudices (Smith & Bundon, 2018). The focus of the social model is on removing these barriers and creating inclusive environments that allow PWDs to fully participate in society. Hybrid models of disability combine elements of both the medical and social models, recognising the importance of medical interventions and accommodations while also acknowledging the role of societal barriers in creating disability (Palmer & Harley, 2012; Smith & Bundon, 2018). It is important to note that different models of disability have different implications for how PWDs are treated and supported. The medical model can lead to a focus on cure or fix, while the social model emphasises the importance of creating inclusive environments and removing barriers to participation.

The International Classification of Functioning (ICF) model for disability and health is the only one that is included in the discussion of hybrid models. Within that context, the United Nations Convention on the Rights of Persons with Disabilities is used to assess the current definition of PWDs. According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Persons with Disabilities (PWDs) are people who have had a physical, mental, intellectual, or sensory impairment for a long period of time and who face a variety of barriers that may prevent them from fully and effectively participating in society (Kazou, 2017). Throughout history, the tendency has been to explain the experience of impairment that PWDs have, which is known as the medical model in ontology.

Disability is seen as created by physical impairments arising from illness, accident or circumstances of health (Barnes & Mercer, 2010). The general idea of this model is that the loss

of physical and social function results directly from deficiency. Therefore, interventions primarily consist of medical care and care provided by institutions, such as programmes for career education, special education, and safety net programmes, which also include social support programmes (Palmer & Harley, 2012).

2.1.2. Disability and Vulnerability

The term "vulnerability" has become somewhat of a catchphrase in contemporary discussions of human rights. There may be a trend toward the particularisation of the human right, with the special protection of individuals, especially the typically overlooked, as evidenced by the broadening of the rationale of vulnerability (Heikkilä et al., 2020). Affirmative actions and/or special protections for PWDs are examples of this (Clough, 2017; Heikkilä et al., 2020; Negrón, n.d.). The significance of the contested exclusion of vulnerability as a notion from the standard discourse on disability, however, cannot be overstated. This is likely due to the fact that people have negative preconceptions about the concept and view disability as an ontological factor that helps maintain the status quo in social power structures (Clough, 2017). The principle of universal application is central to the framework of international human rights law, which states that human rights are applicable to everyone (Nifosi-Sutton, 2017). A priori, this sort of universalism rested heavily on the liberal subject's belief that each person has the agency to assert his or her rights (Kapur, 2014).

However, since some time ago, a notable change in the reflection in the human rights law has taken place and this is because, people are increasingly aware that while rights are universal and equal for all, certain groups and individuals confront specific problems in achieving their human rights making them vulnerable to some extent (Bossuyt, 2015). Persons with Disability are one of these

groups that are routinely denied their human rights, both legally and in practise (Mégret, 2017). Meanwhile, a number of theorists challenge the traditional vulnerability approach, seeing it as an interconnected, relational or universally ontological idea, connected to an inherent condition such as age or impairment, that is framed to fit all groups or statuses (Clough, 2017). Vulnerability and disability are intertwined and, as a result, they produce specific contradictions (Lid, 2015). The link between vulnerability and disability can be seen from one perspective: PWDs are more vulnerable to discrimination compared to the majority of the people (Dammeyer & Chapman, 2018). Another perspective is the recognition of the vulnerability of all individuals (Mattila & Papageorgiou, 2017). At the fundamental level, the vulnerability of the person might be regarded as inherent to the human situation (Lid, 2015).

Each person has a unique perspective on what it means to be vulnerable. A person's risk of developing a disease can be raised by variables such as their age, sex, race, and health status, and even by differences in their physical appearance and their genes (Ahlvik-Harju, 2014). Biotechnology allows for the development of tools that can reveal characteristics of the developing foetus (Lid, 2015). Thus, biotechnology heightens the precarity already present due to impairment or the fear of future disability. An individual who carries a genetic differences or has a distinct appearance may be informed that a foetus with the same attributes can be identified while still developing in the womb (Lid, 2015). New policies have been developed in response to unfortunate historical incidents involving exclusion, with the goal of ensuring that PWDs are able to fully participate in all aspects of society. The political and legal basis for inclusion is provided by various national laws and international agreements pertaining to human rights. This is of paramount importance and exemplifies why the United Nations Convention on the Rights of

Persons with Disabilities (UNCRPD) was created. Understanding the impairment as stemming from the interrelationship between a person and his or her environment, as found in the UNCRPD, is very crucial in the analysis of weakness as a human state (Lid, 2015). An individual becomes vulnerable due to legislation, politics, or even human factors like impairments (Lid, 2015).

With both as life experience and as abstract notions, vulnerability and disability are associated with personal worth (Lid, 2015). People's wishes to avoid disability, for example, are usually not controversial (Shakespeare, 2013). Therefore, for these individuals, the value of a life free from impairments and disability experiences is higher than the value of a life marked by these factors (Sayer, 2011; Shakespeare, 2013; Vehmas & Watson, 2014). In terms of the relationship between vulnerability and disability, scholars have described it as a complex one (Fukuroku et al., 2021; Gould, 2021; Laes, 2020; Wilton et al., 2020). PWDs are subject to hate crime and are excluded from attitudes and social welfare reforms (Lid, 2015). In many aspects of society, people who live with impairments are much more vulnerable to exclusion, as highlighted in the 2011 World Disability Report (Bickenbach, 2011) compared to those without disabilities. In Ghana, for example, this is more prevalent and even worse in rural settings (Abrokwah et al., 2020; Baffoe, 2013; Naami et al., 2012; Opoku et al., 2019). As a result of the widening gap in exclusion and access to social services, governments are making attempts to include PWDs in their policy frameworks (Chihyo, 2016). According to the research that has been done, disability and vulnerability are inextricably linked, and this must be treated as a serious issue if alleviating poverty and preventing discriminatory practices is the responsibility of both local and national governments.

2.2 Concept of Social Protection

Over the past three decades, policymakers in both developed and developing countries have shown a growing interest in the provision of welfare assistance as a means of combating poverty, vulnerability, and social exclusion. The efforts that governments in developing nations are making to alleviate poverty on a national scale are increasingly including the implementation of social safety programmes. The term "social protection" can refer to a wide range of different things depending on the context. On the other hand, in developing countries, social protection schemes have focused primarily on social assistance, which includes various policies and programmes aimed at reducing poverty (Barrientos, 2010). This is in accordance with the definition of social protection provided by Walsham et al. (2019), who argued that it encompasses programmes such as government aid, national insurance, interventions in the labour market, and social care that aim to mitigate the effects of financial risk, alleviate poverty, and improve people's standard of living. This is in line with the definition of social protection provided by Walsham et al. (2019). The 1990s were a time of significant change for safety nets, particularly in countries that were still in the process of developing. As a part of the social policy platform in developing nations due to financial crises, structural reforms, and global economic integration, the importance of social protection has increased over the past few years. Most world leaders have re-evaluated the importance of including social protection policies in their ongoing transformation agendas in order to provide stability for the most vulnerable and economically disadvantaged citizens of their countries.

Therefore, it is critical to trace the geneses of various social safety strategies back to the varying worldviews from which they emerge. As a result, some argue that social protection should be grounded in a rights-based framework for human development, while others insist that it should

be understood in terms of guaranteeing that people's fundamental necessities are met (Cechina & Rico, 2012). Due to the significance of social policy, the idea of social protection has been defined and understood in different ideological frameworks. Social protection, as described by Devereux et al. (2012), evolved out of the social safety nets agenda that formed a major part of development strategy in the 1980s and 1990s and drew inspiration from European social security systems established in the late 19th century. The UN provides a useful definition of social protection (United Nations, 2000). Social protection was defined by the United Nations as "a set of governmental and non - governmental initiatives undertaken by societies in light of current contingencies to mitigate the utter lack or massive reduction in work income; and provide more assistance to households with children; and to provide individuals with basic health care and accommodation" (United Nations, 2000:4).

In this sense, social protection encompasses any and all programmes that offer some form of monetary or non-monetary benefit to help people feel safe and secure in their financial situations and have access to necessary medical care. Despite this, other definitions exist that expand beyond the aforementioned examples. Access to education, social work, and collective care, as well as other initiatives like labour market policies, have been included, for example, by the World Bank (2012) and UNDP (2013). This perspective broadens the duty of social safety to include satisfying basic human needs, which is necessary for both individual and societal development and economic progress. The United Nations Children's Fund, also known as UNICEF, has developed a plan to assist the economically disadvantaged and those who are poor. The four pillars of social protection identified by this strategy are programmes for social transfers to provide accessibility to services, support networks and welfare services, legal and policy reforms (UNICEF, 2008).

Social protection is defined by the International Labour Organisation (ILO) as a collection of state bodies, regulations, and strategies that help to protect individuals and families from occurrences that jeopardise their capacity to meet their most fundamental needs. Social insurance, social assistance, and regulation of the labour market are the three pillars upon which they build their system of social protection. Social insurance encompasses a broad range of safety net programmes that help people weather the financial storms resulting from unexpected life events like pregnancy, ageing, or job loss. People who are particularly vulnerable and poor can receive social support through social assistance programmes, which are typically funded through taxation. Finally, labour and employment laws establish minimum standards for the workplace and strengthen the position of workers' organisations and collective bargaining (Barrientos, 2010). However, the ILO's theories show that this type of social security does not effectively help the most vulnerable members of society or the poor. These safety nets focus exclusively on the workplace. Social protection can be broken down into four categories, according to Sabates-Wheeler and Devereux (2008): provision, prevention, promotion, and transformation.

One way to think about social protection is as a mechanism for incorporating the requirements of members of society who are economically disadvantaged, excluded from society, defenceless, or marginalised into the functioning of the various aspects of society. The job market, the economic system, daily life, way of life, civic participation, schooling, medical services, and income brackets are some of the areas that are going to be targeted by social protection efforts (Devereux et al., 2013).

2.2.1 Social Assistance

Social assistance is known variously in the literature as provision measures. Social assistance is defined by O'Brien et al. (2018) as non-contributory interventions designed to assist individuals and families in coping with economic hardship, abject poverty, and frailty. These programmes are intended for the poor and deprived. Some are targeted at low-income households, while others are focused on categories of vulnerability. They are generally funded by national taxes and given by the government (Barrientos, 2010). Clearly, according to Cuesta et al. (2021), social assistance refers to the advantages that the government of a country provides to vulnerable populations such as PWDs, orphans, children from low-income families, and the elderly. Social assistance includes cash transfers, in-kind transfers, vouchers, public work programmes (cash and food for work), fee waivers for health and education, and social support services (O'Brien et al. 2018).

Donors and international agencies have emphasised social assistance, especially cash transfer programmes. In order to test the efficacy of these programmes, they are given seed money to run a pilot. United Nations Children's Fund (UNICEF), the United Kingdom's Department for International Development (DFID), German Technical Cooperation (GTZ), the Danish International Development Agency (DANIDA), and the World Bank are just some of the major institutions that support most cash transfer programmes in Africa (United Nations Development Programme, 2013; Adjei-Domfeh, 2015).

2.2.2 Social Insurance

Social insurance programmes are designed to protect people from financial ruin in the event of disasters or the loss of employment (Zastrow & Hessenauer, 2022). The government or the

employees themselves may contribute to the cost of this type of insurance. The elimination of poverty is central to this plan, which is why it emphasises universal health care and other types of social security. All governments should provide their citizens with these amenities because they are a fundamental human right. Health care, unemployment, parental leave, disability, and retirement benefits are just some of the services provided.

2.2.3 Transformative Social Protection

Transformative social protection aims to end inequalities in society, like prejudice against minorities and exploitation of workers (Devereux & McGregor, 2014). Transformative measures include campaigns to raise awareness (like the HIV/AIDS Anti-Stigma Campaign) and joint action to safeguard workers' rights, as well as regulatory changes to protect "socially vulnerable groups like PWDs or domestic violence victims" from abuse (Devereux & McGregor, 2014).

2.3 International Instruments on Social Protection

Over the past few decades, international instruments have been implemented to guarantee state support for disadvantaged people, security, and people's rights. A literature review cites the Universal Declaration of Human Rights, the International Labour Organisation's Conventions on Social Security, the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities as prominent international instruments supporting social protection.

2.3.1 Universal Declaration of Human Rights

As the first international document to ensure safety and security for all persons, the Universal Declaration of Human Rights was a ground-breaking achievement. The United Nations General

Assembly (UNGA) approved this document on 12/10/1948. After World War II, the international community demonstrated its resolve to prevent future atrocities by forming the United Nations (UN). The Universal Declaration of Human Rights (UDHR) is widely recognised as the cornerstone of international human rights law, a driving force in the fight against injustice, and a practical resource for guaranteeing that all individuals, everywhere are able to fully realise their human rights. The belief that all humans are born free and equal in dignity and rights and have the right to freedom, dignity, and the pursuit of happiness is consistent with the above (Mitchem, 2013). The preamble explains the declaration's premises, and subsequent articles emphasise community protection and security.

Article 22:

Every person has the right to a minimum standard of living and to the realisation of the economic, social, and cultural rights necessary for his dignity and the free development of his personality, within the framework of national efforts and international cooperation, and in accordance with the organisation and resources of each State.

Article 25:

a. Everyone has the right to a standard of living that ensures both their own and their family's physical and mental health and well-being, including access to sufficient food, clothing, housing, medical care, and other essential social services; and the right to financial stability in the event of unexpected loss of income due to unemployment, illness, disability, death, or other unavoidable life events.

b. There should be extra support for mothers and children. Children born within or outside of marriage should be afforded the same legal and financial protections.

2.3.2 International Labour Organisation's Conventions on Social Security

The International Labour Organisation (ILO) is the UN department mandated with enforcing the right to societal security. The ILO has made a significant commitment to promoting social security systems among all countries, which was recognised in Article III (f) of the International Labour Conference's 26th session, 1944. The 1944 Philadelphia Declaration argues that everyone in need of financial stability and medical coverage should be entitled to at least a minimum wage (Annapoorani, 2017).

According to Kuhlman and Blum (2019), the ILO's pre-war social security conventions were replaced by newer, more comprehensive ones in the "societal security era" that followed World War II. Regardless, the International Labour Organisation's (ILO) social security agreements served as the primary resource for understanding the nature and components of this right. Adopted in 1952, the ILO's Social Security (Minimum Standards) Convention is now widely known as ILO Convention No. 102. There are nine different aspects of social security that are discussed at the 102nd Convention: Medical care, sickness benefit, unemployment insurance, retirement benefits, worker's compensation, family benefit, maternity pay, disability benefits, and death benefits.

2.3.3 Convention on the Rights of Persons with Disabilities

Convention on the Rights of Persons with Disabilities guarantees civil, political, financial, socioeconomic, and cultural rights for PWDs through its fifty articles. A satisfactory living standard and social protection are guaranteed in Article 28. (United Nations General Assembly 2006).

This article emphasises that;

1. State Parties shall take appropriate measures to protect and promote the realisation of the right of PWDs to a decent standard of living for themselves and their families, including access to adequate food, clothing, and housing, free from discrimination on the basis of disability.
2. The right of PWDs to social protection must be safeguarded and advanced by all means necessary, and each Party State must do so in a variety of ways.
 - a. See to it that PWDs have equal access to safe drinking water, as well as appropriate and reasonably priced services, equipment, and other forms of disability-related support.
 - b. For PWDs to have equal access to social security and poverty-reduction programmes, with special attention paid to women and girls and older PWDs.
 - c. Make sure low-income PWDs and their families can get the preparation, mentoring, financial aid, and supportive services they need without having to worry about where the money will come from.
 - d. Ensure that PWDs have access to public housing programmes
 - e. To guarantee that PWDs have rightful access to retirement benefits and programmes.

Numerous global documents, such as the Universal Declaration of Human Rights, the International Labour Organisation, and the Convention on the Rights of Persons with Disabilities, guarantee the right to social security and protection, which will be discussed in more detail below. By becoming parties to these international instruments, governments commit to upholding, protecting, and fulfilling human rights under international law.

2.4 Social Protection and Vulnerability Reduction

The social protection theories developed in the 1980s are likely the forebears of the term social protection (Reisch & Andrew, 2014). As a concept, social protection provides a framework for further discussions on the poverty reduction strategy involving risk management and establishing policies on social welfare programmes in developing nations (Carter et al., 2018). Increasingly the social protection domain has been extended to include the establishment of an environment that enables persons to secure their livelihood, including social security (or social welfare) (Fernando & Moonesinghe, 2012). Social protection implies that public efforts made to address the degree of vulnerability, risk and deprivation that under a specific policy or society is regarded as socially undesirable (Palmer, 2013).

Social protection has been a major policy instrument in developing nations during the last decade to address poverty, vulnerability and social exclusion issues (Devandas A., 2017; Palmer, 2013). Developing countries' governments have progressively taken initiatives to include social support programmes in their national poverty reduction agendas. Meanwhile, in different contexts, the term social security has wide connotations and implications. However, in developing countries, social protection plans are centred on policies and programmes that aid the poor (Barrientos, 2010; Devandas A., 2017). In this case, according to Palmer (2013), support plays a wide-ranging developmental role in the social protection paradigm by ensuring not only the stability of income but also the protection of rudimentary consumption intensities, encouraging investing in human and other industrious assets, and fortifying agencies and social capital.

Persons with Disability are poor and stigmatised, and policymakers and development experts are increasingly aware that PWDs must be included in strategic plans for poverty reduction (Mulumba, 2011). Typically, domestic social protection programmes include cash transfer programmes, non-contributory health care insurance schemes, society rehabilitation, educational and vocational training programmes, and increasingly, programmes for PWDs. Although some social security programmes are designed specifically for PWDs, others include disability-related measures for people on the margins who are considered "mainstream" (Palmer, 2013). However, because of the great costs and limited administrative ability for targeted disability programmes, mainstream programmes are more common in less developed countries. However, there is some wiggle room when it comes to the severity of impairment within low-income countries' standard programming (Allen, 2017).

2.5 Access and Impact of Social Assistance Interventions in Africa

Many African nations provide comprehensive social protection programmes with numerous safety nets for their citizens. Housing and food security, schooling and well-being, social integration, and political strength are all goals of social protection programmes (Omolola & Kaniki, 2014). To be clear, the majority of African governments work with larger international non-profit organisations and development partners to implement social protection programmes. The mainstay of these countries' social protection interventions is specific welfare programmes like provisional and indisputable cash transfers, school - based feeding initiatives, market intervention price control, and policy changes.

Consistent with the above, the impacts of social interventions (often known as social protections) are globally well recognised as enhancing the livelihood of the poor, especially in Africa. This triggered researchers' curiosity to take a new look into the area. In the previous two decades, social protection programmes and research have been rapidly increasing, as researchers continue to assess their accessibility and influence on the welfare of the African population (Hidrobo et al., 2018). The accessibility of social intervention programmes in several developing economies is restricted to a limited proportion of people in the formal sector; who are relatively well-positioned economically (Hidrobo et al., 2018). Henceforth, social support which is generally aimed at helping the poor, end up not meeting its objectives.

In low-income nations, where it has been demonstrated that the most disadvantaged segments of the population are disadvantaged where 80% of PWDs live (Saran et al., 2020). Government social intervention programmes have developed across several poverty-prevalent areas of sub-Saharan Africa to provide a variety of services such as food, clean water, care and support to support the poor, especially PWDs. Meanwhile, in many low-income nations, PWDs are continuously deprived of access to critical services, which contribute to their high poverty rate (Opoku et al., 2019). For this and other reasons, there is a rise in advocacy campaigns for the inclusion of PWDs in the developing agenda of African governments; to ensure social intervention programmes are made accessible to PWDs. Despite the prevalence of social intervention programmes aimed at this group, Walsham et al. (2019) claim that there is insufficient proof that PWDs are included in social welfare programmes and initiatives in middle and lower countries.

According to studies carried out in nations like Peru and Tanzania, state welfare rates (in terms of wealth, medical needs, and other various socio - economic initiatives like education and reliance ratios) for PWDs are not greater than they are for the general public (Bernabe-Ortiz et al., 2016; Kuper et al., 2014). These studies also indicated that additional barriers, such as costs to PWDs, were not taken into consideration when designing individual social intervention programmes using state legal and policy instruments, despite commitments to disability inclusion. Therefore, further action has to be taken to ameliorate their situation and give PWDs access to social services.

2.6. State of Disability and Social Protection in Ghana

In recent years, government and non-government entities have directed attention to PWD-centred problems. Successive Ghanaian administrative governments have tried to enhance the PWD's well-being. Parliament in Ghana passed the Disability Act in 2006. This was a significant step toward fulfilling the national commitment (Arkorful et al., 2020). Human resource development and community-based rehabilitation initiatives have also been launched by the government to aid PWDs. The Government of Ghana allocated 3% of the District Assemblies Common Fund (DACF) in the form of a Disability Support Fund in order to ensure the welfare and dignity of PWDs, to promote income-generating activities, to encourage the education of PWDs and their children, schoolchildren, and trainees with physical handicaps, to construct district capabilities for PWDs to safeguard and assert their interests, and to improve their understanding (National Council On Persons With Disability, 2010).

Thus, it is evident that a successful implementation of the social protection programme, along with increasing its involvement in the economy, might help reduce the burden on PWDs (Devandas,

2017) and at the same time facilitate their engagement in economic activities (Levine et al., 2011; Palmer, 2013; Devandas, 2017). Communities in Ghana have social protection due to the country's strong sense of community, but this model cannot continue indefinitely because of the negative effects of urbanisation, migration (Abebrese, 2011) and a condescending attitude towards PWDs (Anthony, 2011; Baffoe, 2013). Despite pledges from many governments to improve the lives of Persons with Disability (National Council on Persons with Disability, 2010), many PWDs still rely heavily on the kindness of strangers just to get by. As a result, the study emphasises strongly the part that the government plays in enforcing social safety net programmes.

2.7 The Disability Support/Common Fund

In the early years of this century, the fight against economic and social poverty in the world's poorest nations became a top priority for the international community (Hajian & Kashani, 2021). Under the Millennium Development Goals (MDGs), the United Nations has directed the charge to increase the availability of social services and to end severe destitution in a number of countries (United Nations, n.d.). In spite of the fact that some countries, like Ghana, have made substantial progress toward achieving the MDGs, many of the goals set to achieve by 2015 could not be achieved in countries designated for the programme, and the scope of this programme was criticised as inadequate (Fukuda-Parr, 2016; Ruhil, 2015; Sachs, 2012). However, the needs of PWDs were largely ignored in the MDGs, which seemed to have guided the development of a more general programme to absorb the most vulnerable populations (Thomas, 2019). The United Nations has thus developed the Sustainable Development Goals (SDGs), a transforming agenda of the MDGs designed to reduce all types of poverty by 2030 (Independent Commission for Aid Impact (ICAI), 2017; Sachs, 2012). In this programme, countries are mandated (as outlined in the

SDGs) to improve the welfare of their citizens by developing adequate social systems. In light of this situation, the government of Ghana founded the Ghana Disability Support Fund to aid Persons with Disability.

Over the past few years, the government of Ghana has taken several significant policy and actionable steps to reduce the poverty rate and expand the economic and social inclusion of PWDs in the country (Edusei et al., 2017). Welfare support in the form of money transfers has become extremely relevant, especially for PWDs, as part of the nation's initiatives to reduce poverty (Adjei et al., 2020). According to Edusei et al. (2017) the Livelihood Empowerment Against Poverty (LEAP) programme, which is aimed at poverty reduction but also serves as a general safety net, includes a large group of PWDs. Also, as part of the National Disability Scheme, PWDs have access to the Disability Common Fund (DCF), also known as the Disability Support Fund. The government of Ghana launched a programme called the Disability Common Fund (DCF) to help the country's PWDs out of poverty (Edusei et al., 2017). To assist PWDs with their financial needs, the DCF was established in 2005 through the District Assemblies Common Fund (DACF). Three percent of the DACF allotted to each MMDA is designated for Persons with Disability. Despite the benefits on PWDs' daily lives, the research team Edusei et al. (2017) found that these Funds were insufficient. There were also setbacks in the distribution process for PWDs (Edusei et al., 2017).

2.7.1. Accessibility of the Disability Support Fund to PWDs in Ghana

Globally, Persons with Disability have struggled for decades to gain access to public resources and services (Edusei et al., 2017; Badu et al., 2018; Senayah et al., 2019). PWDs are more likely to

experience difficulty gaining access to social and economic resources and opportunities than their not-so-challenged peers (Sackey, 2015). Most recipients of the Disability Support Fund in Ghana have reported lengthy wait times and other difficulties when attempting to access the funds through the MMDAs. SEND Ghana (2010), for instance, found that DCF recipients often had to wait a long time for their share of the Fund, with many recipients only receiving it once a year rather than four times. According to Edusei et al. (2017), recipients of the Disability Support Fund received amounts too small to make a meaningful difference in their lives, and the cash was often disbursed late, making it impossible for PWDs to save or invest for the long-term.

In an effort to examine the reach and accessibility of the Disability Support Fund, Opoku et al. (2019) found issues with insufficient funds available to beneficiaries, a lack of information about the Disability Support Fund, and delays in disbursement. According to further explanation provided by Opoku et al. (2019), nearly all study participants were unaware of the application process, the grant amount, or the time intervals between disbursements from state governments to the MMDAs. Studies have shown that management of the Social Welfare Offices at the MMDAs in Ghana tend not to open up to PWDs. This is because some of the officers often do not reveal all information regarding the Fund to the beneficiaries (Opoku et al., 2019). Meanwhile, the ability of PWDs to invest in profitable income-generating businesses requires a consistent flow of social assistance to such beneficiaries (Banks et al., 2017). Additionally, the study of Banks et al. (2017) revealed that disability types did not only post limitations on the accessibility to public facilities, but also limited the accessibility to the Disability Support Fund. PWDs have been refused access to a variety of services in the past, ranging from childcare and mental health counselling to assistance in retail/support provision establishments and entertainment, due to a lack of physical

accessibility or discomfort, unfamiliarity, or preconceptions about their disability types (Community Tool Box, nd.). This could also affect the general welfare of PWDs of a country.

2.7.2 Effects of Disability Support Fund on PWDs

From the review of available literature, it was quite clear that the Disability Support Fund (Disability Common Fund in Ghana) has proven to be a significant initiative that contributes to poverty alleviation among PWDs. For its beneficiaries, the Disability Support Fund has many advantages. Listed below are just a few of the many ways in which this Fund improves the quality of life for Persons with Disability.

- The Fund supports the education of PWDs on their rights, capabilities and responsibilities;
- It has the potential for full national development participation and ensures that PWDs have access to education and training at multiple levels.
- It enhances PWDs' employment opportunities in various sectors of the economy.
- It facilitates PWDs' accessibility to good health care, and medical rehabilitation services.
- It guarantees that PWDs who are women have the same opportunities as their men counterpart.
- The Fund fosters the full involvement of PWDs in cultural events.
- Promotes friendly road transportation and housing to PWDs.
- Ensures that PWDs have the same leisure (such as tourism) and sports options as other citizens without disability (National Disability Authority, 2014)

In sum, the beneficial effects of the Fund in supporting PWDs are myriad and give them an inclusive and equal opportunity similar to that enjoyed by other members of the society. In assessing the benefits of the Disability Support Fund in his study in Ghana, Arkorful et al. (2020) found that, while the beneficiaries (PWDs) were unsuccessful most of the time, they attempted to use their benefits for business enterprises. They also took the responsibility for additional personal expenses to improve their living conditions. Meanwhile, they wanted to get more rewards from the Disability Support Fund to invest in profitable businesses than they receive (Arkorful et al., 2020).

2.7.3 Challenges in managing Disability Support Fund

Access to even the most basic forms of social protection is still a nightmare for the vast majority of people in many low-income countries (LICs). In many countries, especially those whose projects rely on funding from bilateral donors and non-governmental organisations, the effects of the financial and economic crisis of the last few decades have threatened the viability of such interventions (Chitonge, 2012). While lack of financial resources remained a key concern for many nations in Sub Sahara Africa, it is not the sole nor the most serious challenge in managing disability support services. There are equally latent challenges in managing disability support welfare. The fundamental hurdles to increasing social protection in Ghana and elsewhere in Africa include a lack of political commitment, weaker institutional capacity, inappropriate social welfare models, lack of financial resources and over emulation of the social welfare models of developed countries (Chitonge, 2012). Particularly, research in Sub Saharan Africa has revealed that the adoption of social protection models from wealthy countries' is increasingly failing to alleviate poverty and

vulnerability in Africa. These and many others serve as barriers to the enrolment of disability grants in Africa (Chitonge, 2012).

Additionally, in most developing countries such as Ghana, research has revealed that a key impediment to the effective implementation and operation of cash transfer programmes is the lack of institutional capacity in the public sector (Speer, 2012). The number of administrators for disability grants is equally inadequate. The available few personnel (administrators) may lack the prerequisite skills and expertise to deal with PWDs, especially if they have communication issues (Houtenville & Kalargyrou, 2012). It is therefore critical for institutions that are in charge of managing disability support welfare interventions to build capacity to ensure positive frameworks towards addressing vulnerability and poverty in developing countries. Countries that have national social protection programmes like the Disability Support Fund in place are managed by the national machinery of those countries. Ghana in particular has a National Council on Persons with Disability under the Department of Social Welfare in collaboration with metropolitan, municipal and district assemblies' representatives across the country (NCPD, 2010). However, it can be said that not much can be said about them in relation to the successes that they have chalked over the years. The lack of national data on all PWDs in Ghana could be a factor that accounts for such failures. It is also important to pay critical attention to this and other managerial challenges.

2.8 Theoretical Framework

The researcher of this study implemented a theory of monetary transfers developed by Bastagli (2009). Based on this theory, we can see how direct cash transfers and other forms of targeted social protection can help the economy grow while also giving recipients the tools they need to

become self-sufficient. This concept provides the best justification for the importance of the Disability Support Fund despite the state's financial constraints. The available literature on social cash transfers suggests that they can help the poor develop in a number of different ways, such as by serving as a risk management tool, facilitating the growth of human capital, and freeing low-income families from what seems to be a perpetual cycle of poverty.

The theory of monetary transfers, as developed by Bastagli (2009), is based on the idea that providing financial resources directly to individuals and households can be an effective means of reducing poverty and promoting social inclusion. This theory can be applied in the management of funds for PWDs in a number of ways.

Firstly, the theory suggests that providing financial resources directly to PWDs can help them to overcome the barriers they face in accessing education, employment, and other opportunities. This could involve providing direct cash transfers to individuals with disabilities to help cover the costs of assistive technologies, transportation, or other expenses that can be barriers to participation in education or employment.

Secondly, the theory suggests that providing financial resources directly to households with members who have disabilities can help to address the additional costs and burdens that families with disabilities often face. For example, a household with a member who has a disability may face higher healthcare costs or may need to modify their home to accommodate the needs of the person with the disability. Direct cash transfers to households could help to cover these additional expenses and improve the overall well-being of the family.

Overall, the theory of monetary transfers can be applied in the management of funds for PWDs by prioritising direct financial support for individuals and households, rather than relying solely on institutional support or indirect forms of assistance. By providing financial resources directly to those who need them most, this approach can help to reduce poverty, promote social inclusion, and improve the quality of life for PWDs and their families.

The theory of monetary transfers has been applied in a number of studies investigating the effectiveness of different social protection programmes and poverty reduction strategies. Here are a few examples of studies that have used this theory:

1. "Cash Transfers and Child Schooling: Evidence from a Randomised Evaluation of the Role of Conditionality" by Baird, McIntosh, and Ozler (2011) - This study examines the impact of conditional and unconditional cash transfers on children's school enrolment and attendance in Malawi. The results suggest that unconditional cash transfers are more effective at improving school attendance, while conditional transfers are more effective at improving enrolment.
2. "The Impact of a Social Cash Transfer Programme on Nutritional Status of Children in Cambodia" by Fenn and Noura (2012) - This study evaluates the impact of a social cash transfer programme on child nutrition in Cambodia. The results suggest that the programme had a positive impact on the nutritional status of children in poor households.

An example in Ghana is the Livelihood Empowerment Against Poverty (LEAP) programme which has had some impact on PWDs. The LEAP programme is a social intervention programme that provides cash transfers to the poorest households in Ghana to reduce poverty and vulnerability (Ministry of Gender, Children and Social Protection, 2016). The programme targets vulnerable groups such as PWDs, orphans and vulnerable children, and the elderly. According to a 2017 report by the Ghana Statistical Service, 21.5 percent of LEAP beneficiaries are PWDs (Ghana Statistical Service, 2017). The programme has provided cash transfers to PWDs to help them meet their basic needs such as food, healthcare, and education. It has also helped PWDs to undertake vocational training and also start small businesses. This has helped to improve their livelihoods and increase their economic independence. However, there are still some challenges facing PWDs in accessing the LEAP programme. Some PWDs may not be aware of the programme or may face barriers in accessing the programme due to physical and social barriers. Although more needs to be done to address the challenges facing the accessibility of the programme, the Government of Ghana has taken steps to address these challenges by increasing the awareness of the programme and providing support to PWDs to help them access the programme.

The OECD (2017) states that these transfers may be universal or directed at a specific population. Ghana is just one of a handful of developing nations that has taken the initiative to guarantee the right to social protection for Persons with Disability in its constitution. In an effort to reduce poverty, the government of Ghana has established the Disability Support Fund, modelling it after similar programmes in other countries. Countries like Mexico, Brazil, and South Africa have implemented comprehensive social rights systems, leading to dramatic improvements in their respective poverty and inequality indicators over the past decade (Birdsall et al., 2012).

A 2017 OECD review found that cash transfers are effective risk management techniques for the poor and vulnerable because they do three things: reduce poverty, reduce vulnerability, and strengthen coping mechanisms in the face of shocks like economic and natural disasters. Distribution of funds that is fair to all members of a community and the nation as a whole has a positive impact on social harmony and patriotism while reducing friction between citizens (Durrani & Halai, 2018). Individual motivation requires a safe, secure, and stable environment. Studies have shown that social cash transfers improve people's lives by expanding their opportunities to receive healthcare, education, and income.

Several studies have found substantial positive responses to conditional and unconditional health and education initiatives in South Africa and Latin America, including those by Robertson et al. (2013); Baird et al. (2013); and Ben Haman (2019). The cash transfer hypothesis enables PWDs to pay for medical transportation and expenses, including those not covered by national health insurance. Although the cash transfer hypothesis has been shown to be effective in eradicating poverty, Badwan (2021) argues that it can also result in reliance, which is detrimental to real socioeconomic growth. According to Bastagli (2009), cash transfers have three key characteristics: cash transfer, targeting, and conditionality.

Bastagli (2009) claims that while some segments of the population benefit greatly from unconditional cash transfers, others benefit only marginally. He continues by saying that while some of them aim to help the entire poor population or a large number of low-income people, others focus on helping only a small subset of the poor. Financial aid programmes like Livelihood

Empowerment Against Poverty (LEAP) are designed to help the 10 percent of Ghana's population with disabilities (Adjei et al., 2020) and those who have applied to the Disability Support Fund through their District Assemblies.

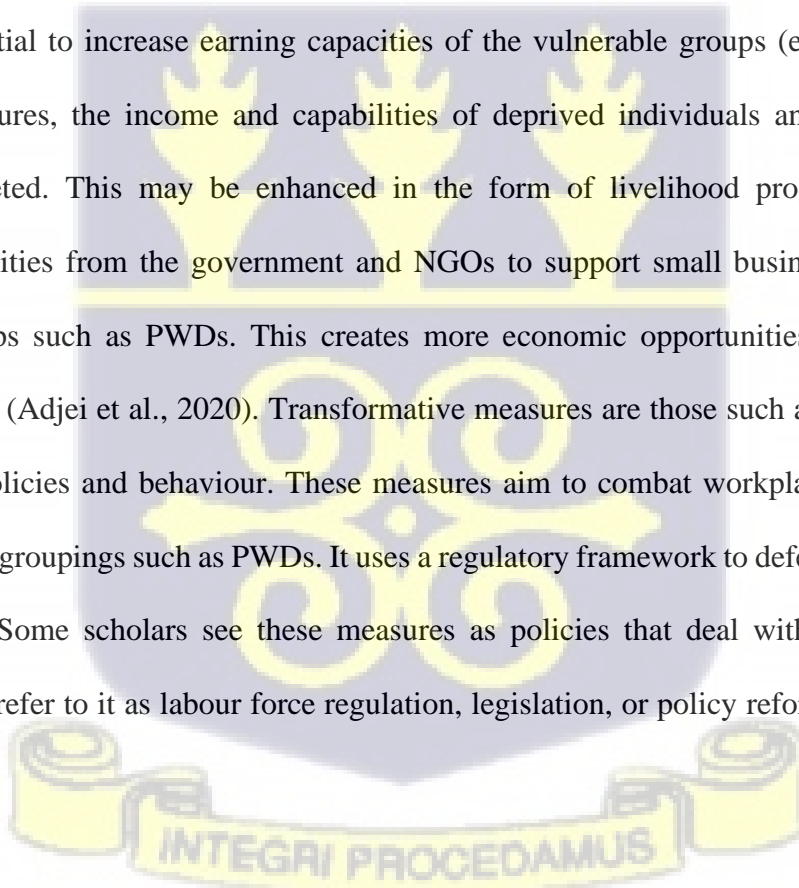
According to Bastagli (2009), the goal of targeting strategies is to determine the subsets of the eligible and priority areas of a nation's people to whom resources should be allocated resulting from specific variables used to determine eligibility, the procedures used to determine the quality of information, and the frequency and reassessments of intended recipients. The cash transfer theory incorporates targeting. Geographic targeting is one form of targeting, with the goal of allocating resources to specific areas or departments. However, because PWDs can be found in every single district in Ghana, geographical targeting would be inappropriate for this study.

Beneficiary individuals will be monitored, checked, and obliged to adhere to the terms and conditions for the next phase of the programme, according to Bastagli's conditionality's component of the theory (2009). Before being approved by the Fund Management Committee, PWDs must satisfy specific criteria and submit to a thorough evaluation. Beneficiaries must also be willing to be followed up on and provide proof of Fund usage. These specifications were put in place to guarantee that the fund's beneficiaries used the money for what it was intended for.

2.9. Conceptual Framework

This research used a framework developed by the Institute of Development Studies in the United Kingdom (Handa et al., 2010). The most defenceless members of society, such as those with disabilities, are discussed in the framework's section devoted to social protection. The four pillars

of this framework are provision, prevention, promotion, and transformation measures. Disturbances caused by long-term or temporary lack of resources can be alleviated with the help of provision measures. Provisions are also known as social assistance or welfare support by some academics. According to Patel, Keseke and Midgely (2012), social assistance focuses on the benefits that the state government provides to vulnerable populations such as PWDs, orphans, children from low-income families, and the elderly. In Ghana, social assistance includes the assistance the government provides to vulnerable groups including the LEAP programme and the PWDs Support Fund (Adjei et al., 2020). Prevention measures are those such as social insurance (NHIS, school meals, and pension schemes) that help to avert deprivation and help promote livelihood potential to increase earning capacities of the vulnerable groups (e.g., PWDs). With promotion measures, the income and capabilities of deprived individuals and households are adequately targeted. This may be enhanced in the form of livelihood programmes through microcredit facilities from the government and NGOs to support small business enterprises of vulnerable groups such as PWDs. This creates more economic opportunities for such people including PWDs (Adjei et al., 2020). Transformative measures are those such as legislations that change social policies and behaviour. These measures aim to combat workplace discrimination against minority groupings such as PWDs. It uses a regulatory framework to defend disadvantaged persons' rights. Some scholars see these measures as policies that deal with inequalities and exclusion; thus, refer to it as labour force regulation, legislation, or policy reforms (Dingeldey & Gerlitz, 2022).



The framework encourages cross-strategy collaboration; for instance, "provision" cash transfers or public works can be "promotive" by building assets, and "preventive" social pensions can give

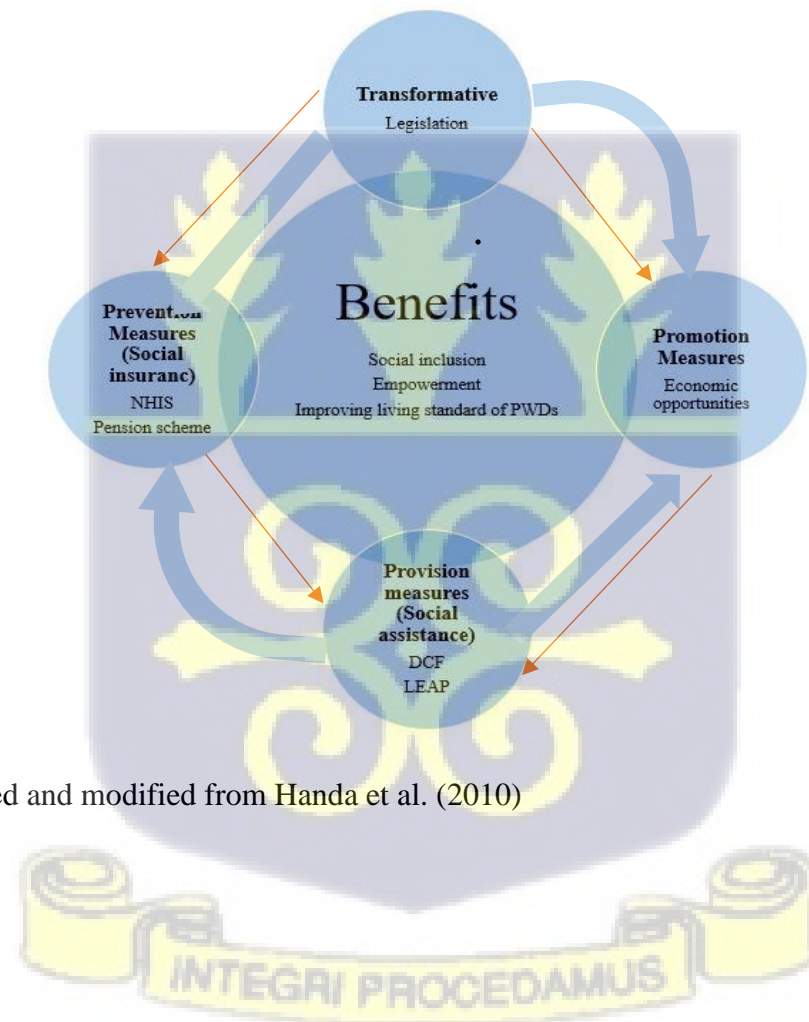
older people more agency and have "transformative" effects on the design of employment policies for the vulnerable, such as Persons with Disability. According to Sabates-Wheeler and Devereux (2008), this framework is a major advancement in the field because it addresses issues such as advocacy, economic, social, and cultural privileges, marginalisation, and social alienation.

Figure 2.1 depicts the notion that well-designed social protection measures may serve several purposes. This necessitates paying close attention throughout the programme design stage to conform to reasonable and achievable targets in the management of the Disability Support Fund. Another significant theme is that transformative approaches have the greatest potential since they may be provisional, preventive and promotive simultaneously. Social transformation programmes are usually undertaken in the long-term process. However, while waiting, provisioning is usually an urgent, short-term need. It is also possible that, at least in the short term, transformative strategies would not be able to address all of the threats and vulnerabilities that individuals, households, and communities face. It is critical that social protection systems everywhere, but especially in Ghana, are enhanced to include a variety of interventions that target the risks and vulnerabilities faced by PWDs.

Transformative, preventive, promotional, and provisional social intervention measures improve the lives of vulnerable groups like PWDs through social inclusion, economic empowerment and improvement in their living standards. All of these measures are interlinked, and work together to achieve the overall goal of social protection. Transformative measures can help to create an enabling environment for promotion, provision, and prevention measures (depicted in Figure 2.1 by the thin red arrows). Promotion measures can ensure that those in need are aware of and able

to access the services they require and empowered economically. Provision measures provide direct support to those in need, and prevention measures aim to address the underlying causes of poverty and vulnerability by the provision of social insurance. Together, these measures can help to build a more resilient and inclusive society.

Figure 2.1: Conceptual Framework



Source: Adopted and modified from Handa et al. (2010)

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

To accomplish the objectives established in Chapter One, the research methodology employed here is outlined. The chapter examined the profile of the study area (the locality, the area's physical characteristics and social organisation, as well as the economy of the study area), the research design and approach, study population and sample size, data source, the sampling procedure used in the determination of the sample size, the data collection methods, data analysis and tools used for analysing the data, ethical consideration and study limitations.

3.1 Profile of the Study Area

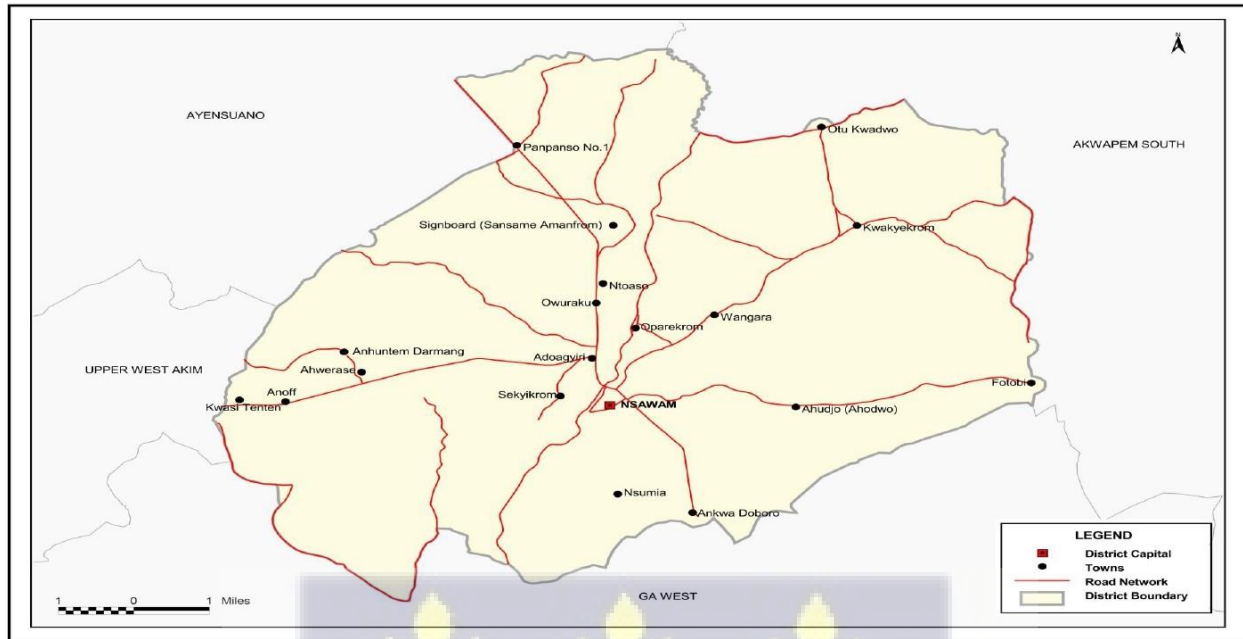
Nsawam Adoagyiri Municipality is about 23 kilometres away from Accra, Ghana's capital. Situated between 5°45'N and 5°58'N, and 0°07'W and 0°27'W, it occupies the south easternmost part of the Eastern Region (Eastern Regional Council official website). The 2010 district report by the Ghana Statistical Service estimates the population of the municipality to be 86,000. The report also notes that the population density is low, at only 491 people per square kilometre, with 49.7% of the population being male and 50.3% being female. At the same time, 2.9% of the local population, or 2,486 persons with disability. Visual impairments account for 43.6% of all forms of disability in the city, followed by hearing impairments, speech impairments, mental impairments, physical impairments, and emotional impairments (Ghana Statistical Service, 2014b).

The Nsawam Adoagyiri Municipality is located to the south by Ga West Municipality, Akuapem North Municipality is located to the north, and Suhum Municipality and the Upper West Akim

District are located to the west of the municipality (Ghana Statistical Service, 2014b). Out of the overall land space of the Eastern Region, the Nsawam Adoagyiri Municipality encompasses roughly 175 square kilometres. This means that 19,323 square kilometres of land are under the jurisdiction of the municipality (Ghana Statistical Service, 2014b). The Akan ethnic group dominates the Nsawam Adoagyiri Municipality representing 63 percent, with small percentages of Akuapems (17%), Ewes (9%), Ga-Adangbes (7%), as well as other minor tribes constituting 4 percent. The economy of the municipality is largely rural and agricultural due to its endowment with nature's beneficence of rivers, forest, mountains etc. The majority of residents in this area engage in farming. The main crops grown in this area are pineapples, pawpaw, oranges, tubers, maize, and vegetables among others. These activities support the socio-economic lives of people in the area.

Nsawam, the capital of the municipality, which is also a gap town is a stopover on the Accra-Kumasi Highway, which links the southern coastal region to the northern interior of Ghana. A gap town is a town situated between two hills that serve as a good defensive zone and a route hub, bringing about trading and market functions (*Urban Geography Glossary*, n.d.). This opens up prospects for economic operations in the town, particularly bread and pastry marketing (Buabeng, 2020). Nsawam, the municipal capital, is home to 32,531 people. In fact, it's the only town in the entire municipality with modern amenities like a hospital, banks, piped water, electricity, and post and telecommunications. Figure 3.1 showcase the map of Nsawam Adoagyiri Municipality with indications of the district capital, towns and road network of the municipality as well as the district boundary.

Figure 3.1: Map of Nsawam Adoagyiri Municipality



Source: Ghana Statistical Service, (2014b)

3.2 Research Design and Approach

This study used a cross-sectional design and incorporated both quantitative and qualitative methods of data collection. The reason for going in this direction was due to the established fact that mixed-method intrinsically leverages the strength of both approaches while limiting their weakness (Creswell, 2009). It aids in the process of data analysis of qualitative and quantitative data through the use of narratives and illustration, lending credibility to what the numbers imply and improving accuracy. The cross-sectional study designs are economical and comparatively more manageable but limited in terms of generalisations, since they are carried out at a specific point in time (Babbie, 2005). The mixed methods research design further leveraged on triangulation. According to Creswell (2009), this method can be used to collect different but complementary data on the same topic to provide better insight on the research problem. The use of triangulation for this study was to

help in comparing and contrasting the quantitative statistical results with the qualitative findings and to also use the qualitative findings to validate and expand the quantitative findings.

3.3 Data Sources

Both primary and secondary data sources were used in the investigation. The researcher used 150 questionnaires and three (3) interview guides to collect primary data. The questionnaires were administered to the PWDs while the interview guides were administered to the Chairperson, the Finance Secretary and the PWDs' Representative on the Disability Support Fund Management Committee. Secondary data came from published and unpublished research papers, books, journal articles, and municipal assembly records.

3.4 Study Population and Sample Size

As earlier indicated, this study concerns PWDs. Respondents were therefore selected from PWDs and Disability Support Fund Management Committee Members within the Nsawam Adoagyiri Municipality. Yamane's (1967) simplified sample size formulae is one of the most used formulas for calculating the sample size as follows; $n=N / [1 + N(e)^2]$, where n is sample size required, N is accessible population and e is alpha level or significance level. Hence

$$n=740 / [1 + 740(0.075)^2]$$
$$n = 143$$

To make up for a possible loss in the questionnaire return rate the sample size was adjusted to 150. From 2017-2019, there were 740 people in the municipality registered as PWDs; from this group, 150 participants were chosen using the formula given above. The sample size obtained represents about 20 percent of the total PWDs registered in the municipality. These participants were drawn using their disability types irrespective of the communities they were from. This was to ensure that

there was representation of PWDs in the district based on the data provided to the researcher by the Social Welfare Department of the Nsawam Adoagyiri Municipal Assembly. The Chair, the Finance Secretary, and the PWDs' Representative of the Disability Support Fund Management Committee who served as key informants were all interviewed using interview guide.

3.5 Sampling Procedure

A list of registered beneficiaries and non-beneficiaries of the Disability Support Fund from the Department of Social Welfare of the Nsawam Adoagyiri Municipal Assembly was obtained for the sampling as shown in Table 3.1. The total number of beneficiaries were 223 and non-beneficiaries were 517. These were summed to obtain the total population of 740 for the sampling. With the lists of beneficiaries and non-beneficiaries obtained from the Disability Support Fund Management Committee in the Nsawam Adoagyiri Municipal Assembly, a stratified random sampling procedure was used to draw participants from the lists for all the disability groups/types (strata) including the physically challenged, deaf and dumb, and blind/visually impaired. The following formula; $Sample\ Size\ of\ Stratum/Subgroup = (Total\ Sample\ Size / Total\ Population) * Population\ of\ Subgroup$, was used by the researcher for the calculation of the sample sizes of the various strata.

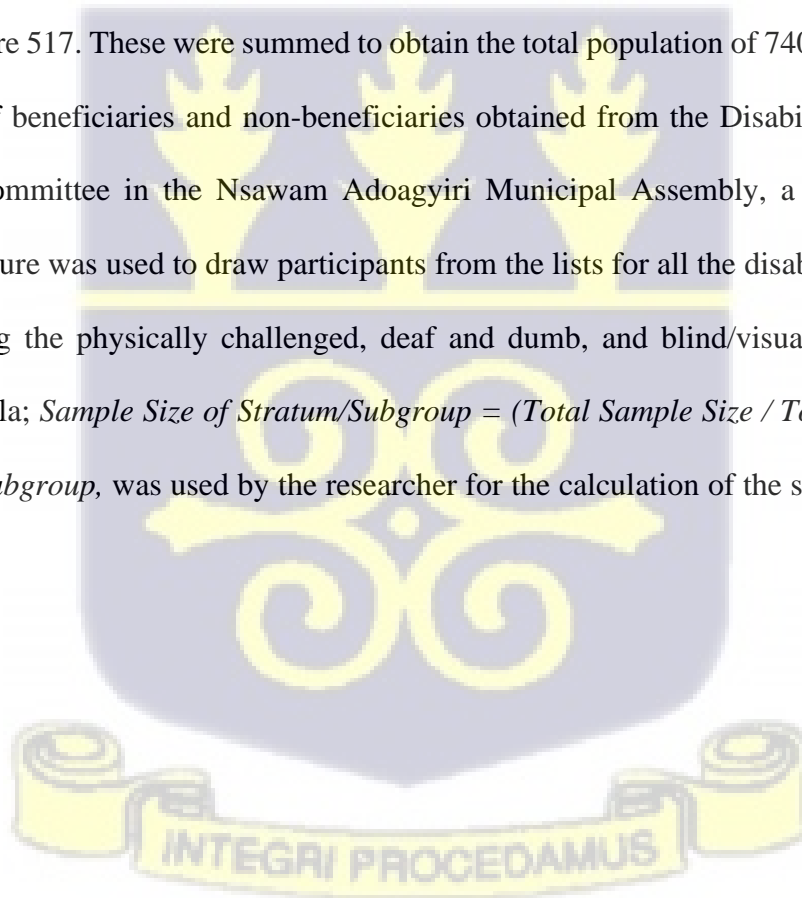


Table 3.1: Population of PWDs

Disability Type	Population								
	Registered			Beneficiaries			Non beneficiaries		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Physically Challenged	490	262	228	141	71	70	349	191	158
Deaf/Dumb	143	65	78	43	20	23	100	45	55
Blind	107	66	41	39	25	14	68	41	27
Total	740	393	347	223	116	107	517	277	240

Source: Nsawam Adoagyiri Municipal (2021)

The determination of the sample size was done in two stages. Firstly, the total sample size of 150 was divided by the total population of registered PWDs (740). The figure obtained was then multiplied by the total population of PWDs of various disability types. This procedure gave a proportionate sample for each of the disability types based on their population. The result is shown in Table 3.2.

Table 3.2: Sample Size Determination

Disability Type	Sample								
	Registered			Beneficiaries			Non beneficiaries		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Physically Challenged	99	53	46	28	14	14	71	39	32
Deaf/Dumb	29	13	16	9	4	5	20	9	11
Blind	22	13	9	8	5	3	14	8	6
Total	150	79	71	45	23	22	105	56	49

Source: Nsawam Adoagyiri Municipal (2021)

After successfully determining the sample size, the researcher first used stratified sampling to rearrange the list of registered beneficiaries and non-beneficiaries of the Disability Support Fund obtained from the Department of Social Welfare of the Nsawam Adoagyiri Municipal Assembly according to their sex and their disability types. Based on the sample size as indicated in Table 3.2, the researcher then used systematic sampling to obtain the required sample for the study from the arranged list. Every other 5th person was selected from the list to obtain the sample devoid of bias. This was achieved by dividing the population of PWDs in Table 3.1 by their corresponding sub-population in Table 3.2 which resulted in the interval of 5 for systematic sampling.

3.6 Data Collection

This study relied on field surveys to collect its data. The primary method that was used to gather information from PWDs was a structured questionnaire (Appendix A). Participants responded to open-ended and closed-ended questions in the survey. The survey and data collection were hosted on and collected through Kobo Collect, a mobile app platform. Key informants who served on the Disability Support Fund Management Committee were interviewed using an interview guide (Appendix B) developed for the study.

The researcher kept all field data confidential during and after the field data collection. The field data collected from the PWDs and the Management Committee were double-checked for completeness before entry and analysis.

3.7 Data Analysis

According to Cooper et al. (2006), data analysis is a method for minimising and organising information in order to deliver discoveries that necessitate translation by the person doing the analysis. The data analysis procedure is a continuous one that includes various steps such as data entry, editing, tabulation, coding, and computer processing (Avorgbedor, 1986). Data analysis necessitates a careful match between the study objectives and the results. Therefore, data should be collected and analysed using industry-standard systems, and information should be generated and packaged in a user-friendly manner.

The Statistical Package for the Social Sciences Software (SPSS v26) was used in this study to handle the quantitative data (questionnaire), which speeds up data analysis compared to manual data analysis and lowers human computational mistakes. Results from the data analysis were produced utilising both descriptive and analytical statistics. Tables and charts depicting frequency distributions were used to summarise and show the data. The level of accessibility to PWDs and the level of disability support fund awareness were compared using the chi-square test. According to the study's aims, the qualitative data (interviews) were transcribed manually and subjected to thematic analysis based on the objectives of the study. Statements with the same or similar themes were analysed together, while those statements or narratives with different themes were analysed separately to offer support or otherwise to the questionnaire results from the PWDs respondents.

Table 3.3 below shows how each of the objectives is going to be analysed with key variables of interest.

Table 3.3: Summary of Objectives and Key Variables of Interest

Objective	Analysis ¹	Key Variables
Assess the level of awareness of the Disability Support Fund among PWDs.	Analyse the survey results to determine the level of awareness of the Disability Support Fund among PWDs in the study area.	Demographic information, level of education, socioeconomic status, and previous interactions with disability support programmes.
Examine the level of accessibility of the Disability Support Fund to PWDs in the study area.	Analyse the survey results to determine the level of accessibility of the Disability Support Fund to PWDs in the study area.	Location of the programme offices, transportation options, application procedures, and availability of support services.
Analyse the effect of the Disability Support Fund on the welfare of beneficiary households.	Analyse the survey results to determine the effect of the Disability Support Fund on the welfare of beneficiary households.	Household income, employment status, access to healthcare, education, and housing conditions.
Identify and analyse the challenges of managing the Disability Support Fund and suggest practical solutions.	Analyse the interview data to identify common challenges faced in managing the Disability Support Fund and suggest practical solutions to address them.	Key variables of interest could include funding, administrative procedures, programme design, staff capacity, and coordination with other disability support programmes.

Source: Author's construct (2023)

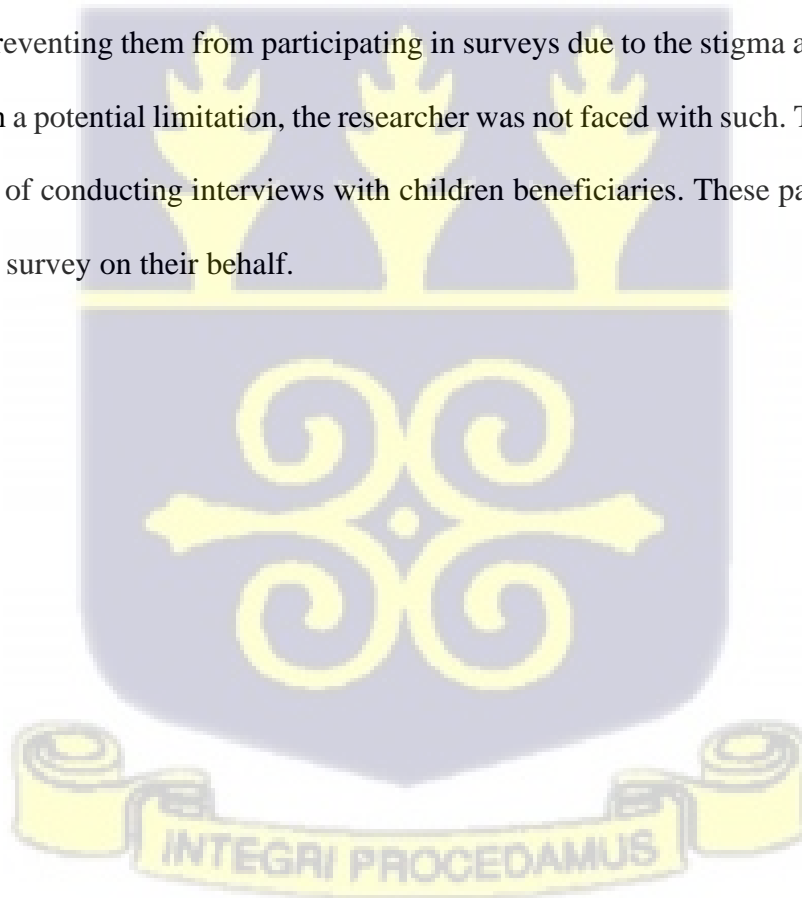
¹ Cross-tabulation of the data to identify any patterns or trends that may emerge based on the key variables of interest for all the objectives will be done.

3.8 Ethical Consideration

Before collecting any data, the researcher made sure to get respondent's consent to do so, in accordance with research ethics standards. They were also assured that their information would be kept private and used only for research purposes.

3.9 Study Limitations

The goals of the research were to determine how much Persons with Disability have access to the Disability Support Fund and what kind of effect the Fund has on the welfare of their households. Meanwhile, the findings of other research surveys indicate that families with PWDs usually hide their relatives, preventing them from participating in surveys due to the stigma associated with the family. Although a potential limitation, the researcher was not faced with such. The researcher had challenging task of conducting interviews with children beneficiaries. These participants' parents responded to the survey on their behalf.



CHAPTER FOUR: DATA ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter provides the analysis and discussion of the field data, bearing in mind the research questions posed in the introductory chapter. The results are organised thematically, with sections devoted to issues like respondent demographics, PWDs' level of awareness of the Disability Support Fund, the Fund's accessibility in Nsawam Adoagyiri Municipality, PWDs' financial responsibilities, and the Fund's effect on PWDs' daily lives. At the chapter's end, the most crucial findings were briefly summarised.

4.1 Demographic Characteristics of Respondents

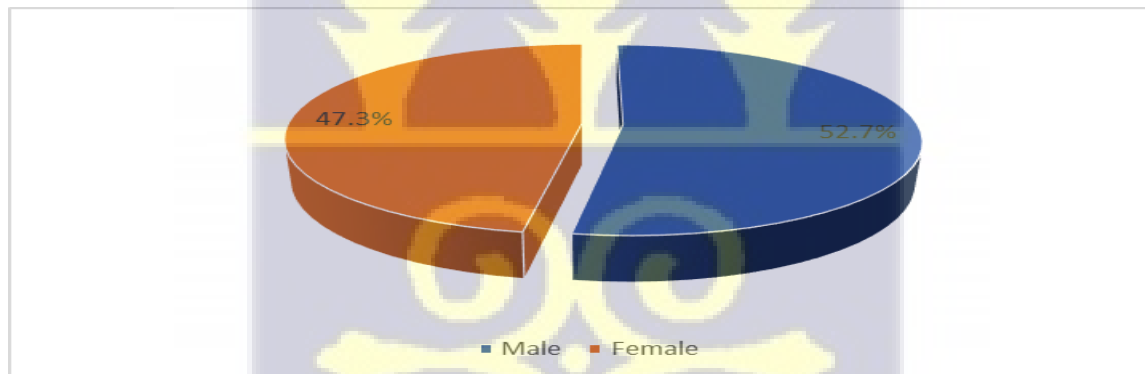
The researcher analysed the demographics of the respondents, which included their sex, age, marital status, education, and occupation. In addition, the type of disability organisation respondents belong to, the type of disability respondents are suffering from, and the assistive device types used by respondents were explored. In all, 150 respondents made up of 79 males and 71 females took part in the study. They were made up of 99 Physically Challenged, 29 Deaf and Dumb and 22 Blind persons.

4.1.1 Sex of Respondents

Figure 4.1 displays that more than half (52.7%) of the 150 respondents were males based on the survey's question about respondents' sex. The sex breakdown also contradicts the findings of the GSS (2014b) report on disability in Nsawam Adoagyiri, which found that the percentage of female population with disability is 3.1 percent higher than in the male population (2.7 %). The prevalence of disabilities can be influenced by a variety of factors such as genetics, environmental factors,

socio-economic status, access to healthcare and education, and cultural and societal attitudes towards disability. In many parts of the world, females are at a higher risk of developing disabilities due to various factors such as gender-based violence, discrimination, limited access to education and healthcare, and lower social and economic status compared to males (Arkorful et al., 2020; National Disability Authority, 2014). In some cases, females with disability may face additional barriers and discrimination due to their gender and disability status. It is important to note that disabilities affect individuals differently, and the specific factors contributing to higher rates of disabilities among females in Nsawam may be unique to that location and require further investigation and research.

Figure 4.1: Sex of Respondents



Source: Field data (2022)

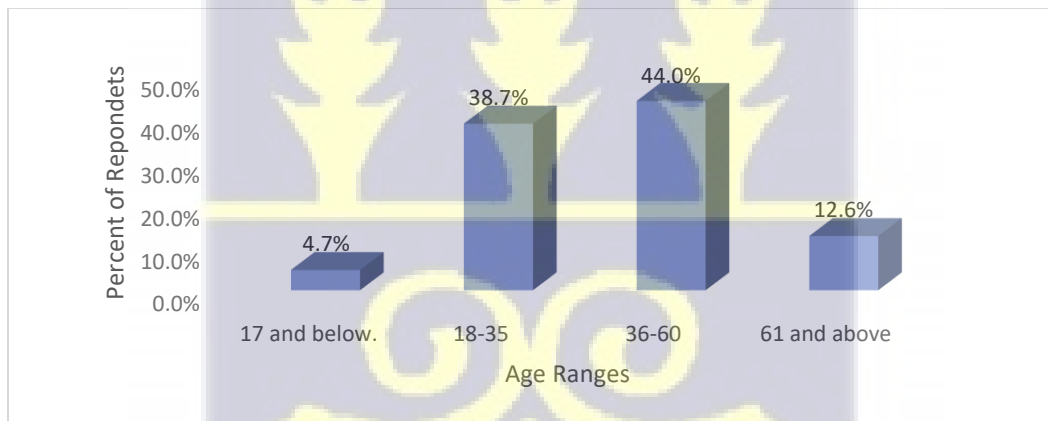
Based on these results, it appears that a larger percentage of males than females in the Nsawam Adoagyiri Municipality are enrolled in and making use of the Disability Support Fund. It is important to note that gender inequality and discrimination can affect the allocation and distribution of resources, including funds intended to support PWDs (Arkorful et al., 2020). This

can result in certain groups, such as males or females, being disproportionately affected or benefiting more than others.

4.1.2 Age of Respondents

Study participants' ages varied widely, from 13 to 84, with a median age of 39. From the survey, the largest share of the respondents (44.0%) was within the age range of 36-60 years. However, 4.7 percent of the respondents were 17 years and below, 38.7 percent were 18 years to 35 years, and 12.6 percent were 61 years and above (See Figure 4.2).

Figure 4.2: Age of Respondents



Source: Field data (2022)

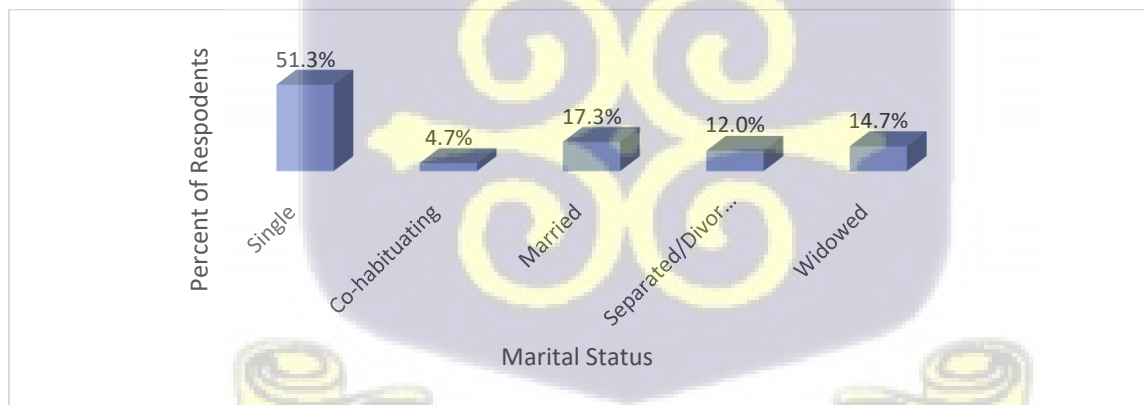
The age distribution of PWDs as found in this study is in disagreement with the findings reported by GSS (2014b) which assert that the greater proportion of PWDs are above 65 years. This situation may be attributed to the focus of the study on PWDs as it focuses on PWDs that are registered with the Social Welfare Office at the Nsawam Adoagyiri Municipal Assembly (NAMA) and have either benefited or not benefited from the Disability Support Fund. Ghana Statistical

Service (GSS) report on the other hand, focuses on a larger geographical extent and does not rely only on registered PWDs in the area for national assessment.

4.1.3 Marital Status of Respondents

The survey's assessment of respondents' marital status revealed that 51.3 percent of the total sample had never been married. Only 4.7 percent of them were co-habiting, 17.3 percent were married, 12.0 percent were separated, and 14.7 percent were widowed. These are illustrated in Figure 4.3. Again, the findings on the marital status of PWDs as found by this study differs significantly from GSS (2014b) district analytical report of the municipality. This is considerably disturbing as PWDs most times need assistance of others to perform their daily functions. Yet, this is not conclusive as this study does not show whether PWDs' current marital status was preceded or occasioned by their disability conditions.

Figure 4.3: Marital Status of Respondents



Source: Field data (2022)

4.1.4 Respondents' Level of Education

It is not a hidden fact that education is now reckoned as a right for all, including PWDs. This is the premise of the numerous efforts targeted at ensuring inclusive education in Ghana. Yet, the issues of discrimination and stigma have been noted as impeding PWDs access to education and retention in school (Edusei et al., 2017). For those who get access to education, studies have shown that their educational attainments are low.

Consistent with these earlier findings, this study as shown in Figure 4.4, found that the greater proportion (47.3%) of the PWDs in the study area appeared to have not received formal education. Among those who had received some level of education, 20.0 percent had completed JHS while 18.0 percent reported that they completed primary level education. The proportion of PWDs who reported to have completed SHS and tertiary education were 7.3 percent and 3.3 percent respectively and this noticeable reduction in higher educational attainment is worrying. Without a formal education, Persons with Disability could lack the skillsets necessary to participate in profitable economic pursuits. As a result, people with impairments risk becoming inactive and helpless to support themselves (Naami et al., 2012). Therefore, there is the need for interventions that improve access to education for PWDs, particularly at the primary and secondary levels. Efforts to address barriers to higher education for PWDs are also necessary to ensure that they have equal opportunities to achieve their full potential.

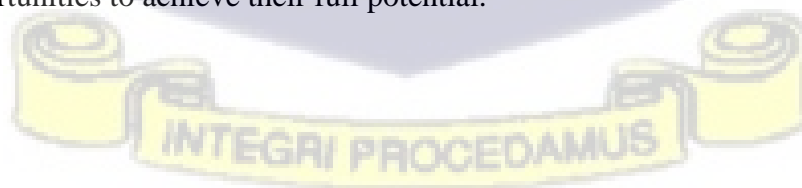
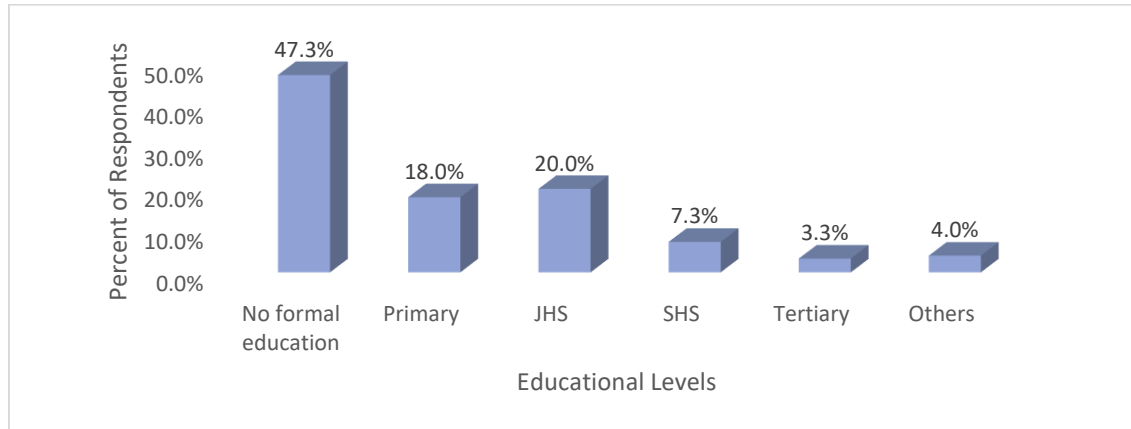


Figure 4.4: Educational Level of Respondents



Source: Field data (2022)

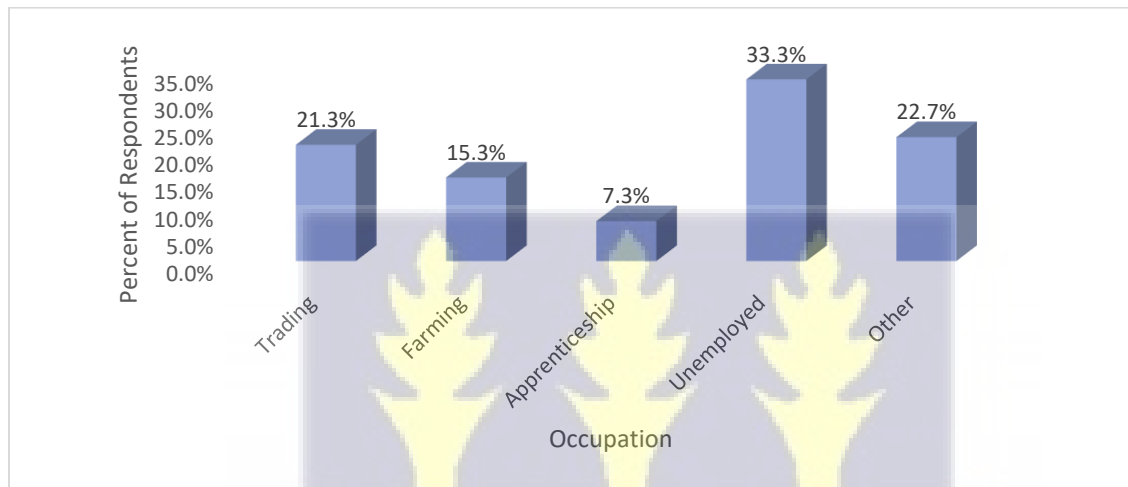
4.1.5 Occupation of Respondents

Without education the plight of PWDs gets worse. This is because it exacerbates their limitations to decent job opportunities. In particular, the WHO (2011) confirms that PWDs are less likely to join the labour force than persons without disability, suggesting that PWDs may be less likely to be hired and thus less likely to earn a meaningful cash to support their needs. Linked with the education level of PWDs in this study, the results from the survey in Figure 4.5 revealed that 33.3 percent of the respondents were unemployed, 21.3 percent of them were into trading, 15.3 percent were engaged in farming, and 7.3 percent were engaged as apprentices in various vocational and technical jobs.

The employment status of PWDs as found by the study confirms the assertion by GSS (2014b) that most PWDs who are employed are mostly found to be engaged in agricultural, trade or traditional crafts. Furthermore, 22.7 percent of the respondents indicated that they were engaged in other occupations. The other occupations as mentioned by the respondents included cobblers,

students and caterers. Unexpectedly, some PWDs considered begging as their occupation. This is in consonance with the studies of Mfoafo-M’Carthy et al. (2020), Naami (2015), and Naami et al. (2012) which found that the main problem facing Persons with Disability is high unemployment rates, frequently associated with lower levels of education.

Figure 4.5: Occupation of Respondents



Source: Field data (2022)

4.1.6 Disability Associations of Respondents

From the survey, the results revealed the largest share (44.0%) of the total sample did not belong to any of the disability associations present and identified in the study area. However, for those who belonged to disability associations, 42.0 percent of them belonged to Ghana Society of the Physically Disabled (GPSD), 7.3 percent belonged to Ghana Blind Union (GBU), and 6.7 percent belonged to Ghana National Association of the Deaf (GNAD). These are presented in Table 4.1.

Table 4.1: Disability Associations of Respondents

Disability Association	Frequency	Percent
Ghana Society of the Physically Disabled (GSPD)	63	42.0%
Ghana Blind Union (GBU)	11	7.3%
Ghana National Association of the Deaf (GNAD)	10	6.7%
None	66	44.0%
Total	150	100.0%

Source: Field data (2022)

4.1.7 Number of Disabilities Suffered by Respondents

The majority (97.3%) of the respondents suffered from a single disability with 51.3 percent of them being males. Additionally, 2.0 percent and 0.7 percent of PWDs also suffered from 2 types of disabilities and 5 types of disabilities respectively. None of the respondents suffered 3 or 4 types of disabilities. Additionally, as shown in Table 4.2, the majority of respondents with one disability fall between the ages of 36 and 60. The chi-square tests of the two variables (age and number of disabilities) suggest that there is an insignificant difference between the two groups as the p-values of those groups are 0.509 significance level. As majority suffers a single type of disability, fewer to none suffer multiple disabilities.

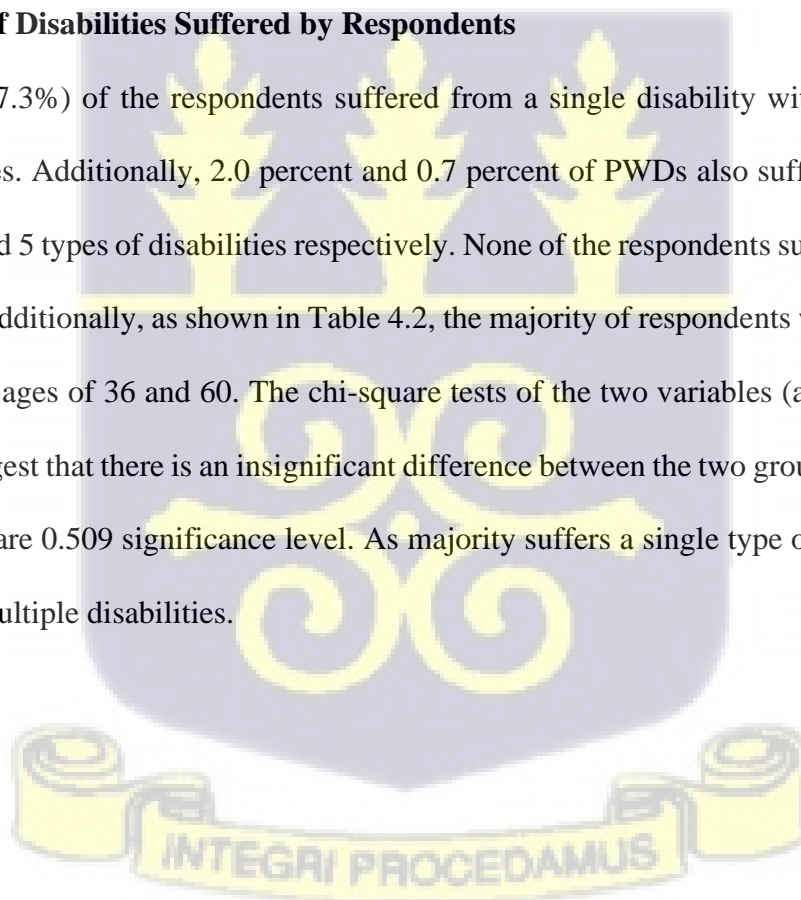


Table 4.2: Number of Disabilities Suffered by Respondents

		Number of Disabilities						Total	
		1		2		5			
Sex	Male	77	51.3%	1	0.7%	1	0.7%	79	52.7%
	Female	69	46.0%	2	1.3%	0	0%	71	47.3%
Total		146	97.3%	3	2.0%	1	0.7%	150	100%
Pearson statistic		$X^2 = 1.349$				$P = 0.509$			
Age	17 and below	7	4.7%	0	0%	0	0%	7	4.7%
	18-35	57	38.0%	1	0.7%	0	0%	58	38.7%
	36-60	65	43.3%	1	0.7%	0	0%	66	44.0%
	61 and above	17	11.3%	1	0.7%	1	0.7%	19	12.6%
Total		146	97.3%	3	2.0%	1	0.7%	150	100%
Pearson statistic		$X^2 = 16.427$				$P = 0.172$			

Source: Field data (2022)

4.1.8. Stage of Life Respondents Became PWDs

To further understand the state of disabilities among the respondents, the researcher explored the various stages PWDs in the study became affected with the current disability situations. From the 150 respondents, 70.7% (39.4% males and 31.3% females) had their disabilities at or before age 17. Additionally, 22.7 percent of the respondents made up of 10.0 percent males and 12.7 percent females indicated they had their disabilities within 18-35 years in their lives while 5.3 percent of them making 3.3 percent males and 2.0 percent females indicated that they had their disability when they were between the ages of 36-60 years. In this result, the Pearson chi-square suggests that there is an insignificant variation across the various stages of life of respondents when they became PWDs. These results are illustrated in Table 4.3.

Table 4.3: Stage of Life Respondents Became PWDs

Stages Respondents Became PWDs	Sex				Total	
	Male		Female			
17 years and below	59	39.4%	47	31.3%	106	70.7%
18-35 years	15	10.0%	19	12.7%	34	22.7%
36-60 years	5	3.3%	3	2.0%	8	5.3%
61 years and above	0	0.0%	2	1.3%	2	1.3%
Total	79	52.7%	71	47.3%	150	100.0%
Pearson statistic	$X^2 = 9.254; P = 0.235$					

Source: Field data (2022)

Cumulatively, 7 in 10 PWDs (70.7%) reported experiencing disability from birth or in their early childhood days. Although children could be born with disabilities, maternal, new-born and child healthcare require attention since lapses in healthcare for mothers and the new-borns in the early days predispose the children to disability. UNICEF for instance accounts that child illness, injury and poor nutrition increase chances of child disability (UNICEF, 2013).

4.1.9 Types of Disabilities Respondents Suffer

The disability types among PWDs explored in the study implied that the majority (66.0%) of the total respondents were physically challenged, 16.0 percent were visually impaired, 15.3 percent were deaf and dumb whilst 2.7 percent were suffering from speech impairment as presented in Table 4.4.

Table 4.4: Types of Disabilities Respondents Suffer

Type of Disabilities	Frequency	Percent
Physical disability	99	66.0%
Visual impairment	24	16.0%
Deaf and dumb	23	15.3%
Speech impairment	4	2.7%
Total	150	100.0%

Source: Field data (2022)

This study confirms the assertion by the GSS (2014b) which found that the top four major disabilities in the Nsawam Adoagyiri Municipality are related to physical disability, sight, hearing, and speech respectively

4.1.10 Assistive Devices Used by Respondents

The assistive devices used by respondents included glasses, wheelchair, crutches, white cane and others such as walking sticks. However, 57 respondents accounting for 38.0 percent of the total sample used none of the identified assistive devices. As denoted in section 4.1.5 of this chapter, 33.3 percent of the 150 respondents are unemployed and thus, do not earn any income. These respondents are only assisted by their relatives, friends, philanthropists, the government or NGOs. As a result, this has significant financial ramifications for people in this situation who do not work, particularly when it comes to the cost of necessary aids. The low economic opportunities could have accounted for the inability of respondents to purchase assistive devices for themselves as they do not earn much to supplement such expenses. The results also revealed that 26.0 percent and 22.0 percent of the respondents use crutches and wheelchairs respectively. Those who use white

canes, glasses, and others were 7.3 percent, 2.7 percent and 4.0 percent respectively. These are presented in Table 4.5.

Table 4.5: Assistive Devices Used by Respondents

Assistive Devices	Frequency	Percent
Crutches	39	26.0%
Wheelchairs	33	22.0%
White canes	11	7.3%
Glasses	4	2.7%
Others	6	4.0%
None	57	38.0%
Total	150	100.0%

Source: Field data (2022)

4.1.11 Assistive Devices Provided by the Fund

The study also explored the assistive devices that are provided by the Disability Support Fund in the area. Table 4.6 displays the results, showing that 89.1 percent of respondents did not own any of the Fund-provided assistive devices. Additionally, 3.6 percent and 4.5 percent of the respondents indicated they have their wheelchairs and other assistive devices provided by the Fund respectively. Only one respondent each, had their glasses, crutches, and white canes provided by the Fund. This suggests that the majority of respondents are paying for the assistive devices.

Table 4.6: Assistive Devices Provided by the Fund

Assistive Devices	Frequency	Percent
Wheelchair	4	3.6%
Glasses	1	0.9%
Crutches	1	0.9%
White cane	1	0.9%
Other	5	4.5%
None	98	89.1%
Total	110	100.0%

Source: Field data (2022)

4.2 Financial Obligations on Respondents

The financial obligations on respondents were examined in the study. These included dependants of respondents and responsibility of respondents on their dependants.

4.2.1 Dependants of Respondents

Participants were asked to specify whether or not they have dependants. To this question, 55 percent of respondents said they had no dependants, while 45 percent said they had dependants.

Table 4.7 shows respondents and the number of dependants they have. Out of the 150 respondents interviewed, only 68 of them indicated they have dependants. The results indicate that 82.0 percent of those with dependants have 1 to 5 dependants under their care. One respondent making 1.5 percent each had 11 to 15 dependants, and 21 and above dependants respectively.

Table 4.7: Number of Respondents' Dependants

Number of Dependants	Frequency	Percent
5 and below	56	82.0%
6-10	10	15.0%
11-15	1	1.5%
16-20	0	0%
21 and above	1	1.5%
Total	68	100.0%

Source: Field data (2022)

4.2.2 Responsibility of Respondents Regarding their Dependants

Participants were asked to indicate whether or not they were solely responsible for their dependants or whether or not they received support from others in doing so as shown in Table 4.8.

Table 4.8: Responsibility for Respondents' Dependants

Responsibility level of Respondent	Sex				Total	
	Male		Female			
Yes, I'm solely responsible	9	13.2%	12	17.7%	21	30.9%
No, I have help from my spouse/partner	10	14.7%	7	10.3%	17	25.0%
No, I have help from other family members	9	13.2%	8	11.8%	17	25.0%
No. I have help from other sources	5	7.3%	4	5.9%	9	13.2%
No, I have help from friends	2	2.9%	2	2.9%	4	5.9%
Total	35	51.5%	33	48.5%	68	100%

Source: Field data (2022)

In total, 45.3 percent with dependants of the 150 respondents answered the question. From the results offered in **Error! Reference source not found.8**, it is clear that out of a total of 68 respondents, 30.9 percent comprising 13.2 percent males and 17.7 percent females indicated that

they are exclusively liable for their dependants. The remaining respondents have external support in taking care of their dependants.

4.2.3 Respondents' Monthly Income Levels

Regarding the monthly income of respondents, only 51.4 percent of the respondents indicated they earned some amount of income. The largest share of respondent (12.7%) who earned income, earned GHC 301.00 – 400.00 per month. This was followed by 6.7 percent, 9.3 percent, and 11.3 percent of the respondents who also earned from up to GHC 100.00, between GHC 101.00 - 200, and GHC 201.00 – 300.00 respectively. The mean income of respondents who earn monthly income as analysed was GHC 155.22. This implies that, averagely, respondents make about GHC 155 a month. Comparing this with their expenditure on healthcare, food and educational needs as indicated under section 4.2.4, it means that most of these people will have to resort to alternative sources of income for survival. The median value was also estimated at GHC 250.50. As seen in Table 4.9, only 2.7% of respondents earn income above GHC 700. The minimum and maximum income found among the respondents were GHC 100.00 and GHC 1,000.00 respectively.

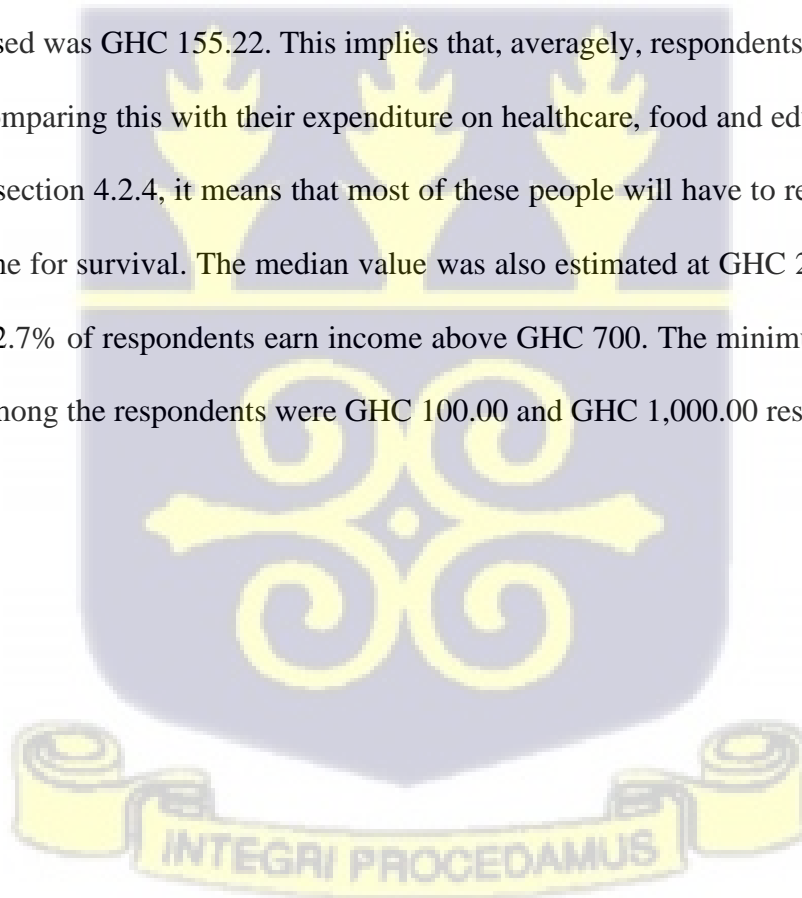


Table 4.9: Monthly Income Level of Respondents

Income	Frequency	Percent
Up to GHC 100.00	10	6.7%
GHC 101.00 - 200.00	14	9.3%
GHC 201.00 - 300.00	17	11.3%
GHC 301.00 - 400.00	19	12.7%
GHC 401.00 - 500.00	7	4.7%
GHC 501.00 - 600.00	3	2.0%
GHC 601.00 - 700.00	3	2.0%
GHC 701.00 - 1000.00	4	2.7%
No income	73	48.6%
Total	150	100.0%
Minimum income	GHC 100.00	
Maximum income	GHC 1000.00	
Median income	GHC 250.50	
Mean income	GHC 155.22	

Source: Field data (2022)

The findings described in this section are consistent with the literature on poverty and disability. According to the World Health Organisation (WHO), PWDs are more likely to experience poverty and face economic and social exclusion than those without disability (WHO, 2011). In many cases, disability can limit an individual's ability to work or earn a living, leading to financial difficulties and increased risk of poverty. A study by (Mitra et al., 2013) found that PWDs in developing countries are more likely to be unemployed or underemployed than those without disability. They also reported lower earnings and higher poverty rates. Similarly, another study by Mont (2013) found that poverty is a major concern for Persons with Disability in developing countries, as they

are more likely to experience material deprivation and lack access to basic necessities such as healthcare, education, and housing.

The findings also highlight the importance of income support and social protection programmes for PWDs. According to WHO, social protection measures, such as cash transfers, pensions, and disability-specific benefits, can help reduce poverty and improve the well-being of PWDs (WHO, 2011). Similarly, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) calls for measures to ensure that PWDs have access to social protection programmes and other forms of support to help them live independently and participate fully in society (UN, 2006).

Regarding the 48.6 percent of respondents who do not earn any income as shown in Table 4.9, a further analysis about those categories of people was conducted. A comparative analysis of PWDs' occupation with their income as shown in Table 4.10 discovered that the bulk of no income earners were the unemployed (47 PWDs). This was followed by students (15 PWDs) and some beggars (4 PWDs). Additionally, three PWDs each who were into farming and apprenticeship also indicated they earned no income.

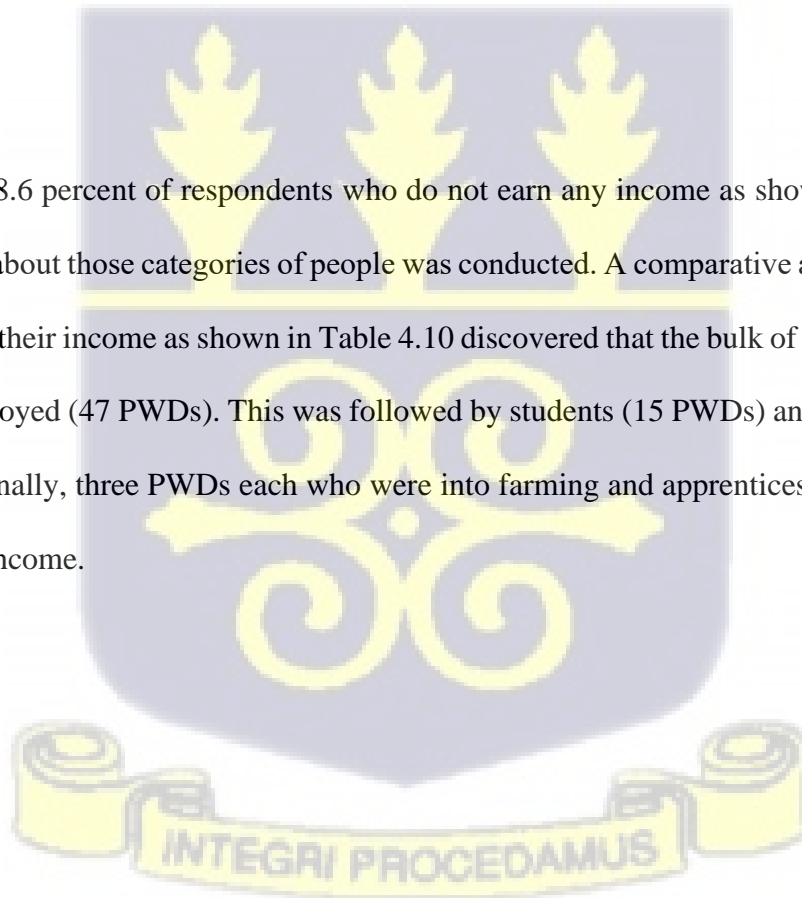


Table 4.10: Cross Tabulation of Monthly Income Level and Occupation of Respondents

Occupation		Income								Total	
		1-100	101-200	201-300	301-400	401-500	501-600	601-700	701-1000		No Income
Trading	Count	3	3	11	8	3	1	0	3	0	32
	Percent	9.4%	9.4%	34.4%	25.0%	9.4%	3.1%	0.0%	9.4%	0.0%	100.0%
Farming	Count	1	3	5	5	1	2	2	1	3	23
	Percent	4.3%	13.0%	21.7%	21.7%	4.3%	8.7%	8.7%	4.3%	13.0%	100.0%
Apprentice	Count	5	1	0	0	1	0	1	0	3	11
	Percent	45.5%	9.1%	0.0%	0.0%	9.1%	0.0%	9.1%	0.0%	27.3%	100.0%
Unemployed	Count	0	2	0	1	0	0	0	0	47	50
	Percent	0.0%	4.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	94.0%	100.0%
Student	Count	0	1	0	0	0	0	0	0	15	16
	Percent	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	93.8%	100.0%
Begging	Count	1	3	0	3	1	0	0	0	4	12
	Percent	8.3%	25.0%	0.0%	25.0%	8.3%	0.0%	0.0%	0.0%	33.3%	100.0%
Shoe Maker	Count	0	1	1	1	0	0	0	0	0	3
	Percent	0.0%	33.3%	33.3%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Caterer	Count	0	0	0	1	0	0	0	0	0	1
	Percent	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Labourer	Count	0	0	0	0	1	0	0	0	0	1
	Percent	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Retired	Count	0	0	0	0	0	0	0	0	1	1
	Percent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total	Count	10	14	17	19	7	3	3	4	73	150
	Percent	6.7%	9.3%	11.3%	12.7%	4.7%	2.0%	2.0%	2.7%	48.7%	100.0%

Source: Field data (2022)

These findings highlight the challenges that PWDs face in finding employment and earning a livelihood. In many cases, disability can limit an individual's ability to work or access education and training opportunities, leading to limited job prospects and low incomes. According to the World Bank (2011), PWDs are more likely to be unemployed or underemployed than those without disability. They are also more likely to work in the informal sector, where wages are typically low and working conditions may be poor. The findings also underscore the need for interventions to address the barriers to employment faced by PWDs.

4.2.4 Expenditure of Respondents

In the survey, the expenditure of the respondents was also assessed. This was to understand whether they (respondents) are able to meet their expenditure with their income. This is to ascertain the current state of the PWDs in the area and to provide appropriate recommendations to the welfare office for effective implementation to enhance PWDs income.

4.2.4.1 Monthly Expenditure on Healthcare

Table 4.11 details the monthly expenditure that respondents spent on their own and their families' healthcare. The minimum and maximum expenditure on healthcare were GHC 50.00 and 300.00 respectively with a mean expenditure of GHC 122.25. From the results, it can be seen that the largest share of the respondents (19.3%) out of the total sample spend about GHC 50.00 and below on monthly healthcare needs. The remaining 10.0 percent, 14.0 percent, 15.3 percent, 16.0 percent, 10.7 percent, and 14.7 percent of the respondents also spend about GHC 51.00 – 100.00, GHC 101.00 – 150.00, GHC 151.00 – 200.00, GHC 201.00 – 250.00, GHC 251.00 – 300.00 and Others respectively on healthcare needs per month. Approximately GHC 122.25 was found to be the average monthly outlay for medical care. This has some economics implications on the livelihoods

of PWDs, particularly those that may not be engaged in any employment ventures and have no responsible relatives or friends to support them. Those that selected other gave a reason that they have no idea of the amount spent on their healthcare needs as they claimed they are taken care of by their parents, children or siblings.

Table 4.11: Monthly Expenditure on Healthcare

Expenditure	Frequency	Percent
GHC 50.00 and below	29	19.3%
GHC 51.00 – 100.00	15	10.0%
GHC 101.00 – 150.00	21	14.0%
GHC 151.00 – 200.00	23	15.3%
GHC 201.00 – 250.00	24	16.0%
GHC 251.00 – 300.00	16	10.7%
Other (No idea)	22	14.7%
Total	150	100.0%
Minimum	GHC 50.00	
Maximum	GHC 300.00	
Median expenditure on healthcare	GHC 175.50	
Mean expenditure on healthcare	GHC 122.25	

Source: Field data (2022)

4.2.4.2 Daily Expenditure on Food

In the survey, the result revealed a minimum and maximum daily expenditure on food to be GHC 1.00 and GHC 60.00 respectively. The average daily expenditure on food was estimated at GHC 24.56. With the question of how much money is spent on food with respondents' dependants daily, 23.3 percent of respondents expended GHC 16.00 - 20.00 on food. The second largest share of

respondents (18.0%) also spent GHC 21.00 – 30.00 on their daily food while the least share of respondents (3.3%) spent GHC 51.00 - 60.00 on daily food with a median expenditure of GHC 18.00. These are presented in Table 4.12.

Table 4.12: Daily Expenditure on Food

Expenditure	Frequency	Percent
GHC 1.00 - 5.00	9	6.0%
GHC 6.00 - 10.00	7	4.7%
GHC 11.00 - 15.00	25	16.7%
GHC 16.00 - 20.00	35	23.3%
GHC 21.00 - 30.00	27	18.0%
GHC 31.00 - 40.00	23	15.3%
GHC 41.00 - 50.00	19	12.7%
GHC 51.00 - 60.00	5	3.3%
Total	150	100.0%
Minimum	GHC 1.00	
Maximum	GHC 60.00	
Median expenditure on food	GHC 18.00	
Mean expenditure on food	GHC 24.56	

Source: Field data (2022)

4.2.4.3 Monthly Expenditure on Educational Needs

Considering the results presented in Table 4.13, the mean expenditure on education was estimated to amount to GHC 40.96. The minimum and maximum expenditure on educational needs were GHC 50 and GHC 200 respectively. With respect to the question of how much money respondents spend with their dependants on their educational needs (fees, books, transport, etc.), the majority of respondents (71.3%) spend GHC 50.00 and below while the remaining 18.7 percent, 5.3 percent,

1.3 percent and 3.3 percent of the respondents spent about GHC 51.00 – 100.00, GHC 101.00 - 150.00, GHC 151.00 - 200.00, and others, respectively on their educational needs. Those that selected others, specified they were neither schooling nor had a dependant in school.

The majority of respondents (71.3%) spend GHC 50.00 and below on educational needs, which indicates that many PWDs may be unable to access quality education due to financial constraints.

This finding is consistent with previous studies that have shown that PWDs are often excluded from education due to financial, social, and physical barriers (Mulimbi, 2020).

Table 4.13: Monthly Expenditure on Educational Needs (fees, books, transport, etc.)

Expenditure	Frequency	Percent
GHC 50.00 and below	107	71.3%
GHC 51.00 – 100.00	28	18.7%
GHC 101.00 - 150.00	8	5.3%
GHC 151.00 - 200.00	2	1.3%
Others	5	3.3%
Total	150	100.0%
Minimum	GHC 50.00	
Maximum	GHC 200.00	
Median expenditure on education	GHC 25.00	
Mean expenditure on education	GHC 40.96	

Source: Field data (2022)

Cumulatively, the average monthly expenditure of PWDs in the study was far above their monthly income. Average household income in the study area was GHC 155.22, and the average household spent GHC 900.1 on food (GHC 736.80), healthcare (GHC 122.25), and education (GHC 40.96).

This leaves respondents with deficit. This calls for the attention of welfare offices at MMDAs to step up in the aid of these vulnerable people to improve their living conditions.

4.3 PWDs' Level of Awareness of the Disability Support Fund

Without information, people cannot participate actively in society. For PWDs this is more crucial especially as it relates to support available and accessible to them. In instances where information is available, its presentation in accessible format is also key. Yet, it is established that marginalisation of PWDs exists even in terms of access to information which further limits their opportunities (Schmid et al., 2008). The extent of PWDs' awareness of the Disability Support Fund in the Nsawam Adoagyiri Municipality was very high with 96.7 percent being aware of this opportunity. Only 3.3% of respondents did not know about the District Assembly's accessibility-related opportunities. Thus, information concerning the Disability Support Fund is well disseminated among PWDs in the Nsawam Adoagyiri Municipality.

To ascertain the depth of PWDs access to information, a chi-square test of association was conducted to understand whether this access to information is non-discriminatory to PWDs irrespective of their socio-demographic status. As observed from the **Error! Reference source not found.**¹⁴, the level of PWDs awareness about the DSF is higher among males (50.7%) than females (46.0%). The proportion of PWDs who do not have any form of education and those who had reported attending school to the primary school level who indicated they were unaware of the DSF were 2.0 percent and 1.3 percent respectively. However, all PWDs who reported to have had JHS, SHS, TVET and tertiary education were aware of the DSF.

Table 4.14: Level of PWDs Access to Information on DSF

Variable	Yes	No	χ^2	P-value
	145	5		
Sex of respondents			0.112	0.738
Male	76 (50.7%)	3 (2.0%)		
Female	69 (46.0%)	2 (1.3%)		
Educational level			3.359	0.645
No education	68 (45.3%)	3 (2.0%)		
Primary	25 (16.7%)	2 (1.3%)		
JHS	30 (20.0%)	0 (0.0%)		
SHS	11 (7.3%)	0 (0.0%)		
TVET	5 (3.3%)	0 (0.0%)		
Tertiary	6 (4.0%)	0 (0.0%)		
Marital Status			4.838	0.304
Single	72 (48.0%)	5 (3.3%)		
Co-habiting	7 (4.7%)	0 (0.0%)		
Married	26 (17.3%)	0 (0.0%)		
Divorced	17 (11.3%)	0 (0.0%)		
Widow	22 (14.7%)	0 (0.0%)		
Occupation			4.065	0.397
Trading	32 (21.3%)	0 (0.0%)		
Farming	23 (15.3%)	0 (0.0%)		
Apprenticeship	11(7.3%)	0 (0.0%)		
Unemployed	47(31.3%)	3 (2.0%)		
Other	32(21.3%)	2 (1.3%)		
Disability Type			2.909	0.573
Visual impairment Only	23 (15.3%)	0 (0.0%)		
Physical Disability Only	91 (64.7%)	5 (3.3%)		
Visual Impairment and Physical Disability	1 (0.7%)	0 (0.0%)		
Deaf and Dumb	25 (16.7%)	0 (0.0%)		
Others	5 (3.3%)	0 (0.0%)		

Source: Field data (2022)

Nonetheless, the highest proportions of PWDs who indicated they were aware of the DSF were found among those who had no formal education (45.3%), JHS education (20.0%) and primary education (16.7%). A similar situation was also found among PWDs awareness and type of occupation. About 2.0 percent of PWDs who were unaware of the DSF were unemployed while 1.3 percent were involved in other activities. All PWDs engaged in trading (21.3%), farming (15.3%) or enrolled as apprentice (7.3%) were aware of the DSF. Additionally, all PWDs who were not aware of the DSF were found among PWDs who suffered from only physical disability.

Regardless of these marginal disparities in the observations, all the chi-square test results as presented in **Error! Reference source not found.**¹⁴ were statistically not significant, suggesting that information on the Fund is available and the means of dissemination is non-discriminatory, reaching all PWDs irrespective of their sex, age, marital status, educational level or occupation. The chi-square values estimated between access to information and demographic characteristics of respondents were 0.112, 3.359, 4.838, 4.065, and 2.909 with their respective p-values of 0.738, 0.645, 0.304, 0.397, and 0.573 for sex, education, marital status, occupation and disability types suffered by respondents respectively. The availability of information to PWDs regardless of their disability type in particular suggests information about the Disability Support Fund is easily accessible in diverse formats to all PWDs. A p-value of 0.05 or lower is generally considered statistically significant and from **Error! Reference source not found.**¹⁴ all the P-values are above 0.05 making them statistically insignificant.

The findings presented in Table 4.14 indicate that the level of awareness about the DSF is higher among males than females, and those with higher levels of education were more likely to be aware

of the DSF. This is consistent with existing literature that suggests that individuals with higher levels of education tend to have better access to information and are more likely to be aware of available support and services (Barnes & Mercer, 2010; Mitra et al., 2013). The results also show that PWDs who were engaged in trading, farming, or enrolled as apprentices were more likely to be aware of the DSF. This suggests that PWDs who are engaged in economic activities and have access to networks and markets may be better informed about available support and services, which can facilitate their access to resources and opportunities (Mulimbi, 2020).

The finding that PWDs with physical disabilities were less likely to be aware of the DSF is a cause for concern, as it suggests that this group of PWDs may face additional barriers in accessing support and services. Existing literature suggests that individuals with physical disabilities often face multiple barriers in accessing support and services, including physical barriers, social exclusion, and stigma (WHO, 2011).

The combination of formal and informal information delivery approaches by the Municipal Assembly to disseminate information on the DSF to PWDs within Nsawam Adoagyiri Municipality such as communication of vital information to various disability groups through letters and memos, community sensitisations, passing information through community representatives (Assembly member and unit committee members) and religious groups have been extensive. A PWDs Group Representative who participated in the study stated that;

“We pass on or disseminate information to them during our monthly and quarterly meetings. We also do so, by passing information through the assembly men and churches and the unit committee personnel”. (PWD Group Representative, July 2022)

Additionally, the social welfare representative mentioned that

“The PWDs gets information on the disability support fund through sensitisation programmes in the various communities in the municipality” (Social Welfare Representative, July 2022)

The use of formal communication means in disseminating information was mainly to organised disability groups as averred by the NAMA representative.

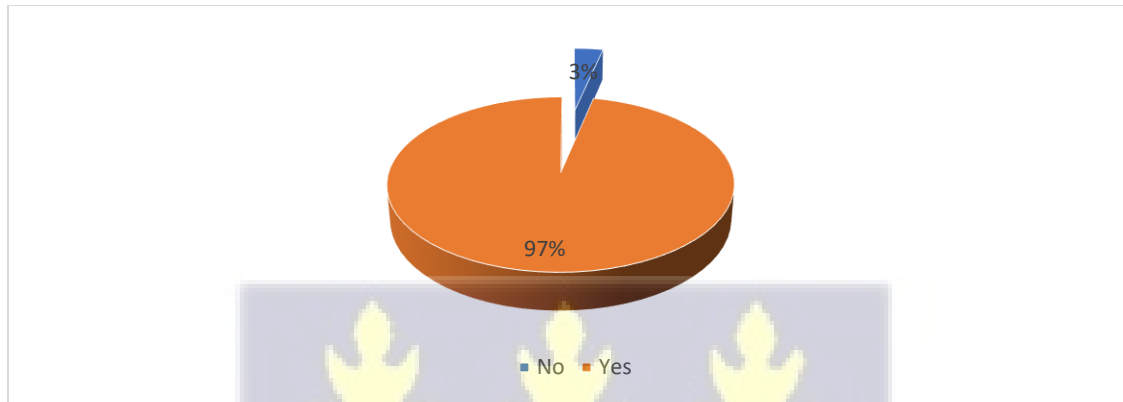
“Mostly (we provide information) through memos and letters. That’s the main way we give information to the disability groups”. (NAMA DSF Committee representative, July 2022)

This finding is contrary to that of earlier studies which concluded that there is a dearth of information about the DSF in Upper West, Upper East, Northern, Volta and Ashanti Regions. (Akorful et al., 2019). This result contradicts the study of Opoku et al. (2019), who realised that both executive and non-executive participants in his study felt misinformed about the Fund. Involved parties outside of executive ranks reported receiving no communication regarding the application procedure. Executive participants who were given the Fund on behalf of their members claimed that the MMDAs concealed information about the application process and the mechanism by which money was distributed (Opoku et al., 2019). This disparity may be due to the extent of advocacy on disability rights and support opportunities and the scope of the studies. This study was focused on PWDs who have registered with the social welfare office of NAMA and either benefitted or not benefitted from the DSF.

The results as shown in Figure 4.6 showed that among the 145 PWDs who were aware, majority (97%) had applied for it. Only a marginal proportion (3%) of the total respondents had never applied for the fund. This implies that majority of those who have heard about the Fund have

actually attempted to access the Fund. Reasons cited by few respondents who had not put in any application for the Fund were perception of delays in receiving the Funds and lack of applicants' identification requirements (identity cards).

Figure 4.6: Respondents who Ever Applied for the Fund



Source: Field data (2022).

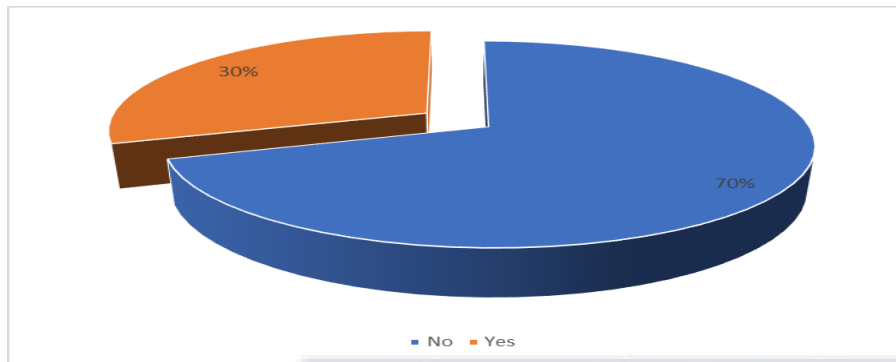
4.4 Accessibility of the Disability Support Fund to PWDs

The depth in awareness of the DSF opportunity at the district assembly is a good step towards supporting PWDs. An earlier observation by the Commonwealth Human Right Initiative (2011) however was that while access to information concerning the funds available to PWDs is increasing, in reality actual access to the fund is poor. To ascertain how access to information has empowered PWDs to access the fund within the Nsawam Adoagyiri Municipality, respondents were asked if they have ever applied for the Fund, having heard about it.

In relation to PWDs' attempt to access the Fund, the study sought to know whether applicants have ever benefited from the fund or not. As shown in Figure 4.7, less than one-third (30%) of the

applicants indicated that they have benefited from the DSF. This implies that majority of the PWDs in the Nsawam Adoagyiri Municipality who have applied for the Fund have never benefitted.

Figure 4.7: Receipt of Disability Fund upon First Application



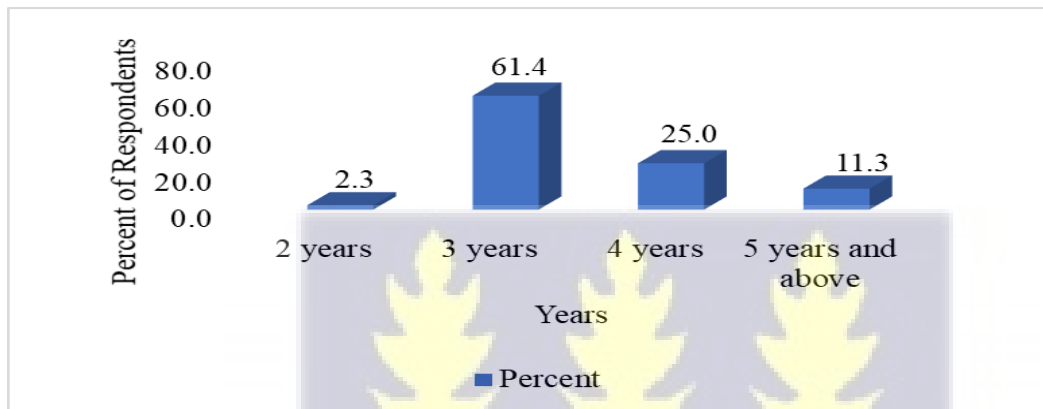
Source: Field data (2022)

Many governments in low-income nations typically struggle to support social intervention programmes including DSF, as noted in studies by Foli (2016), Gooding & Marriot (2009) and Opoku et al. (2019). Possibly due to a lack of funding, the government is unable to give money to the MMDAs, who would then transfer the 3 percent quota to the PWDs.

Out of the 44 respondents who have ever received support from the DSF, 61.4 percent received their first support three years ago, while 25.0 percent and 11.3 percent also reported benefitting from the fund in about four years and five or more respectively. Only 2.3 percent of the respondents reported receiving support in the last 2 years. The field results of this are illustrated in Figure 4.8. These findings are in line with those of Opoku et al. (2019), who found that the vast majority of applicants do not receive the money until several years after submitting their requests. Such delays could have negative implications for PWDs, who may be in urgent need of financial

assistance for medical treatment or other essential needs. It may be necessary for the authorities responsible for managing the DSF to review their processes and procedures to ensure that funds are disbursed in a timely manner, and that applicants receive the support they need when they need it.

Figure 4.8: The Year First Support was Received



Source: Field data (2022)

4.4.1 Factors Affecting Access to and Approval of DSF Application

Though the literature shows that the delays in DSF allocation disbursements to MMDAs consequently affect beneficiaries, key informant interviews indicated that poor documentation and insufficient proof of need by PWDs could potentially result in rejection of PWDs applications as a key informant aptly stated that:

“The support to PWDs is approved by the management committee only when their applications meet all the requirements that are expected of them. However, if it does not meet the requirement, for example, the person is not having pictures on the forms, it cannot be endorsed by the assemblyman or the chairman of the various disability groups. This

means that it does not meet requirement. If it is a school bill or hospital bill then it has to come with authentication with the school or hospital logo and signature from the headmaster or headmistress of the school before we consider that as authentic to be given the needed support” (NAMA DSF Committee representative, July 2022).

Aside the documentation lapses which could exclude PWDs access to the fund though they have applied, the proximity of the registration or DSF application point can also exclude some vulnerable PWDs within the communities. This is as inferred from a key informant who also mentioned that;

“The PWDs are supported in our office through the sensitisation programmes we do in the various communities which create awareness for them to apply for the fund so that they may also benefit from it through registration in our office, with two passport sized pictures to show that the person has registered and is a PWD, then we can help them get a share of the cake”. (NAMA DSF Committee representative, July 2022).

“Initially, when the registration had not started, anytime we wanted to gather them, it was very difficult for them to come. Sometimes even if they were able to come, we had to support by footing their bills for them to go back to their locations”. (NAMA DSF Committee representative, July 2022).

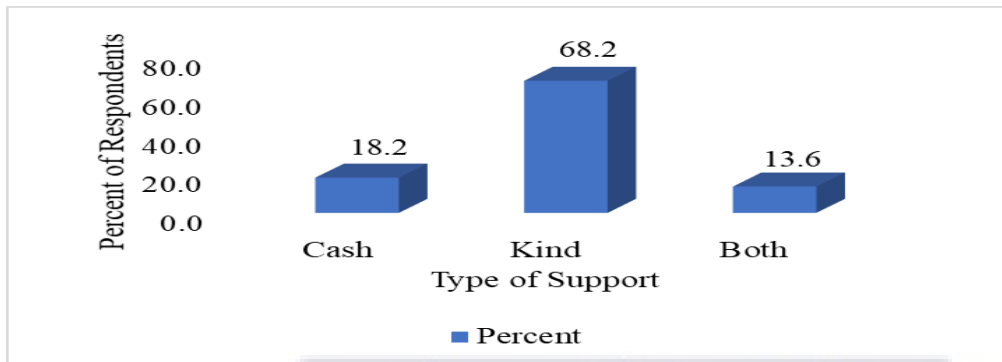
4.4.2 Forms of Support Received by Respondents

Regarding the forms of support received by participants in the study, 44 respondents out of the total 150 study participants responded to the question as those who have benefitted from the DSF.

The beneficiaries indicated receiving either cash or kind or both as support from the DSF as

depicted by Figure 4.9. The largest share of beneficiaries (68.2%) received their support in kind, while 18.2 percent and 13.6 percent of beneficiaries received cash and both supports respectively.

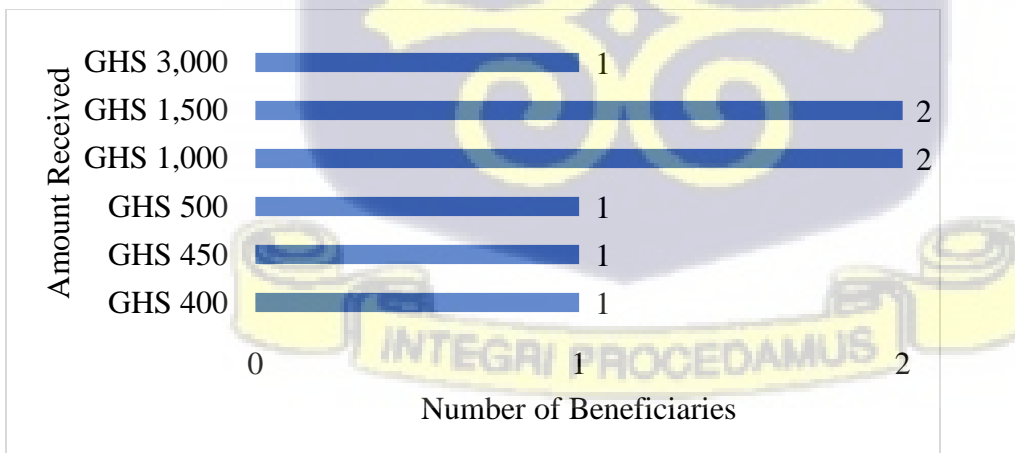
Figure 4.9: Forms of Support Received by Respondents



Source: Field data (2022)

With regards to those who have received cash support from the Fund, out of a total of 8 respondents who answered this question, the highest cash support was GHC 3,000.00 with the least support being GHC 400.00 as shown in Figure 4.10.

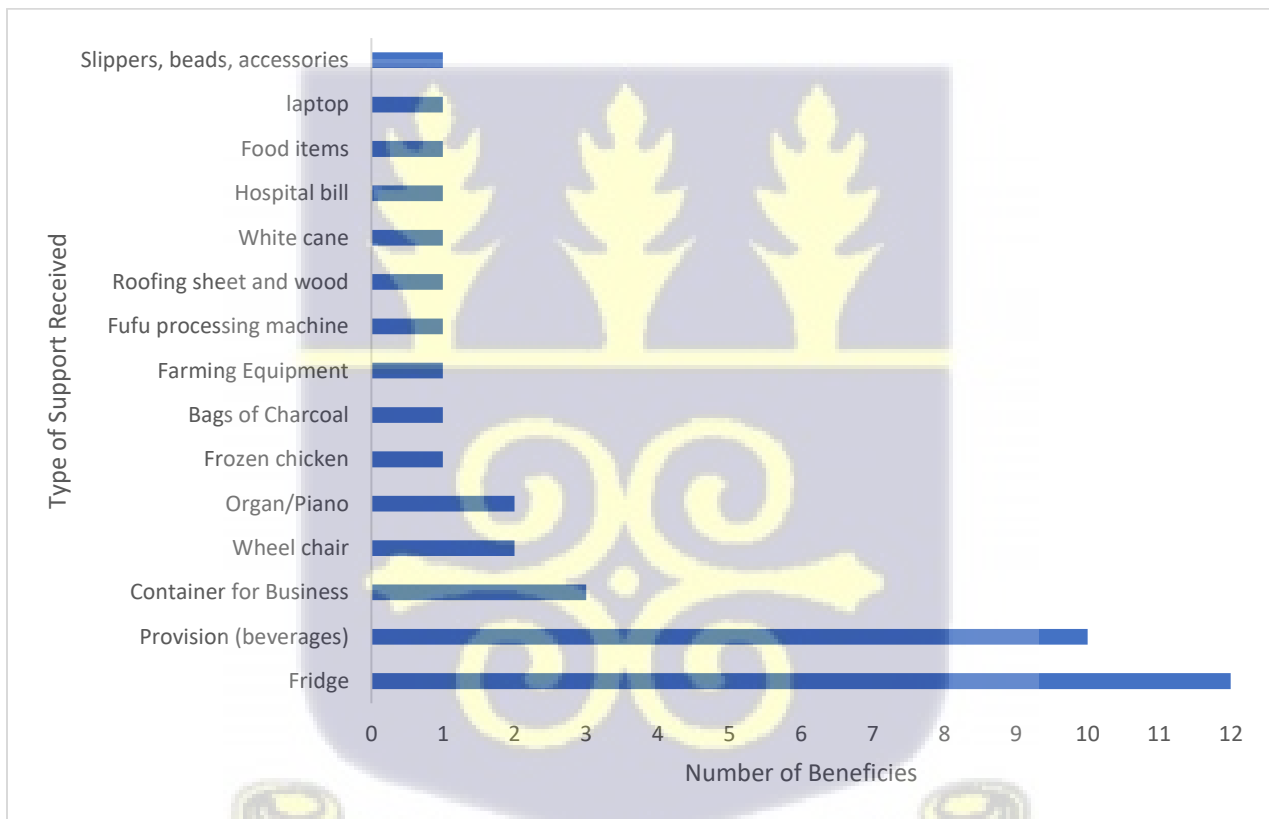
Figure 4.10: Cash Support Received by Respondents



Source: Field data (2022)

In ascertaining the form of support given to respondents in kind, 39 responses were given by the 30 respondents who responded to this question with 12 of them receiving fridges which was followed by 10 respondents also receiving provisions (beverages, water etc.). The other respondents received other items as shown in Figure 4.11. Some of the respondents received more than one item. Some of those who received fridges also received some provisions such as beverages and frozen chicken to start their businesses.

Figure 4.11 Support Received in Kind by Respondents



Source: Field data (2022)

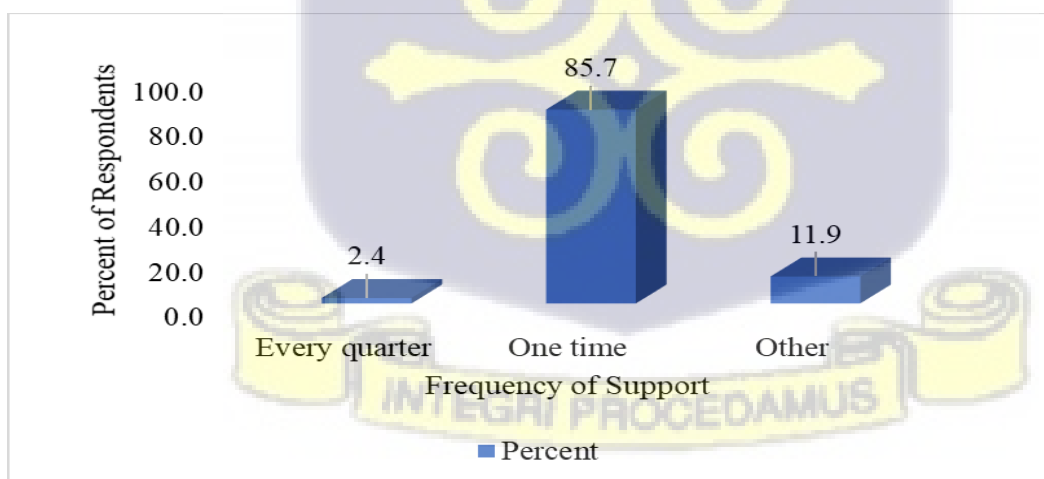
Currently, NAMA appears to lean towards providing support in kind than in cash due to PWDs' misuse of funds as averred by the DSF Management Committee Chair.

“At first, we used to give monetary support but we found out that they were misusing that. We therefore decided to give them items that would be more useful to them and give them some livelihood to cater for themselves. We also consider school fees and medical support. We don’t give them physical cash, but we provide them with school fees support and items they need to get some livelihood”. – DSF Management Committee Chairperson, July 2022

4.4.3 Frequency of Support Received by Respondents from the Fund since 2017

During the survey, out of the 44 respondents who received support from the Fund since 2017, 85.7 percent indicated they received it only once (one time) a year whilst 11.9 percent of them have also received it other times a year. Figure 4.12 shows that only 2.4% of respondents received the Fund every quarter. This suggests that majority of the PWDs in the Nsawam Adoagyiri Municipality do not often receive the support fund as it was supposed to be.

Figure 4.12: Frequency of Support Received by Respondents



Source: Field data (2022)

Multiple researchers posit that recipients of welfare programmes need to have access to these services on a regular basis before they can begin to build sustainable livelihoods (Gooding & Marriot, 2009; Mwendwa et al., 2009; Opoku et al., 2019). Many participants in this research work waited for years to receive their share of the Fund, but the researchers found evidence of inconsistencies in the funding distribution. Due to the unpredictability of their access to capital, respondents may find it difficult to establish long-term goals or engage in economically productive endeavours. Beneficiaries may not be able to maintain their business operations because they claimed the amount allocated to them was insufficient. On the other hand, those respondents who have not yet received the money can still face difficulties. This result is in line with research by Abebrese (2011), Mitra (2005), Mwendwa et al. (2009), Oduro (2015), and Opoku et al. (2019) which found that access to social interventions is restricted by erratic financial flows. For instance, a study conducted by Mwendwa et al. (2009) in Uganda found that PWDs were less likely to receive cash transfers because they were seen as a one-time gimmick by the government rather than an investment in their long-term economic security.

4.4.4 First-Time Respondents Received Support from the Fund

Fifty-seven percent of the 44 respondents who answered this question about the year they first received support from the Fund said that year was 2019. This was followed by 23.8 percent and 19.1 percent of the respondents who also received their first-time application of the Fund in 2017 and 2018 respectively as shown in Figure 4.13.

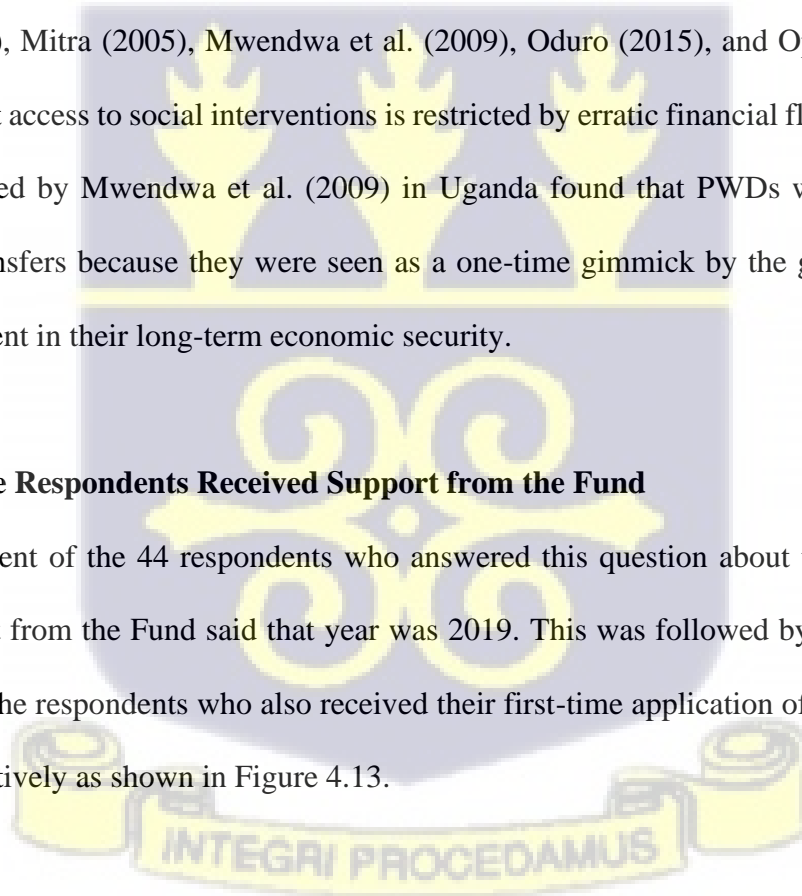
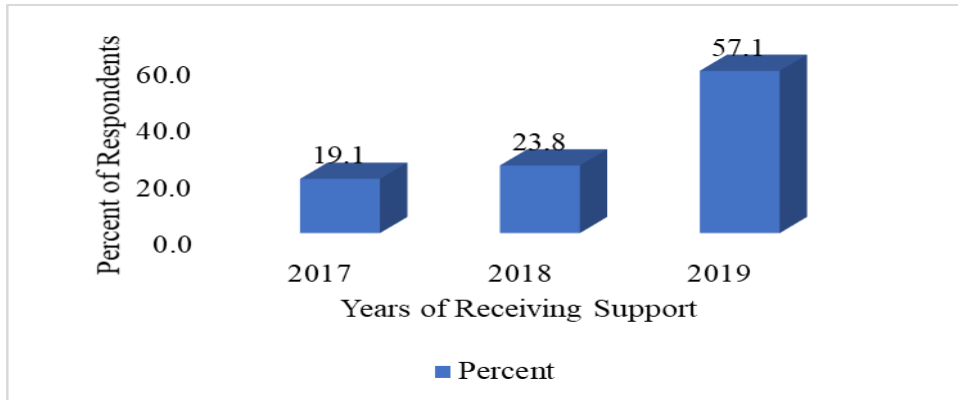


Figure 4.13: First-Time Respondents Received Support from the Fund



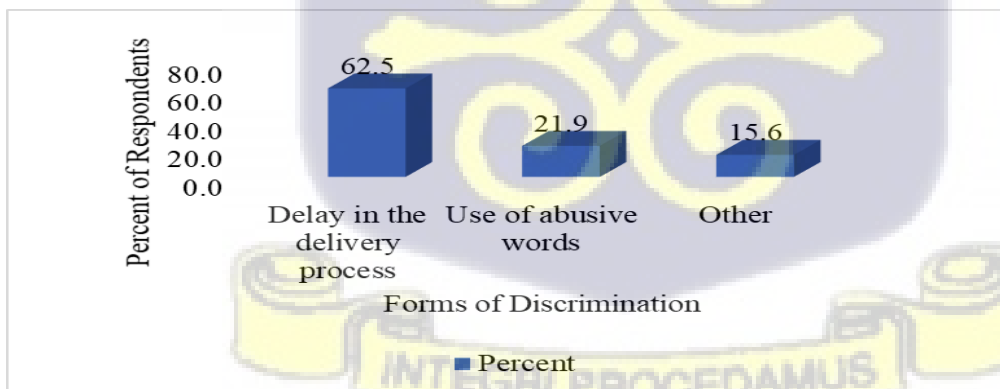
Source: Field data (2022)

4.5 Challenges

4.5.1 Forms of Discrimination Respondents Encounter

Regarding the forms of discrimination PWDs encounter in accessing the Fund, out of a total of 32 respondents who answered this question as shown in **Error! Reference source not found.** 62.5 percent of respondents encounter delays in the delivery process.

Figure 4.14: Forms of Discrimination Respondents Encounter



Source: Field data (2022)

Additionally, 21.9 percent of the respondents also encounter use of abusive words on them, whilst 15.6 percent encounter other forms of discriminations. From this analysis, it can be deduced that, delays in the disbursement of the Fund to the beneficiaries is a serious problem to the welfare development of PWDs in the Nsawam Adoagyiri Municipality.

4.5.2 Joining Queues to Access the Fund's Office

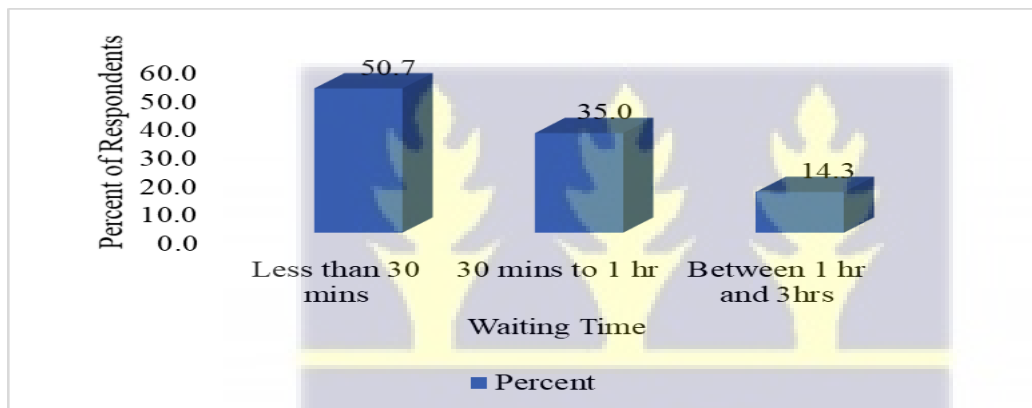
With this question, majority (84%) of the respondents indicated they do not join queues whenever they visit the Fund's office. Only 16 percent of the respondents join queues anytime they go to the Fund's office. The finding that a majority of the respondents (84%) do not join queues when they visit the Fund's office suggests that the process of accessing the Fund may not be time-consuming. This finding is consistent with the study by Nketiah-Amponsah et al. (2016), which found that the application process for the DSF is relatively simple and can be completed within a short time. Additionally, the study by Opoku et al. (2019) found that some PWDs who applied for the Fund did not have to wait for long periods before their applications were processed and approved.

However, the fact that 16% of the respondents reported joining queues when they visit the Fund's office may suggest that there are still some challenges in the process of accessing the Fund. This is consistent with the study by Moran et al. (2021), which found that some PWDs face challenges in accessing the Fund due to long waiting times and delays in the disbursement of funds. Additionally, the study by Opoku et al. (2019) found that some PWDs had to wait for several years before their applications were processed and approved.

4.5.3 Average Waiting Time of Respondents at the Fund’s Facility

About the average time respondents wait for an officer to attend to them, out of the 140 PWDs who responded to this question, 50.7 percent of them indicated they spend less than 30 minutes, 35.0 percent of the respondents also spend between 30 minutes to 1 hour, approximately, before an officer attends to them. The remaining 14.3 percent respondents spend, averagely, between 1 hour and 3 hours waiting for an officer to attend to them. Figure 4.15 depicts these outcomes.

Figure 4.15: Average Waiting Time of Respondents

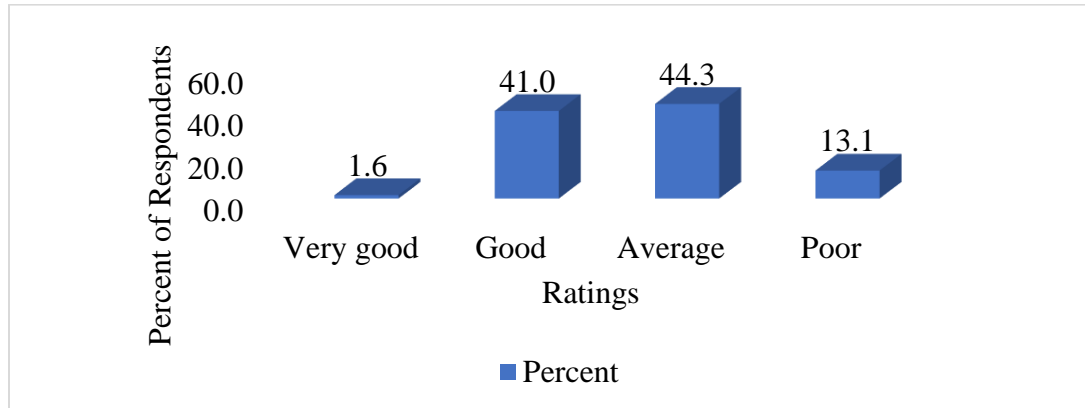


Source: Field data (2022)

4.5.4 Respondents’ Rating of the Treatment Receive at the Fund’s Office

With respect to the treatment respondents received at the district office of the PWDs, out of a total of 61 respondents, 44.3 percent of them rated such treatment as average, 41.0 percent rated it as good, whilst 13.1 percent of the respondents rated it as poor. Only 1.6 percent of the respondents indicated such treatments they receive at the office was very good. Deducing from this results in Figure 4.16, the treatment PWDs receive at the municipal office of the PWDs is fairly good.

Figure 4.16: Respondents Rating of the Treatment Received at the Fund’s Office



Source: Field data (2022)

4.5.5 Rating of the Attitude of Officers in the Support Fund Offices

With the attitude of the officers in the Fund’s office, out of the 138 PWDs who responded to the question, the largest share (47.1%) of the respondents (as in Figure 4.17) rated the attitude of the officers as good whilst 31.9 percent of them rated the officers’ attitude as average. Additionally, 13.0 percent of the respondents rated the officers’ attitude towards them as very good. However, 8.0 percent of the respondents rated the attitude of the officers as poor. From this, it can be argued that the attitude of the officers towards PWDs in the municipality is somewhat appreciable. However, there is more room for improvement since they do not put very good attitude towards all PWDs.

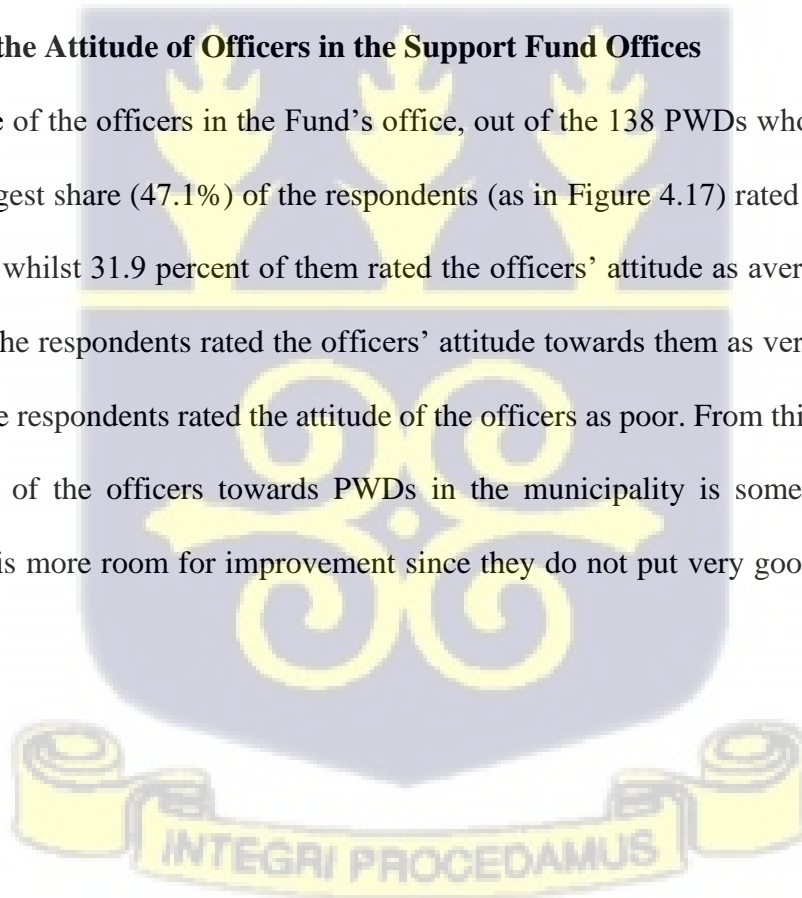
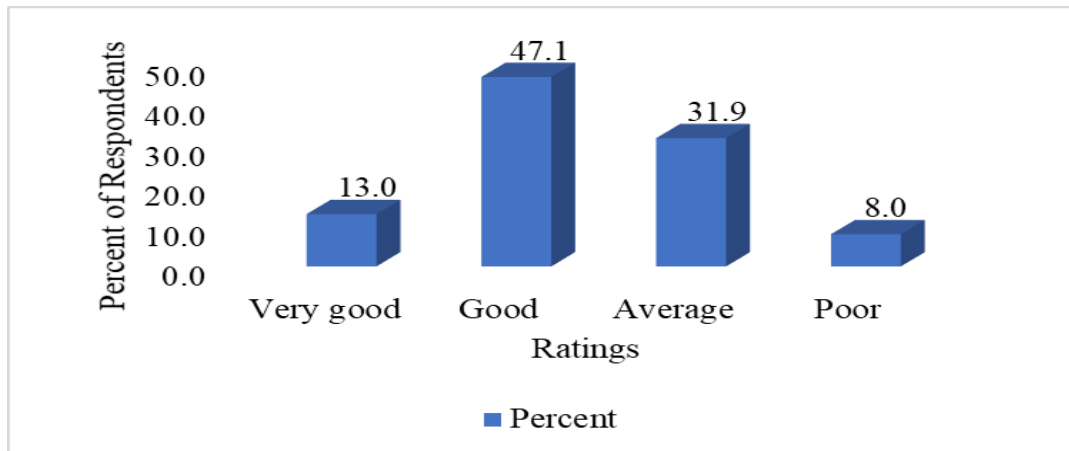


Figure 4.17: Rating of the Attitude of Officers in the Support Fund Office



Source: Field data (2022)

4.6 Measures to Protect and Promote the Rights of Respondents

The Fund's management was questioned on the measures taken to protect the rights of individuals with disability and support they advocate under the law. In an attempt to answer this, the NAMA DSF Committee Members had divergent views.

“That is what is left for us to be doing. What most of the districts are doing is helping them to be self-sufficient and to live independent lives. Their rights are not being catered for by us yet, it is yet to be catered for.” (NAMA PWD’s representative on the committee, July 2022).

The Chairperson of the committee in answering this, however, had a different opinion. She responded to this by saying;

“There are measures put in place by the office to protect the right of the PWDs. When they report of anyone infringing upon their rights, we support them through the services of DOVVSU depending on the type of infringement”.

Apparently, there seem to exist no internal rules that the Office in the municipality has put together to avoid discrimination against the rights of PWDs in the office.

4.7 Effects of the Disability Support Fund on the lives of PWDs

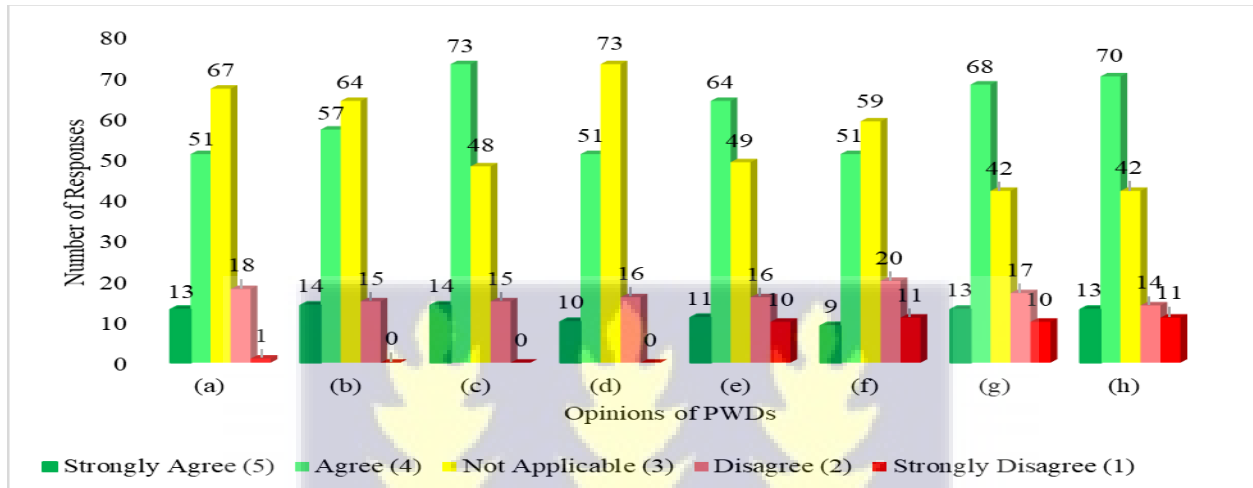
Analysis of the Disability Support Fund's effects on PWDs in the Nsawam Adoagyiri Municipality was the focus of this study. These effects were limited to the usefulness of the Fund in the lives of PWDs, as these persons could not identify any negative implications/effects of the Fund in their lives.

4.7.1 Opinions of PWDs on the usefulness of the Disability Support Fund

The respondents were asked to rate their level of agreement with seven (7) statements designed to help them understand the significance of the Fund. Some of these claims were as follows: (a) helping me pay my children's fees; (b) improves my business and farming activities; (c) facilitating my families and my access to healthcare; (d) ensure women with disability enjoy the same rights and privileges as the male counterpart. (e) assisting me in acquiring a wheelchair, hearing aid, braille reader, electronic recording machine etc.; (f) provide support for care-giver; (g) Help me pay for the feeding of myself and households (g) generally improves the welfare of PWDs' household. Figure 4.18 displays the results of a field survey, and shows that 174 responses disagree with the statements made above. While 444 responses indicated non-applicability of the statements posed to respondents, a total of 582 also indicated an agreement with those statements. This implies that, the largest share of the respondents obtains significant benefits from the DSF provided to them by the Welfare Office at Nsawam Adoagyiri Municipal Assembly (NAMA). As a social protection measure, the benefits that are provided in kind or cash give respondents access to

healthcare, boost their economic edge, improves their access to education and their general welfare. Consistent with their findings, Arkorful et al. (2020) conclude that DSF recipients tried to put their money into profitable businesses.

Figure 4.18: Opinions of PWDs on the Usefulness of the Disability Support Fund



Source: Field data (2022)

4.7.2 Area(s) of the Lives of PWDs that the Fund Supports

With respondents giving their views on the areas of the life of PWDs that the Fund supports, the 150 respondents gave 449 responses to the questions asked them as shown in Table 4.15. Cumulatively 2 in 10 (19.6%) of responses by 9.6 percent males and 10.0 percent females believe the Fund supports PWDs most in the form of registration on the National Health Insurance Scheme. This was followed by 16.0 percent and 15.6 percent responses in the direction of income generation activities and training for employable skills/apprenticeship respectively as areas in the lives of PWDs that the Fund supports.

Table 4.15: Area(s) of the Lives of PWDs that the Fund Supports

Areas of Support		Responses by Sex				Total	
		Male		Female			
Awareness of the rights and responsibilities of people with disability needs to be cultivated.	Count	35	7.8%	26	5.8%	61	13.6%
Organisational development	Count	20	4.4%	13	2.9%	33	7.3%
Training in employable skills/apprenticeship	Count	35	7.8%	35	7.8%	70	15.6%
Income generation activities	Count	35	7.8%	37	8.2%	72	16.0%
Advocacy for inclusive education for disabled children, youth, and adults	Count	20	4.4%	31	7.0%	51	11.4%
Provision of technical aids, assistive devices, equipment	Count	27	6.0%	29	6.5%	56	12.5%
Registration on the National Health Insurance Scheme	Count	43	9.6%	45	10.0%	88	19.6%
Other	Count	13	2.9%	5	1.0%	18	4.0%
Total	Count	228	50.8%	221	49.2%	449	100%

Source: Field data (2022)

In addition, 13.6%, 12.5%, and 11.4% of respondents confirmed that the Fund helps provide technical aids, assistive devices, and equipment to PWDs in the Nsawam Adoagyiri Municipality; helps educate the public about the rights and responsibilities of PWDs; and helps children, students, and trainees with disability succeed in school. From this, it can be ascertained that there are several areas of the lives of PWDs that the Fund supports. The Fund primarily assists in making healthcare more accessible for PWDs by enrolling them in the National Health Insurance Programme.

4.8 Management of the Support Fund

The way the Support Fund is administered will have the greatest impact on whether or not its objectives are met. The study explored this to understand how it was managed by the committee in the municipality.

4.8.1 Monitoring of the Utilisation of the Support Fund by the Management Committee

To ascertain the effectiveness of the Fund in helping the needs of the PWDs in Ghana, the Social Welfare Office is mandated to undertake monitoring exercises based on the intended objective for which the Fund was given. It was discovered through this research that the NAMA welfare office conducts monitoring exercises to evaluate the recipients' stewardship of the Fund. During the monitoring phase, the monitoring team goes with the respective application forms of the selected recipients to query them and to validate how the Fund has helped them achieve the intended objective for applying for the Fund. Again, through the monitoring exercise, the monitoring team identifies peculiar challenges of recipients and advise them on how to handle those challenges. A member spoke on what they do during monitoring by saying;

“We find out if they are using the items bought for them efficiently. The monitoring help us know those who are using their support well and those who are not using their support well. If they are not using it well, it helps us to help them do what is good and expected of them. The monitoring also helps us to know if a beneficiary has changed residence”.

(NAMA DSF Committee representative, July 2022).

Another member of the committee added to this by explaining as follows;

“When you look on the application forms, we have the phone number, the community the person comes from, and the description of where we can locate the person. So, as soon as

the disbursement is done, we allow a few weeks to pass and then we ask for vehicles from the assembly and we go to the houses from time to time to monitor what they are doing with the money. We identify their problems, advise them and go there again to find out whether those problems encountered are improving through the utilisation of the advice given them” (NAMA DSF Committee representative, July 2022).

4.8.2 Feedback Received from the PWDs on Support Received from the Fund

The committee was interrogated to ascertain the sort of feedback received from PWDs in the area. From the feedback, it appeared the amount disbursed to recipients is always insufficient. A committee member explained that;

“Some are using it wisely and it is helping them and we wish we could add up but since the Fund is not enough and beneficiaries are more, we need to attend to everybody before we can help those who have received the Funds but need extra. We wish the Fund will be enough for us to give to those who are performing well to get enough funds to broaden their engagement in economic activities.” (NAMA DSF Committee representative, July 2022).

Adding to this, another member of the committee said;

“What we are realising is that, apart from giving them the items, it will be prudent to add some money. Truly, when we give them the items, we do not give them transportation to transport the items home so it is a worry for them. Some have to go and borrow money before they are able to send their items home. Some are not able to send the items on the same day and it is not possible for them to begin to sell on the same day. So, it is quite impossible that we give them the items alone without giving them money, which is

something we have not been able to address. In addition, when they send their items home, they have to get one or two things, a place to prepare, for instance for the fridges they need electrical connections but they do not have money so when these things are given to them, they are not able to start immediately because we do not add money to them. That is another problem.” (NAMA DSF Committee representative, July 2022).

Another committee member concluded this by saying;

“Oh, from our social monitoring, most of them are using it for what they were intended for and for those who are not using them for the intended purpose because of some reasons, we are finding ways and means we can get them to do what they want to do.” (NAMA DSF Committee representative, July 2022).

4.8.3 Major Challenges observed by the Committee in the Disbursement of the Fund

Even though the committee is doing all it can to resolve any kind of challenge limiting the effectiveness of the disbursement of the Fund, this has not been easy due to limited logistics at the disposal of the committee. During the field interview, key challenges including lack of vehicles for effective monitoring of the Fund, inadequate funds for disbursement, delays in the fund disbursement and the cumbersome bureaucratic processes were identified. A committee member explained that;

“Getting vehicle for our routine monitoring is a major challenge and limits our visits to beneficiaries.” If we can get a vehicle, it will help us do the work efficiently and effectively.” (NAMA DSF Committee representative, July 2022).

It is clear here that the welfare office in the municipality does not have an effective means of transport to improve on the monitoring exercises they said they undertake in the area. This is

because the office has no vehicle directly allocated to it and the ones they depend on from the pool of vehicles at the assembly are mostly not available when the welfare office need them for field monitoring.

“The monies for disbursement do not come as expected so we are unable to give the support timely and also not able to give all that the beneficiaries need because the funds are not sufficient. The process is also cumbersome.” (NAMA DSF Committee representative, July 2022).

In explaining the processes for the Fund disbursement, a Representative narrated as follows;

“The people come for social enquiry, then we do the vetting, the letters will be typed, then it goes to the top (MCE and the Coordinating Director), from the top it comes down. From there it goes to budget and after the budget, it goes to internal audit and after an internal audit, it goes to procurement, after procurement it goes back to the MCE and Coordinating Director. Students are then separated, and other items are separated. After it comes back, procurement looks for suppliers who will have to bid for the prices. When the prices are given, the procurement officer goes to find out if the supplier prices given are good, and then he agrees to give it to them. He then chooses one of them whose prices are a bit lower to meet the money that we have. Before all this is completed, it takes three to four months.” (NAMA DSF Committee representative, July 2022).

This supports the PWD respondents’ earlier position that the support given to them is insufficient. This could result in several of the PWDs left not enrolled on the programme, even when they submit an application. It can be recalled that the delays expressed by the committee were also expressed by the respondents in Figure 4.14.

Other challenges faced by the management committee in the disbursement of the DSF are political interference and difficulty in finding some of the beneficiaries due to their distance from the district capital, as expressed by the committee. The committee members believed that the challenges outlined above could be addressed by provision of adequate funds and a means of transport for monitoring. The DSF Management Committee Chairperson suggested;

“The office must make vehicles available for the activities of the Disability Support Fund. The Funds must also be sufficient and released on time with the bureaucracy being minimised to improve the speed of delivery. If PWDs get access to mobile phones that will also help in reaching them at a minimal cost.”

With regards to the guidelines set for the management of the DSF, the committee members said;

“The Fund is supposed to be spent on health, education and economic activities and also cater for PWDs’ children at home and for their wellbeing in the society to limit their vulnerability.” (NAMA DSF Committee representative, July 2022).

4.8.4 Forms of Social Insurance Provided to PWDs by the Fund

During the interview of the management committee members, they were asked if they provided any social insurance to PWDs and their response was that;

“Apart from health insurance that we support them to register, there is very little of other social insurance that is available to them. But we believe all the forms of support we offer them also serve as social insurance.”

Health insurance is indeed a significant contribution to the healthcare security of PWDs.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

Major results, conclusions, and recommendations for improving accessibility are presented, along with data on how the Disability Support Fund (DSF) has impacted the livelihoods of Persons with Disability in Nsawam Adoagyiri Municipality. The section's information is laid out in the following presentation.

5.1 Summary of Findings

The Disability Support Fund, as a tool for improving the livelihood of PWDs in Ghana, is indeed a great contribution by the government in alleviating poverty among such vulnerable groups in Ghanaian society. This study analysed the demographics of PWDs, the level of Disability Support Fund awareness among PWDs in the study area, the accessibility of the Disability Support Fund among PWDs in the study area, the financial impact of the Disability Support Fund on beneficiary households, and the challenges of administering the Fund. The most important takeaways from the study are discussed below.

- The study discovered that 87.4 percent of the respondents were 60 years and below, with a sizable portion of respondents (78%) who lived as singles (never married, divorced or widowed) in the municipality. A significant proportion of the respondents (47.3%) also lacked formal education with 33 percent of the respondent being unemployed. People with physical disability (66%) made up the majority of PWDs. Although a sizable portion use wheelchairs and crutches, a good number of them do not utilize assistive devices due to their inability to purchase such assistive items and also the majority of them did not get

any assistive device from the Fund. Concerning respondents and their dependants, less than 50 percent of respondents had dependants with most of them depending on external support in taking care of their dependants because of their less income as compared to their expenditure.

- The expansion and success of social programmes like the social protection programme rely heavily on open communication between stakeholders. The majority of the Persons with Disability (96.7%) in the municipality have heard of the Disability Support Fund, and some have even applied for it, according to the findings of this study.

- With regards to accessibility, only 3 in 10 PWDs (30%) in the Nsawam Adoagyiri Municipality who applied for the Fund were successful. The forms of assistance respondents received were in the form of money, in kind support, or both money and in kind support, with the respondents receiving the most assistance in kind support such as fridges, provisions (beverages, water, etc.), slippers, beads and accessories, shoemaking supplies, a laptop, food items, a container for business, a white cane, a wheelchair, farming supplies etc. The biggest challenge expressed by respondents in the procedure for accessing the Fund was the delays in the disbursement process.

- According to the findings, the DSF benefitted PWDs and their households through enrolment onto the National Health Insurance Scheme for improved health care, acquisition of assistive devices (wheelchairs, crutches, glasses and white cane), improved feeding and general improvement of their welfare.

- The analysis also revealed some of the major obstacles preventing the Fund's efficient management such as the lack of vehicles for efficient monitoring and sensitisation, delays in receiving funds from the central government, delays brought on by a strict and bureaucratic process when evaluating applications from PWDs and insufficient funds received from the central government which deprive a good number of PWDs of access to the Fund. The Social Welfare Office also lacks adequate logistics, such as laptops, mobile phones, etc. to support their monitoring and sensitisation exercises.
- The study also discovered that some of the social insurance packages that respondents valued included health insurance, skill development and business investment. However, our study was unable to identify any existing social insurance plans that took into account PWDs' old age, survival, or unemployment in the event of an accident.

5.2 Conclusion

Many of the conclusions drawn from earlier research on the Disability Support Fund's effectiveness have been corroborated by this study. The findings also resonate with the conceptual framework which suggested that various social intervention measures i.e. transformative, prevention, promotion and provision lead to benefits such as social inclusion of the defenceless, economic empowerment and ultimately improvement in the living standards of the vulnerable such as PWDs. As noted in the findings, the Fund has proven to be useful in terms of contributing to the livelihoods of PWDs in the Nsawam Adoagyiri Municipality. Beneficiaries are able to fund their education, food, healthcare etc. with the help of the Fund. Though useful with very high level of awareness (96.7%) in the municipality, a significant number of PWDs in the municipality do

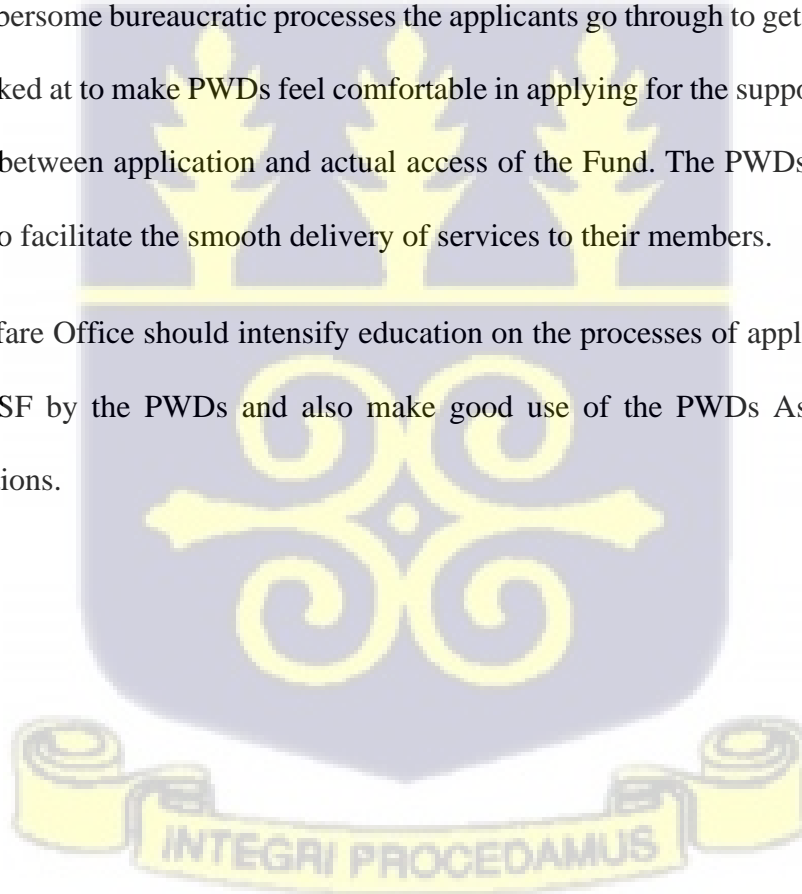
not still have access to the Fund as only 3 in 10 PWDs (30%) in the Nsawam Adoagyiri Municipality who applied for the Fund were successful. This suggests that the fund has had significantly marginal impact on the livelihoods of PWDs in the Nsawam Adoagyiri Municipality. This notwithstanding, beneficiaries saw improved health care, acquisition of assistive devices (wheelchairs, crutches, glasses and white cane), improved feeding and general improvement of their welfare and that of their households. Furthermore, although the Disability Support Fund is very useful and beneficial, the various challenges confronting management and PWDs alike such as delays in the release of the fund from the central government, insufficient funds coupled with cumbersome bureaucratic processes that cause further delays in disbursing the funds to beneficiaries and inadequate logistics such as vehicles for monitoring serve as setbacks for the DSF and as such need redress.

5.3 Recommendations

For the fund to achieve its purpose of establishment to the fullest, there is a need for the government, Civil Society Organisations (CSOs), PWDs Associations and the Social Welfare Offices at the MMDAs levels to do the following:

- Both the MMDAs and the Department of Social Welfare need sufficient funding from the government to be able to provide for all eligible PWDs. The government should not only provide sufficient funding, but it should do so in a timely manner.
- The Welfare Office should also see it as a responsibility to source extra funding from NGOs, CSOs, firms, and philanthropic individuals to supplement what government is able to provide them. Doing this will enable the office to meet the expanding applications they receive each year.

- In addition, the support from the Fund should be expanded to cover entrepreneurial training of PWDs. Persons who are interested in becoming entrepreneurs and venture into business should be supported by the Fund to gain the necessary skills to flourish in the business environment. This, in the long run, will reduce the burden that is left to be lifted by the Fund.
- The Social Welfare Office should be adequately resourced with vehicles to aid their monitoring of beneficiaries for improved service delivery. CSOs can advocate and solicit for logistics to improve the services delivered by the Social Welfare Office.
- The cumbersome bureaucratic processes the applicants go through to get the benefit should be re-looked at to make PWDs feel comfortable in applying for the support and also reduce the time between application and actual access of the Fund. The PWDs Associations can be used to facilitate the smooth delivery of services to their members.
- The Welfare Office should intensify education on the processes of application and access to the DSF by the PWDs and also make good use of the PWDs Association in their sensitisations.



REFERENCES

- Abebrese, J. (2011). Social Protection in Ghana: An overview of existing programmes and their prospects and challenges. Friedrich-Ebert-Stiftung.
- Abrokwah, R., Aggire-Tettey, E. M., & Naami, A. (2020). Accessing Healthcare in Ghana: Challenges Encountered and Strategies Adopted by Persons with Disabilities in Accra. *Disability, CBR & Inclusive Development*, 31(1).
- Adjei, P. O.-W., Adjei, J. O., & Serbeh, R. (2020). Looking beyond cash transfers for optimizing poverty reduction and livelihood sustainability in rural Ghana: Comparative analysis of two social policy interventions against poverty. *Poverty & Public Policy*, 12(1), 84–111.
- Adjei-Domfeh, P. (2015). *Management of the disability common fund: challenges and impact on the lives of persons with disabilities in Kumasi Metropolis of Ghana* (Doctoral dissertation).
- Agyemang, E. F. (2015). *The effect of the disability fund on individual livelihoods: a case study of persons with disabilities in the Atwima Nwabiagya District of the Ashanti Region of Ghana* (Doctoral dissertation).
- Ahlvik-Harju, C. (2014). The invisible made visible? *Studia Theologica - Nordic Journal of Theology*, 68(2), 122–146. <https://doi.org/10.1080/0039338X.2014.963667>
- Allen, R. C. (2017). Absolute poverty: When necessity displaces desire. *American Economic Review*, 107(12), 3690-3721
- Annapoorani, S. (2017). Social sustainability in textile industry. *Sustainability in the textile industry*, 57-78.
- Anthony, J. (2011). Conceptualising disability in Ghana: Implications for EFA and inclusive education. *International Journal of Inclusive Education*, 15(10), 1073–1086.

- Arkorful, V. E., Anokye, R., Basiru, I., Hammond, A., Mohammed, S., & Micah, V. B. (2020). Social Protection Policy or a Political Largesse: Disability Support Fund Efficacy Assessment and Roadblocks to Sustainable Development Goals. *International Journal of Public Administration*, 43(15), 1271–1281.
- Avorgbedor, D. (1986). Social Research in Rural Communities: The problems of fieldwork in Ghana by PA Twumasi Accra, Ghana Universities Press, 1986. Pp. 109. 300 c. \$4.00. *The Journal of Modern African Studies*, 24(4), 712–713.
- Babbie, E. (2005). *The Basics of Social Research*. (3rd Ed.), Thomson Wadsworth.
- Badu, E., Gyamfi, N., Opoku, M. P., Mprah, W. K., & Edusei, A. K. (2018). Enablers and barriers in accessing sexual and reproductive health services among visually impaired women in the Ashanti and Brong Ahafo regions of Ghana. *Reproductive health matters*, 26(54), 51-60.
- Badwan, N. (2021). The impact of capital flight on economic growth and financial stability in Palestine. *Asian Journal of Economics, Business and Accounting*, 21(11), 85-101.
- Baffoe, M. (2013). Stigma, discrimination & marginalization: Gateways to oppression of persons with disabilities in Ghana, West Africa. *Journal of Educational and Social Research*, 3(1), 187–187.
- Baird, S., McIntosh, C., & Özler, B. (2011). Cash or condition? Evidence from a cash transfer experiment. *The Quarterly Journal of Economics*, 126(4), 1709 -1753.
- Baird, S., Ferreira, F. H., Özler, B., & Woolcock, M. (2013). Relative effectiveness of conditional and unconditional cash transfers for schooling outcomes in developing countries: a systematic review. *Campbell systematic reviews*, 9(1), 1-124.
- Banks, L. M., Mearkle, R., Mactaggart, I., Walsham, M., Kuper, H., & Blanchet, K. (2017). Disability and social protection programmes in low-and middle-income countries: a systematic review. *Oxford Development Studies*, 45(3), 223-239.
- Barnes, C., & Mercer, G. (2010). *Exploring disability*. Polity.

- Barrientos, A. (2010). Protecting capability, eradicating extreme poverty: Chile Solidario and the future of social protection. *Journal of Human Development and Capabilities*, 11(4), 579-597.
- Bastagli, F. (2009). Conditionality in public policy targeted to the poor: promoting resilience? *Social Policy and Society*, 8(1), 127-140.
- Ben Haman, O. (2019). Conditional and unconditional cash transfer programs: the recent experiences around the world. *International Journal of Research and Innovation in Social Science*, 3(1), 210-219.
- Bernabe-Ortiz, A., Diez-Canseco, F., Vasquez, A., Kuper, H., Walsham, M., & Blanchet, K. (2016). Inclusion of persons with disabilities in systems of social protection: A population-based survey and case-control study in Peru. *BMJ Open*, 6(8), e011300.
- Bickenbach, J. (2011). The world report on disability. *Disability & Society*, 26(5), 655–658
- Birdsall, N., Lustig, N., & McLeod, D. (2012). Some Economics, Some Politics. *Routledge handbook of Latin American politics*, 158.
- Bossuyt, M. (2015). Categorical Rights and Vulnerable Groups: Moving Away from the Universal Human Being. *Geo. Wash. Int'l L. Rev.*, 48, 717.
- Carter, D. J., Glaziou, P., Lönnroth, K., Siroka, A., Floyd, K., Weil, D., Raviglione, M., Houben, R. M., & Boccia, D. (2018). The impact of social protection and poverty elimination on global tuberculosis incidence: A statistical modelling analysis of Sustainable Development Goal 1. *The Lancet Global Health*, 6(5), e514–e522.
- Cechini, S., & Rico, M. N. (2015). The rights-based approach in social protection. *Towards universal social protection*, 305.
- Chihyo, N. B. (2016). *The effort of Tanzania government towards empowerment of people with disability: A case study of Singida district* [PhD Thesis]. The University of Dodoma.

- Chitonge, H. (2012). Social protection challenges in sub-Saharan Africa: ‘Rethinking regimes and commitments’. *African Studies*, 71(3), 323-345.
- Clough, B. (2017). Disability and vulnerability: Challenging the capacity/incapacity binary. *Social Policy and Society*, 16(3), 469–481.
- Community Tool Box (nd). Implementing Promising Community Interventions: Changing the Physical and Social Environment, Ensuring Access for People with Disabilities. <https://ctb.ku.edu/en/table-of-contents/implement/physical-social-environment/housing-accessibility-disabilities/main>. Retrieved on 21/04/2022.
- Cooper, D. R., Schindler, P. S., & Sun, J. (2006). *Business research methods* (Vol. 9). Mcgrawhill New York.
- Creswell, J.W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. (3rd Ed.). Thousand Oaks, Sage
- Cuesta, J., Devereux, S., Abdulai, A. G., Gupte, J., Ragno, L. P., Roelen, K., & Spadafora, T. (2021). Urban social assistance: Evidence, challenges and the way forward, with application to Ghana. *Development Policy Review*, 39(3), 360-380.
- Dammeyer, J., & Chapman, M. (2018). A national survey on violence and discrimination among people with disabilities. *BMC public health*, 18(1), 1-9.
- Datt, G., Payongayong, E. M., Garrett, J. L., & Ruel, M. T. (1997). The GAPVU cash transfer program in Mozambique: An assessment.
- Department of Economic Affairs (2018). *Disability and Development Report: Realizing the Sustainable Development Goals by, for and with persons with disabilities*. United Nations Publications. New York, United States of America.
- DESA (UN Department of Economic and Social Affairs). 2011. *Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts*, New York: UN

- Devandas Aguilar, C. (2017). Social protection and persons with disabilities. *International Social Security Review*, 70(4), 45–65.
- Devereux, S. (2002). Can social safety nets reduce chronic poverty? *Development Policy Review*, 20(5), 657–675.
- Devereux, S., & McGregor, J. A. (2014). Transforming social protection: Human wellbeing and social justice. In *The European Journal of Development Research* (Vol. 26, pp. 296–310). Springer.
- Devereux, S., Roelen, K., Béné, C., Chopra, D., Leavy, J., & McGregor, J. A. (2013). Evaluating outside the box: an alternative framework for analysing social protection programmes. *IDS Working Papers*, 2013(431), 1-26.
- Dingeldey, I., & Gerlitz, J. Y. (2022). Not just black and white, but different shades of grey: Legal segmentation and its effect on labour market segmentation in Europe. *International Labour Review*, 161(4), 593-613.
- Durrani, N., & Halai, A. (2018). Dynamics of gender justice, conflict and social cohesion: Analysing educational reforms in Pakistan. *International Journal of Educational Development*, 61, 27-39.
- Edusei, A., Adjei-Domfeh, P., Mprah, W. K., Opoku, M., Badu, E., & Appiah, S. C. (2017). Assessing the impact and uses of the Disability Common Fund among persons with disabilities in Kumasi Metropolis in Ghana. *Review of Disability Studies, An International Journal*, 12(4).
- Fenn, B., & Noura, G. (2012). The impact of a social cash transfer programme on the nutritional status of children in Cambodia. *Public health nutrition*, 15(4), 659-667. doi:10.1017/S1368980011001991
- Fernando, P., & Moonesinghe, S. (2012). Livelihoods, basic services and social protection in Sri Lanka. *ODI Secure Livelihoods Research Consortium Working Paper*, 6, 38.

- Foli, R. (2016). Transnational actors and policymaking in Ghana: The case of the Livelihood Empowerment Against Poverty. *Global Social Policy*, 16(3), 268–286.
- Fukuda-Parr, S. (2016). From the Millennium Development Goals to the Sustainable Development Goals: Shifts in purpose, concept, and politics of global goal setting for development. *Gender & Development*, 24(1), 43–52.
- Fukuroku, K., Narita, Y., Kawanaka, H., Takekoshi, K., Matsushima, A., & Nakamura, J. (2021). Longitudinal observational study to prevent fractures in older individuals with musculoskeletal ambulatory disability symptom complex: The first-year data and effects in the COVID-19 pandemic. *International Symposium on Affective Science and Engineering ISASE2021*, 1–4.
- Ghana Health Service (2015). Ghana Blindness and Visual Impairment Study. P: 1-74
- Ghana Statistical Service (2014a). 2010 Population and Housing Census Report: Disability in Ghana. Accra
- Ghana Statistical Service (2014b). District Analytical Report: Nsawam-Adoagyiri Municipality. https://www2.statsghana.gov.gh/docfiles/2010_District_Report/Eastern/NSAWAM%20ADOAGYIRI.pdf Retrieved on 23/01/22
- Ghana Statistical Service. (2017). Ghana Living Standards Survey Round 6: Labour Force Report, Government of Ghana.
- Ghana Statistical Service (2022). Ghana 2021 Population and Housing Census Volume 3. General Report Highlights
- Gooding, K., & Marriot, A. (2009). Including persons with disabilities in social cash transfer programmes in developing countries. *Journal of International Development: The Journal of the Development Studies Association*, 21(5), 685–698.
- Gould, D. (2021). Disability Aesthetics and Poetic Practice. *The Cambridge Companion to Twenty-First-Century American Poetry*, 106.
- Gyamfi, E. A. (2013). Ghana: Country Report. In C. G. Ngwena, I. Grobbelaar-du Plessis, H.

- Hajian, M., & Kashani, S. J. (2021). Evolution of the concept of sustainability. From Brundtland Report to sustainable development goals. In *Sustainable Resource Management* (pp. 1–24). Elsevier.
- Handa, S., Devereux, S., & Webb, D. (Eds.). (2010). *Social protection for Africa's children*. Routledge.
- Hanisch, H. (2007). *Frontiers of justice. Disability, nationality, species membership*. Taylor & Francis.
- Haruna, M. A. (2017). The problems of living with disability in Nigeria. *JL Pol'y & Globalization*, 65, 103.
- Heera, S., & Maini, A. (2018). Disability Inclusion. In *Flexible Strategies in VUCA Markets* (pp. 79–88). Springer.
- Heikkilä, M., Katsui, H., & Mustaniemi-Laakso, M. (2020). Disability and vulnerability: A human rights reading of the responsive state. *The International Journal of Human Rights*, 24(8), 1180–1200.
- Hidrobo, M., Hoddinott, J., Kumar, N., & Olivier, M. (2018). Social Protection, Food Security, and Asset Formation. *World Development*, 101, 88–103. <https://doi.org/10.1016/j.worlddev.2017.08.014>
- Horman Chitonge (2012) Social Protection Challenges in Sub-Saharan Africa: 'Rethinking Regimes and Commitments', *African Studies*, 71:3, 323-345, DOI: 10.1080/00020184.2012.740878
- Houtenville, A., & Kalargyrou, V. (2012). People with disabilities: Employers' perspectives on recruitment practices, strategies, and challenges in leisure and hospitality. *Cornell Hospitality Quarterly*, 53(1), 40-52.
- Independent Commission for Aid Impact (ICAI). (2017). *The effects of DFID's cash transfer programmes on poverty and vulnerability*. ICAI. <https://icai.independent.gov.uk/review/cash-transfers/> Retrieved on 22/10.2021.

- International Labour Office and International Disability Alliance (2015). Technical meeting on inclusive social protection for persons with disabilities: summary report of meeting held on 22 and 23 January.
- Kaldor, N. (1955). Alternative theories of distribution. *The review of economic studies*, 23(2), 83-100.
- Kapur, R. (2014). In the aftermath of critique, we are not in epistemic free fall: Human rights, the subaltern subject, and non-liberal search for freedom and happiness. *Law and Critique*, 25(1), 25-45.
- Kazou, K. (2017). Analysing the Definition of Disability in the UN Convention on the Rights of Persons with Disabilities: is it really based on a 'Social Model' approach? *International Journal of Mental Health and Capacity Law*, (23), 25-48.
- Kuhlmann, J., & Blum, S. (2019). Reform pathways of European welfare systems: Analysing change and continuity in a broadened geographical and temporal perspective. In *Routledge Handbook of European Welfare Systems* (pp. 3-18). Routledge.
- Künnemann, R., & Leonhard, R. (2008). A human rights view on the potential of social cash transfers for achieving the millennium development goals. Germany: Brot Für Die Welt and Evangelischer Entwicklungsdienst. http://www.brotfuerdiewelt.info/fileadmin/mediapool/2_Downloads/Fachinformationen/Sonstiges/studie_sozialgeldtransfer_en.pdf
- Kuper, H., Monteath-van Dok, A., Wing, K., Danquah, L., Evans, J., Zuurmond, M., & Gallinetti, J. (2014). The impact of disability on the lives of children; cross-sectional data including 8,900 children with disabilities and 898,834 children without disabilities across 30 countries. *PloS One*, 9(9), e107300.
- Laes, T. (2020). Disability and the Complex Politics of Inclusion in Music Education. *Special Music Education and Music Therapy Online Pre-Conference Seminar*, 2.

- Levin-Aspenson, H. F., & Watson, D. (2018). Mode of administration effects in psychopathology assessment: Analyses of gender, age, and education differences in self-rated versus interview-based depression. *Psychological Assessment*, 30(3), 287–295. <https://doi.org/10.1037/pas0000474>.
- Levine, S., van der Berg, S., & Yu, D. (2011). The impact of cash transfers on household welfare in Namibia. *Development Southern Africa*, 28(1), 39–59.
- Lid, I. M. (2015). Vulnerability and disability: A citizenship perspective. *Disability & Society*, 30(10), 1554–1567. <https://doi.org/10.1080/09687599.2015.1113162>.
- Martin, M. W. (2012). *Happiness and the good life*. Oxford University Press.
- Martin, J. J. (2013). Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective. *Disability and Rehabilitation*, 35(24), 2030-2037.
- Mattila, M., & Papageorgiou, A. (2017). Disability, perceived discrimination and political participation. *International Political Science Review*, 38(5), 505-519.
- Maximo, M. (2016). The difference between welfare and wellbeing and how objective the concept of a good life can be. *3rd International Conference Economic Philosophy*, (pp. 1-8). Aix-en-Provence, France.
- McGillivray, Mark and Matthew Clarke. (2006). *Human Well-being: Concepts and Measures*. In Mark McGillivray and Matthew Clarke, eds. *Understanding Human Well-Being*. Basingstoke: Palgrave MacMillan.
- Mégret, F. (2017). The disabilities convention: Human rights of persons with disabilities or disability rights? In *Equality and Non-Discrimination under International Law* (pp. 269-292). Routledge.

- Mfoafo-M'Carthy, M., Grischow, J. D., & Stocco, N. (2020). Cloak of Invisibility: A Literature Review of Physical Disability in Ghana. *SAGE Open*, 10(1), 2158244019900567. <https://doi.org/10.1177/2158244019900567>
- Ministry of Health (2020). National Health Policy: Ensuring healthy lives for all, Revised edition.
- Mitchem, S. Y. (2013). The Political Divide. *Theological Perspectives for Life, Liberty, and the Pursuit of Happiness: Public Intellectuals for the Twenty-First Century*, 121-128.
- Mitra, S. (2005). Disability and social safety nets in developing countries. *Mitra, S. (2006), Disability and Social Safety Nets in Developing Countries, International Journal of Disability Studies*, 2(1), 43–88.
- Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: A snapshot from the World Health Survey. 77, 1–8.
- Mont, D. (2013). Disability and Poverty in Developing Countries: A Multidimensional Study. *World Development*, 35(12), 2086–2103. <https://doi.org/10.1016/j.worlddev.2012.05.024>
- Moran, V., Suhrcke, M., Ruiz-Castell, M., Barré, J., & Huiart, L. (2021). Investigating unmet need for healthcare using the European Health Interview Survey: A cross-sectional survey study of Luxembourg. *BMJ Open*, 11(8), e048860.
- Mulimbi, B. (2020). Book Review:" Global Education Monitoring Report 2019: Migration, Displacement and Education—Building Bridges, Not Walls" by the Global Education Monitoring Report Team.
- Mulumba, M. (2011). *Mainstreaming disability into the poverty reduction processes in Uganda: The role of the human rights-based approach to the National Development Plan* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).
- Mwendwa, T. N., Murangira, A., & Lang, R. (2009). Mainstreaming the rights of persons with disabilities in national development frameworks. *Journal of International Development: The Journal of the Development Studies Association*, 21(5), 662–672.

- Naami, A. (2015). Disability, gender, and employment relationships in Africa: The case of Ghana. *African Journal of Disability*, 4(1), 1–11.
- Naami, A., Hayashi, R., & Liese, H. (2012). The unemployment of women with physical disabilities in Ghana: Issues and recommendations. *Disability & Society*, 27(2), 191–204.
- National Council on Persons with Disability (2010). Guidelines for the Disbursement and Management of the District Assembly Common Fund Allocation to Persons with Disabilities.
- National Council on Persons with Disability. (2010). *Guidelines for the disbursement and management of the District Assembly common fund allocation to persons with disability*. <https://www.inclusion-ghana.org/advocacy-toolkits.php>. Retrieved on 23/10/2021.
- National Disability Authority. (2014). *Promoting the Participation of People with Disabilities in Physical Activity and Sport in Ireland | the National Disability Authority*. <http://nda.ie/Publications/Health/Health-Publications/Promoting-the-Participation-of-People-with-Disabilities-in-Physical-Activity-and-Sport-in-Ireland1.html>. Retrieved on 23/10/2021.
- Negrón, H. (n.d.). Dis-abled Bodies: Disability and Vulnerability in Mary Shelley’s *Frankenstein*. In *from Queen Anne to Queen Victoria. Readings in 18th and 19th century British literature and culture. Volume 6* (pp. 219–227). Wydawnictwa Uniwersytetu Warszawskiego.
- Nifosi-Sutton, I. (2017). *The protection of vulnerable groups under international human rights law*. Routledge.
- Norton, A., Conway, T., & Foster, M. (2012). Social protection: Defining the field of action and policy. *Development Policy Review*, 20(5), 541–567.
- Nsawam-Adoagyiri Profile- Eastern Regional Coordinating Council Official Website available at <http://www.easternregion.gov.gh/index.php/nsawam-adoagyiri/> Retrieved on 5/03/2022

- O'Brien, C., Holmes R. and Scott, Z., with Barca, V. (2018) 'Shock-Responsive Social Protection Systems Toolkit—Appraising the use of social protection in addressing largescale shocks', Oxford Policy Management, Oxford, UK.
- Oddsottir, F. (2014). Social protection programmes for people with disabilities. *GSDRC Helpdesk Research*.
- Oduro, R. (2015). Beyond poverty reduction: Conditional cash transfers and citizenship in Ghana. *International Journal of Social Welfare*, 24(1), 27–36.
- Organisation for Economic Co-operation and Development. (2013). “Economic well-being”, in *OECD Framework for Statistics on the Distribution of Household Income, Consumption and Wealth*, OECD Publishing, Paris.
- Organisation for Economic Co-operation and Development. (2017). Cash-based response: World humanitarian summit, putting policy into practice.
- Omolola, B. & Kaniki, S. (2014). *Social protection in Africa: A review of potential contribution and impact on poverty reduction*. Pretoria: UNDP.
- Opoku, M. P. & Nketia, W., (2021). ‘Nothing about us, without us’: Voices of leaders of disabled people’s organisation in management of Disability Support Fund. *Social Sciences & Humanities Journal*, (4) 1-9.
- Opoku, M. P., Alupo, B. A., Gyamfi, N., Odame, L., Mprah, W. K., Torgbenu, E. L., & Badu, E. (2018). The Family and Disability in Ghana: Highlighting Gaps in Achieving Social Inclusion. *Disability, CBR & Inclusive Development*, 28(4), 41–59. <https://doi.org/10.5463/dcid.v28i4.666>
- Opoku, M. P., Nketia, W., Agyei-Okyere, E., & Mprah, W. K. (2019). Extending social protection to persons with disabilities: Exploring the accessibility and the impact of the Disability Fund on the lives of persons with disabilities in Ghana. *Global Social Policy*, 19(3), 225–245. <https://doi.org/10.1177/1468018118818275>

- Opoku, M. P., Swabey, K., Pullen, D., & Dowden, T. (2019). Poverty alleviation among persons with disabilities via United Nations' sustainable development goals in Ghana: Voices of stakeholders with disabilities. *Sustainable Development*, 27(1), 175–182.
- Pal, G. C. (2011). Disability, intersectionality and deprivation: An excluded agenda. *Psychology and Developing Societies*, 23(2), 159-176.
- Palmer, M. (2013). Social protection and disability: A call for action. *Oxford Development Studies*, 41(2), 139–154.
- Palmer, M., & Harley, D. (2012). Models and measurement in disability: An international review. *Health Policy and Planning*, 27(5), 357–364.
- Patel, L., Kaseke, E., & Midgley, J. (2012). Indigenous welfare and community-based social development: Lessons from African innovations. *Journal of Community Practice*, 20(1-2), 12-31.
- Pineda, V. S. (2020). Understanding Disability in Theory, Justice, and Planning. In V. S. Pineda (Ed.), *Building the Inclusive City: Governance, Access, and the Urban Transformation of Dubai* (pp. 23–45). Springer International Publishing. https://doi.org/10.1007/978-3-030-32988-4_2.
- Reisch, M., & Andrews, J. (2014). *The road not taken: A history of radical social work in the United States*. Routledge.
- Republic of Ghana. (2006). Persons with Disability Act (Act 715). Accra: Republic of Ghana.
- Robertson, L., Mushati, P., Eaton, J. W., Dumba, L., Mavise, G., Makoni, J., & Gregson, S. (2013). Effects of unconditional and conditional cash transfers on child health and development in Zimbabwe: a cluster-randomised trial. *The Lancet*, 381(9874), 1283-1292.

- Ruhil, R. (2015). Millennium development goals to sustainable development goals: Challenges in the health sector. *International Studies*, 52(1–4), 118–135.
- Sabates-Wheeler, R. & Devereux, S. (2013). Sustainable graduation from social protection programmes. *Development and Change*, 44(4), 911-938.
- Sabates-Wheeler, R. & Devereux, S. (2008) Transformative Social Protection: the currency of social justice, Basingstoke: Palgrave.
- Sachs, J. D. (2012). From millennium development goals to sustainable development goals. *The Lancet*, 379(9832), 2206–2211.
- Sackey, E. (2015). Disability and political participation in Ghana: an alternative perspective. *Scandinavian Journal of Disability Research*, 17(4), 366-381.
- Salters K. (2020). The Use of Self-Report Data in Psychology. <https://www.verywellmind.com/definition-of-self-report-425267>. Retrieved on 17/4/2022.
- Saran, A., White, H., & Kuper, H. (2020). Evidence and gap map of studies assessing the effectiveness of interventions for people with disabilities in low-and middle-income countries. *Campbell Systematic Reviews*, 16(1), e1070. <https://doi.org/10.1002/cl2.1070>.
- Sayer, A. (2011). *Why things matter to people: Social science, values and ethical life*. Cambridge University Press.
- Senayah, E. A., Mprah, W. K., Opoku, M. P., Edusei, A. K., & Torgbenu, E. L. (2019). The accessibility of health services to young deaf adolescents in Ghana. *The International Journal of Health Planning and Management*, 34(1), e634-e645.
- SEND Ghana (2014, December 24). Making Decentralisation Work for the Poor | SEND West Africa—Ghana. <https://sendwestafrica.org/nu/gh/making-decentralisation-work-for-the-poor-2/>. Retrieved on 20/8/2021.
- Shakespeare, T. (2013). *Disability rights and wrongs revisited*. Routledge.

- Shakespeare, T., Watson, N., Brunner, R., Cullingworth, J., Hameed, S., Scherer, N., & Shildrick, M. (2019). Critical disability studies: Rethinking the conventions for the age of postmodernity. In *Routledge handbook of disability studies* (pp. 32-44). Routledge.
- Smith, B., & Bundon, A. (2018). Disability Models: Explaining and Understanding Disability Sport in Different Ways. In I. Brittain & A. Beacom (Eds.), *The Palgrave Handbook of Paralympic Studies* (pp. 15–34). Palgrave Macmillan UK. https://doi.org/10.1057/978-1-137-47901-3_2.
- Speer, J. (2012). Participatory governance reform: a good strategy for increasing government responsiveness and improving public services? *World development*, 40(12), 2379-2398.
- Thomas, P. (2019). *Disability, poverty and the millennium development goals: Relevance, challenges and opportunities for DFID. DFID report.*
- United Nations Enable. (2006). *World Programme of Action, Page 4/10.* <https://www.un.org/esa/socdev/enable/diswpa04.htm> Retrieved on 24/08/2021.
- United Nations Children’s Fund (UNICEF). (2008). Social protection in Eastern and Southern Africa: A framework and strategy for UNICEF. UNICEF ESARO, Nairobi.
- United Nations Children’s Fund (UNICEF). (2013). Children and Young People with Disabilities: Fact Sheet. New York: UNICEF.
- United Nations Development Programmes (UNDP). (2013). Cash Transfer Programmes in Africa. <http://www.ipcundp.org/PageNewSiteb.do?id=120&active=3>. Retrieved on 24/08/2021.
- United Nations General Assembly. (2006). *Convention on the rights of persons with disabilities (A/RES/61/106)*. <http://daccess-ddsny.un.org/doc/UNDOC/GEN/N06/500/79/PDF/N0650079.pdf?OpenElement>. Retrieved on 19/08/2021.

United Nations. (n.d.). *Sustainable Development Goals*. United Nations Development Programme. <https://www.undp.org/sustainable-development-goals>. Retrieved on 24/08/2021.

United Nations. 2000. *Enhancing Social Protection and Reducing Vulnerability in a Globalizing World*, Report of the Secretary General to the Thirty-ninth Session E/CN.5/2001/2 Washington, DC: United Nations Economic and Social Council.

Urban Geography Glossary. (n.d.). https://geographyfieldwork.com/urban_geography_glossary.htm. Retrieved on 5/03/2022

Vehmas, S., & Watson, N. (2014). Moral wrongs, disadvantages, and disability: A critique of critical disability studies. *Disability & Society*, 29(4), 638–650.

Voice Ghana. (2014). Political governance for persons with disabilities: A study on the level of participation of persons with disabilities in local governance. <http://voiceghana.org/downloads/Research%20on%20Political%20Governance%20for%20PWDs.pdf>. Retrieved on 20/1/2022.

Walsham, M., Kuper, H., Banks, L. M., & Blanchet, K. (2019). Social protection for people with disabilities in Africa and Asia: A review of programmes for low- and middle-income countries. *Oxford Development Studies*, 47(1), 97–112. <https://doi.org/10.1080/13600818.2018.1515903>.

Wilton, K. M., Gunderson, L. B., Hasadsri, L., Wood, C. P., & Schimmenti, L. A. (2020). Profound intellectual disability caused by homozygous TRAPPC9 pathogenic variant in a man from Malta. *Molecular Genetics & Genomic Medicine*, 8(5), e1211.

World Bank. (2012). *Data Countries and Economies: Ghana*. <http://data.worldbank.org/country/ghana>. Retrieved on 19/08/2021

World Health Organisation (WHO). (2011). *World Report on Disability*. Washington, D.C.: World Bank

World Health Organisation (WHO) (2012). Early childhood development and disability: a discussion paper.

World Health Organization. (2021). WHO Policy on disability.

World Health Organisation (WHO) (2022). Factsheet Report on Disability. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. Retrieved on 25/02/2023

Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Edition, New York: Harper and Row.

Zastrow, C., & Hessenauer, S. L. (2022). *Empowerment series: Introduction to social work and social welfare: Empowering people*. Cengage Learning.



APPENDIX A: QUESTIONNAIRE

Questionnaire for Respondents (PWDs)

Dear Sir/Madam

My name is **Dahanatu Salifu (10874925)**, a graduate student at the Institute of Statistical Social and Economic Research (ISSER), University of Ghana. I am conducting a study on the Accessibility to and Uses of the Disability Support Fund among Persons with Disability (PWDs) in the Nsawam Adoagyiri Municipality. The purpose of this questionnaire is to assess the accessibility to and contribution of the Disability Support Fund (DSF) among Persons with Disability (PWDs) in the Nsawam Adoagyiri Municipality. Please, note that there are no known risks associated with this study and information provided would be treated with the highest confidentiality it deserves. Please, consider completing this questionnaire for me, as your inputs are key to the success of this study. Participation is, however, voluntary and you are free to withdraw at any time or leave any question unanswered.

Thank you.

Do I have your permission to proceed? 1. Yes 2. No (End interview)

Please answer the following questions with a **tick** [] where appropriate.

SECTION A: BACKGROUND CHARACTERISTICS

1. Age:

2. Sex: a) Male [] b) Female []

3. Level of education: a) No formal education [] b) Primary [] c) Secondary []

d) Tertiary [] e). Others [] (specify).....

4. Marital status: a) Single [] b) Co-habiting [] c) Married [] d) Separated/

Divorced [] e) Widowed []

5. Occupation: a) Trading [] b) Government (Civil Servant) [] c) Farming []
d) Apprenticeship [] e) Unemployed [] f) Other [] (Specify):

6. In which PWDs organisation are you a registered member? *Please, you may **Tick** [✓] more than one option (as applicable).*

- a) Ghana Society of the Physically Disabled (GSPD) [] b) Ghana Blind Union (GBU) []
c) Ghana National Association of the Deaf (GNAD) [] d) Other (specify): []
e) None []

7. How many disabilities are you affected with?

- a) 1 [] b) 2 [] c) 3 [] d) 4 [] e) 5 []

8. At what stage of your life did you become a PWD?

- a) At birth [] b) 1-10 years [] c) 11-20 years [] d) 21-30 years []
e) 31-40 years [] f) 41-50 years [] g) 51-60 years [] g) 61 and above years []

9. What disabilities are you affected with? *Kindly select those that are applicable to you. If affected by only one go to question 11.*

- a) Visual impairment [] b) Deaf and dumb [] c) Physical disability []
d) Mental disability [] e) Speech impairment [] f) Other [] specify.....

10. Which of the disabilities stated in Q9 is the most challenging?

- a) Visual impairment [] b) Deaf and dumb [] c) Physical disability []
d) Mental disability [] e) Speech impairment [] f) Other [] specify.....

11. Which assistive device do you use? *Please **Tick** [✓] those that are only applicable to you.*

- a) Glasses [] b) Wheel chair [] c) Crutches [] d) Braces (Teeth-support) []
e) Hearing aid [] f) White cane [] g) Other [] specify..... h) None []

12. Which of the assistive devices is provided or covered by the Fund? Please **Tick** [✓] *all that are applicable to you.*

- a) Glasses [] b) Wheel chair [] c) Crutches [] d) Braces (Teeth-support) []
e) Hearing aid [] f) White cane [] g) Other [] specify..... h) None []

SECTION B: FINANCIAL OBLIGATION ON DEPENDANTS

13. Do you have dependants (those directly under your care and responsibility)?

- a) Yes [] b) No []

14. If yes, how many dependants do you have?

- a) 5 and below [] b) 6-10 [] c) 11-15 [] d) 16-20 [] e) 21 and above []

15. Are you solely responsible for your dependants? Please, **Tick** [] those that are applicable to you.

- a) Yes, I am responsible for my dependants [] b) No, I have help from my spouse/partner []
c) No, I have help from other family members [] d) No, I have help from friends []
e) No. I have help from other sources, (specify).....[]

16. How many of your dependants are under 18 years old?

17. What is/are the educational background(s) of your dependant(s) under 18years old?

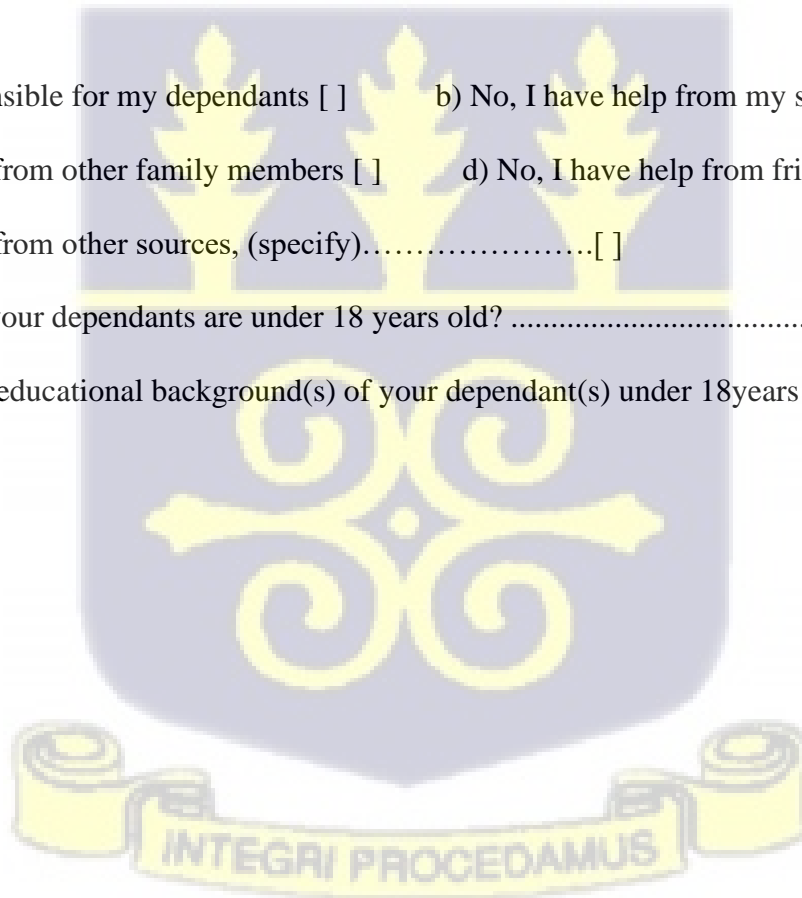


Table 1: Educational backgrounds, Sex and Age of dependants

Please indicate for each of your dependants, their respective level of education, sex and age in the table below.

	LEVEL OF EDUCATION	SEX	AGE
	[1] No formal education	[1] Male	[1] Under 1 year
	[2] Primary	[2] Female	[2] 1-5 years
	[3] Secondary		[3] 6-11 years
	[4] Tertiary		[4] 12-14 years
	[5] Others (specify).....		[5] 15-17 years
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			
Dependant 5			

18. In a typical month, which one of the following best describes your income level?

- a) Up to GHC100.00 [] b) GHC 101.00 - 200.00 [] c) GHC 201.00 - 300.00 []
 d) GHC 301.00 - 400.00 [] e) Other, (Specify) GHC.....[]

19. How much money do you and your dependants spend daily on food?

- a) GHC 1.00 - 5.00 [] b) GHC 6.00 - 10.00 [] c) GHC 11.00 - 15.00 []
 d) GHC 16.00 - 20.00 [] e) Other (specify)..... []

20. How much money do you and your dependants spend monthly on healthcare?

- a) GHC 50.00 and below [] b) GHC 51.00 – 100.00 [] c) GHC 101.00 - 150.00 []
d) GHC 151.00 - 200.00 [] e) GHC 201.00 - 250.00 [] f) GHC 251.00 - 300.00 []
g) Other, (Specify) GHC.....[]

21. In a month, how much money do you spend on your dependants' educational needs (fees, books, transport, etc.)?

- a) GHC 50.00 and below [] b) GHC 51.00 – 100.00 [] c) GHC 101.00 - 150.00 []
d) GHC 151.00 - 200.00 [] e) GHC 201.00 - 250.00 [] f) GHC 251.00 - 300.00 []
g) Other, (Specify) GHC.....[]

SECTION C: PWDs' LEVEL OF AWARENESS OF THE DISABILITY SUPPORT FUND

22. Have you heard about the Disability Support Fund? a) Yes [] b) No []. End the survey.

23. If yes, have you ever applied for the Fund before? If yes, please skip to question **25**.

- a) Yes [] b) No []

24. If no, why?

.....
.....

SECTION D: ACCESSIBILITY OF THE DISABILITY SUPPORT FUND TO PWDs IN THE NSAWAM ADOAGYIRI MUNICIPALITY

25. Have you ever received any Disability Fund from the Nsawam Adoagyiri Municipality? *If no, skip to question 43 in Section E.*

- a) Yes [] b) No []

26 if yes, how many years ago did you receive your first support from the Fund?

- a) 2 years [] b) 3 years [] c) 4 years [] d) 5 years and above []

27 What form of support was this?

- a) Cash [] b) Kind [] c) Both []

28. If cash, how much (GHS)?

.....

29. If kind, what item?

.....

30. If both cash and kind, how much and what items?

.....

31. How many times have you applied for the fund? a) Once [] b) Twice [] c) Three Times []
d) Four Times [] e) Other [] Specify.....

32. Which year did you first apply for the fund?

33. Did you receive the support upon first application? Yes [] No []

34. How often have you received support from the Fund since 2017?

- a) Every quarter [] b) Every 6 months [] c) Once a year [] d) One time []
e) Other [] Specify.....

35. When was the first time you received support from the Fund?

- a) 2020 [] b) 2019 [] c) 2018 [] d) 2017 [] e) Other [] specify

36. Do you encounter any form of discrimination when accessing the Fund? — Yes [] No []

37. What form of discrimination do you encounter?

- a) Delay in the delivery process [] b) Use of abusive words [] c) Other (specify).....

38 Do you join queues every time you visit the Fund's office? Yes [] No []

39. What is your average waiting time at the Fund's facility before an officer attends to you?

a) Less than 30 mins [] b) 30 mins to 1 hr [] c) Between 1 hr and 3 hrs []

d) 3 hrs to 5 hrs [] e) Other (Specify)

40. In your opinion, how would you rate the treatment you receive at the district office of the PWDs?

a) Very good [] b) Good [] c) Poor [] d) Very poor []

41. In your opinion, how would you rate the attitude of officers of the Fund office when accessing the Fund?

a) Very good [] b) Good [] c) Poor [] d) Very poor []

42. In your opinion, what other issues obstruct you from easily accessing the Fund? *Please, state any two major reasons.*

1.
.....
2.
.....

SECTION E: EFFECTS OF THE DISABILITY SUPPORT FUND ON THE LIVES OF PWDs.

43. Please **Tick** [✓] to indicate your opinion on the following statements in Table 2.

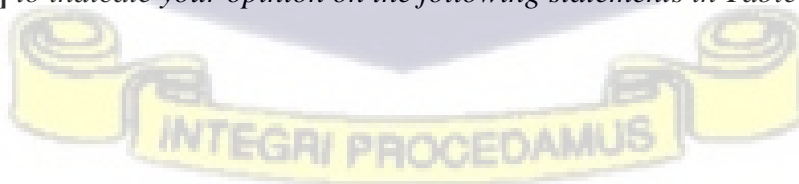


Table 2: Opinions of PWDs on the usefulness of the Disability Support Fund

	Statement: <i>The Fund.....</i>	SA (5)	A (4)	N/A (3)	D (2)	SD (1)
(a)	helps me pay my children’s school fees					
(b)	improves my household’s business and farming activities					
(c)	makes it easier for me and my household to access healthcare					
(d)	ensures that women with disability enjoy the same rights and privileges as their male counterparts					
(e)	Helps me acquire assistive devices (wheel chair, hearing aid, braille, electronic recording machine etc.)					
(f)	provides support for care-giver					
(g)	helps me to cater for the feeding of myself and household					
(h)	has generally improved my household’s welfare					

KEY: Strongly agree (SA) = 5, Agree (A) = 4, Not applicable (N/A) = 3, Disagree (D) = 2, Strongly disagree (SD) = 1

44. In your opinion, which area(s) of the life of PWDs does the Fund support?

You may **tick** [✓] more than one if you find the options applicable.

- a) Awareness raising on the rights and responsibilities of PWDs []
- b) Organisational development []
- c) Training in employable skills/apprenticeship []
- d) Income generation activities []
- (e) Educational support for children, students and trainees with disability []
- (f) Provision of technical aids, assistive devices, equipment []
- (g) Registration on the National Health Insurance Scheme []
- (h) Other (specify):

45. Any other Comments

.....

.....

.....

.....



APPENDIX B: INTERVIEW GUIDE

Interview Guide for Disability Support Fund Management Committee

Dear Sir/Madam

My name is **Dahanatu Salifu (10874925)**, a graduate student at the Institute of Statistical Social and Economic Research (ISSER), University of Ghana. I am conducting a study on the Accessibility to and Uses of the Disability Support Fund among Persons with Disability (PWDs) in the Nsawam Adoagyiri Municipality. The purpose of this study is to assess the accessibility to and contribution of the Disability Support Fund (DSF) among Persons with Disability (PWDs) in the Nsawam Adoagyiri Municipality. Please, note that there are no known risks associated with this study and information provided would be treated with the highest confidentiality it deserves. Please, consider completing this interview guide for me, as your inputs are key to the success of this study. Participation is, however, voluntary and you are free to withdraw at any time or leave any question unanswered.

Thank you in advance for helping to make this interview successful.

SECTION A: BACKGROUND CHARACTERISTICS

1. Kindly introduce yourself (your age, current position and how long you have been serving in this position and your role on the committee)?

SECTION B: COMMON QUESTIONS

2. How do PWDs get information about the disability support fund?

3. In what form(s) is the support given to PWDs?

4. How is the form of support determined by the Management Committee?

5. How are PWDs supported by your office in the municipality? (Probe further for all the types and kinds of support)
6. In what ways does the fund support the health and educational needs of PWDs?
7. How does the fund support or promote economic activities of PWDs?
8. What measures are put in place by the fund to protect and promote the rights of PWDs?
9. What assistance does the fund provide for the welfare of PWDs?
10. How is the monitoring of the utilisation of the support done?
11. What economic opportunities has the Fund made accessible to beneficiaries (probe to know if the PWDs use the Fund to set up their own businesses)?
12. What feedback have you received from PWDs regarding the amount of money they receive from the Fund?
13. What 3 major challenge(s) have you observed with the disbursement and management of the DSF?
14. In your opinion, how can the challenges stated in question 11 be minimised (or possibly eliminated)?

SECTION C: ADDITIONAL QUESTIONS FOR CHAIRMAN

15. What guidelines has your office developed on how the funds should be spent?
16. What deductions are enforced by your office from the Fund and how would you describe those deductions?
17. Any other comments?

SECTION D: ADDITIONAL QUESTIONS FOR FINANCE SECRETARY

18. How does the committee ensure accountability from beneficiaries?

19. What deductions are enforced by your office from the Fund and how would you describe those deductions?

20. Any other comment?

SECTION E: ADDITIONAL QUESTIONS FOR PWDs REPRESENTATIVE

21. How do you ensure the Fund is appropriately used in meeting the needs of your members?

22. What economic opportunities has the Fund made accessible to your members (probe to know if the PWDs use the Fund to set up their own businesses?)

23. What forms of social insurance are provided to your members by the Fund?

24. Any other comment?

Thank You

