

UNIVERSITY OF GHANA, LEGON

COLLEGE OF HUMANITIES

CENTRE FOR SOCIAL POLICY STUDIES

**THE CONTRIBUTIONS OF THE DISTRICTS DISABILITY COMMON FUND
TO THE WELL-BEING OF BENEFICIARIES IN ADA EAST DISTRICT**

BY

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DECLARATION

I, Richard SelaseAgboga, do hereby declare that except for references to other people's work which have been duly acknowledged, this dissertation is the result of my own independent research work carried out at the Centre for Social Policy Studies, University of Ghana, Legon, under the supervision of Professor Ellen Bortei –DokuAryeetey and that, it has not been presented in whole or in part for award of another degree elsewhere.

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Date.....



DEDICATION

This work is dedicated to the late Rev. W.R. Sakoe, for paying my admission fee in Dambai Teacher Training College when all hope was lost. I am forever grateful.



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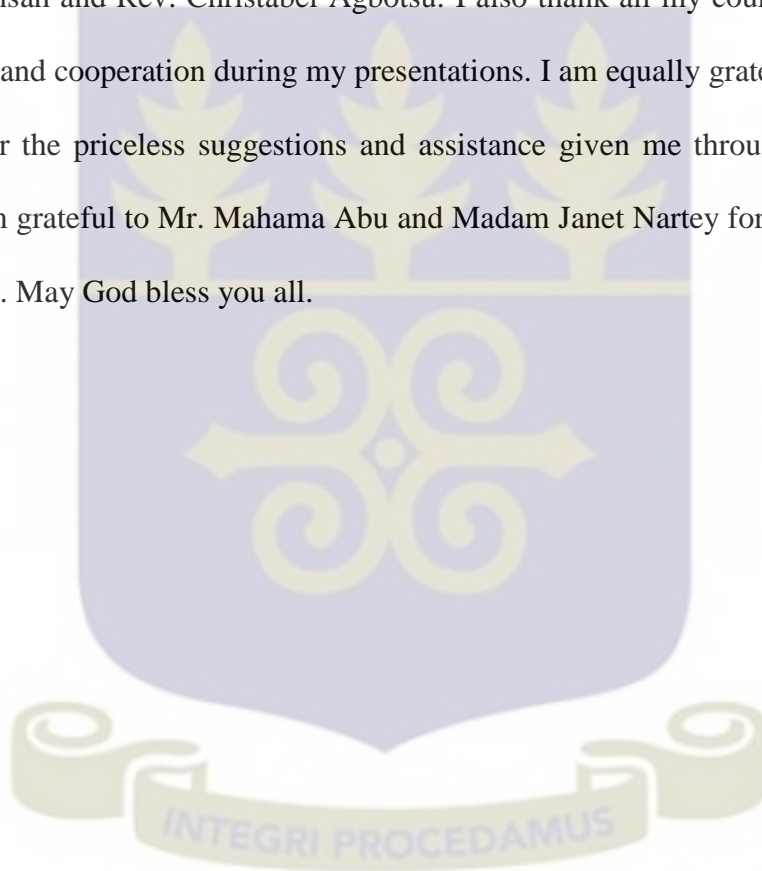


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ABSTRACT

Persons with Disability have been seen and described by different people differently. Theories such as the medical theory of the WHO see disability as a disease which needs to be treated. Some see them as burdens and liabilities that cannot be independent. However other institutions especially human rights institutions such as the Commonwealth Human Rights Initiative and the United Nations, Local Conventions and policies and the 1992 Constitution of Ghana, recognize the independence and capabilities of persons with disabilities and as such various steps have been taken to ensure the well-being of persons with disabilities. One of such interventions is the introduction of the 3 percent of the District Disability Common Fund which is meant to address four key conditions of persons with disability namely education, health, capacity building and income generating activities.

This study was conducted to examine the extent to which the Disability Common Fund is contributing to the well-being of persons with disability. The study which was conducted at Ada East District employed both qualitative and quantitative approaches in collecting and analyzing the data. The study revealed that the fund has contributed positively to the well-being of persons with disability especially by creating employment for the beneficiaries and also enrolling children in both public and special schools.

However, the success of the fund is not without challenges. It was revealed that the size of funds that were requested by the applicants were not granted and the funds granted were too small to yield the needed benefit. Issues of mistrust on the part of both the fund administrators and the beneficiaries were also identified as a hindrance to the implementation of the fund.

Recommendations such as additional funding by Non-State actors, capacity building among others were made. When the recommendations are critically adhered to, it will contribute significantly to the well-being of persons with disability.

LIST OF ABBREVIATIONS

CT	Cash Transfer
DACF	District Assembly Common Fund
DFMC	District Fund Management Committee
DSW	Department of Social Welfare
GAB	Ghana Association of the Blind
GDP	Gross Domestic Product
GFD	Ghana Federation of the Disabled
GFD,	Ghana Federation for the Disabled
GSPD	Ghana Society of Persons with Disability
GSS	Ghana Statistical Service
MESW	Ministry of Employment and Social Welfare
MMDA	Metropolitan Municipal and District Assemblies
NCPD	National Council on Persons with Disability
OPWD	Organisation of Persons with Disability
PWD	Persons with Disability
SPED	Special Education Division
VOLPHIG	Volta Physically Challenged Independent GroupGhana

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Sally Hartley (2002) defined a Person with Disability as an individual who is officially recognized by society as having any form of restriction or lacks the ability to perform an activity in a manner or within the range that is normal for a human being. In other words, disability can be explained as inability to perform normal functions as result of a permanent condition which could result from birth, accident and adverse effects of medication. Disability in several forms such as visual/sight, hearing, speech, emotional/ behavioral and others has its own challenges and could serve as a stumbling block for people living with disability in living more functional lives as they would wish to. In Ghana, an estimated 2.5 million persons have one form of disability or the other, which also represents 10 .0 percent (CHRI, 2011) of the total population. The Ghana Statistical Service data on 2010 Population and Housing Census also showed that females form 52.5% and males 47.5% of this category of persons. GSS (2010)

In years passed, disability was considered as a curse and therefore PWDs were not properly cared for. It was believed that people living with disabilities were being punished by the gods for their evil deeds or the sins of their fathers(S. Lucas: personal communication, March 2015). These categories of people were left to be cared for by family members and religious groups. With time such attitudes begun to change as society become less tolerant to the abuse of people living with disabilities(source). The State

established the Department of Social Welfare (now Department of Social Welfare and Community Development) to provide formal care services to targeted people living with disabilities, but this only reached a handful of the targeted population due to the challenge of logistics and technical capacity (Friesland, 1994:73-74)

Successive governments of Ghana have made several attempts to improve upon the wellbeing of the people living with disabilities. All public offices and housing facilities were to be accessible to people living with disabilities through the passage of the Disability Act in the year 2006 by the Parliament of Ghana which recommends Universal Access. The government through the Department of Social Welfare has introduced several initiatives including Community Based Rehabilitation programme and Human Resources Development for Community-based Rehabilitation of people living with disabilities to help take care of them. In 2006 reforms on how to better manage the fortunes of the PWDs were developed by the parliament of Ghana.

Even though the total population of people living with disabilities according to the 2010 census is relatively small, adequate legal provisions were made to promote and protect their worth, rights and dignity especially when we consider the Disability Act 2006 (ACT 715) by the Parliament of Ghana. The Act made the following provisions for Persons with Disability: employment and education of Persons with Disability, access to health, transportation establishment and functions of National Council on Persons with Disability. In addition, to ensure and promote the welfare and dignity of People with Disabilities especially in the informal sector the government of Ghana has allocated 3 percent (previously 2 percent) of the District Assembly Common fund to PWDs and the amount was meant to address the following issues:

To promote income generating activities of individual PWDs as a means of economic empowerment

To facilitate educational support for children, students and trainees with Disabilities by providing them with grants and also placing them in special schools according to their needs.

To build the capacity of OPWDs in the districts to enable them to advocate and assert their rights and undertake awareness raising and sensitization on disability issues.

To facilitate access to technical aids and other assistive devices and equipment (NCPD/GFD, 2010)

With the current guideline of disbursement, people living with disabilities are expected to submit written application to the DFMC with their full size photograph confirming the type of disability they (applicants) have. The applicants are then shortlisted and the funds allocated by the discretion of the committee based on available evidence after which a day is set for the disbursement. I have since 2013 observed these “beneficiaries” from the various communities coming in chartered buses with the hope of getting huge sums of money that should turn their fortunes around but in most cases their expectations were not met. In some cases some of the PWDs do not get what they have applied for. This disappointments at times lead to serious confrontations between the committee members and the PWD who could not benefit.

1.1 Statement of Problem

Even though the government of Ghana has allocated 3 percent of the District Assembly Common Fund (DACF) with the intention of alleviating poverty among all PWDs particularly those outside the formal sector of employment, and the enhancement of their social image through dignified labor (NCPD/GFD, 2010 pp 4), there are a lot of PWDs

by the roadside on daily basis begging for money suggesting that many of them are not reached by the support facility. Some of these PWDs who are either accompanied by children or in their wheel chairs find begging as demeaning but still engage in it since they are not able to do other businesses (Chronicle 2011, P.3).

Ghana Education Service's statistics (2001/2002) show that there are 24 public institutions in Ghana which provide Special Education. They provide formal education to about 5,000 students. In addition, 6 institutions have basically mainstreamed in their administrative placement and offer education on a second-cycle and post second-cycle level. The relevance of these institutions to people living with disabilities mostly relates to education towards visually impaired students. The Education Strategy lists among a number of goals for inclusive education, including the need for "equitable educational opportunities and states among other things that all children with "non-severe special education needs" will be incorporated into mainstream schools by 2015. However a good number of persons with disability are not in school as required by the policy.

According to the Disbursement Report of the Ada East District Disability Fund Management Committee (2012), PWDs who have benefitted from the DACF keep on applying almost every quarter with the explanation of establishing small scale businesses. This could mean that the beneficiaries have not been able to establish themselves as the policy suggests or some of the beneficiaries have been abusing the system since there is evidence that some of them have benefitted more than once whilst others are yet to benefit. It is therefore important to explore the various reasons leading to this development and also establish how the fund has been able to transform lives if any.

It is important to note that Ada East District Assembly received the 1st, 2nd and 3rd quarters of 2011 of its Common Fund for the PWDs in February, 2012 with an amount of Thirty Five Thousand Ghana Cedis (GH¢35,000.00) which was disbursed among One Hundred and Twenty- Five (125) PWDs in the district. (DFMC Report, 2012). With the amount stated above individuals should have received an average amount of Ghc. 280.00. However, the majority of them received Ghc. 200.00 and some got as low as Ghc.50.00 due to lack of funds and the desire of the fund administrators to satisfy as many applicants as possible. The inability of the beneficiaries to access quite a reasonable amount of money to start Income Generating Activities as they wish to compels them to apply several times since previous allocations could not make the desired impact.

Also, DAFC disbursed Ghc.18, 200.00 which was the amount due people living with disabilities 3rd, and 4th quarter for 2013 and 1st quarter 2014. In the wake of the cedi losing its value against all the major currencies, The real value of the support to PWDs has declined, causing concerns about possible adverse effects on their well-being. In addition, the irregular manner in which the funds are released calls for attention in order to establish the significant role the DACF plays in the lives of people living with disabilities.

A detailed literature search yielded limited results on the availability of published materials on DACF grants to people living with disabilities there has not been any extensive scholarly works which critically examined the contributions of the DACF to the wellbeing of the beneficiaries of people living with disabilities in the Ada East District. This study aims at unearthing additional information in the Ada East District to contribute to building a data base on PWDS and District Assemblies.

1.2 Objectives of the study

1.2.1 General Objectives

The purpose of the study is to identify the various contributions of the DACF to the wellbeing of people living with disabilities in the Ada East District.

1.2.2 Specific Objectives

The study seeks to:

- (1) Study ways in which DACF has contributed to the well-being of the people living with disabilities in the Ada East District.
- (2) Examine the contributions of Non-State Actors in assisting PWDs in attaining the objectives of DACF
- (3) Examine challenges people living with disabilities encounter when applying for the DACF

1.3 Research Questions

- (1) In what ways has the DACF contributed to the well-being of the people living with disabilities in the Ada East District?
- (2) What are the contributions of Non-State Actors in assisting people living with disabilities in attaining the objectives of DACF?
- (3) What challenges do people living with disabilities encounter when applying for the DACF?

1.4 Significance of Study

The study involved a cross section of PWDs in the Ada East District and the key actors as far as issues about the well-being of Persons with Disability was concerned, especially Disability Fund Management Committee (DFMC), members and officers from the Department of Social Welfare and Community Development. It is expected that the findings of the study would be very useful to the various stakeholders, especially the beneficiaries of the DACF Disability Grant and Development Practitioners, as well as policy makers in order to help improve some aspects of guidelines for disbursement. Others that the study would be helpful to are the Ada East District Assembly and the DFMC.

The findings would provide a lot of insight to the administrators of the fund as well as the people such as the National Council on people living with disabilities (NCPD) who have an

oversight responsibility to ensure that things are properly done. This will enable them to have a general overview of how the Fund has contributed positively or otherwise to the health, feeding and any form of economic activity of the people living with disabilities. The study is expected also serve as a guide to the various actors by proposing appropriate strategies in raising more funds to enable more PWDs benefit from the fund and also increase the amount each beneficiary gets.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents an overview of available literature on the rights of people living with disabilities generally. It then addresses studies on financial support in the form of cash transfers to people living with disabilities to boost entrepreneurship among PWDs, with special reference to the disability common fund. It draws on literature from other places and on Ghana.

2.1 International Instruments on the Rights of People Living with Disabilities

There are volumes of literature especially by the international community ensuring the rights and dignity of people living with disabilities. Slikker (2009). Schulze, United Nations' Convention on the Rights of people living with disabilities which was formulated in 13 December 2006 and Commonwealth Human Rights Initiative stated categorically what each member states and parties are expected to do based on the following preambles as stated below:

2.2 Ensuring Equal Opportunity for PWDs

The Convention on the Rights of people living with disabilities reiterates the commitment of all member states and parties through World Programme of Action concerning disabled persons to live up to the Standard Rules of the ensuring equal opportunities for people living with disabilities. Member states are expected to embark on influencing the promotion, formulation and evaluation of the policies, plans, programmes and actions at the national,

regional and international levels in order to further equalize opportunities for people living with disabilities. In this regard Ghana has made the necessary efforts by passing Act 560 which addresses some of the pertinent issues that affect people living with disabilities. The Disability Act also provided equal opportunity for PWDs as in terms of non discrimination in employment and all the other spheres of their lives. The International Convention on the Rights of people living with disabilities defines discrimination as on the basis of disability as: Any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. When we compare the Constitution of Ghana to the Convention, we can conclude that the 1992 Constitution of Ghana has given an opportunity for people living with disabilities to live a “normal” life just as any other citizen.

2.3 Mainstreaming Disability Issues and their Rights

The Convention on the Rights of Persons with Disability urges member states to mainstream disability issues as an integral part of relevant strategies of sustainable development. Various attempts by the state (Ghana) to mainstream disability issues in ensuring sustainable development have yielded a lot of positive results. The state through the collaboration of both National and Local NGOs have enhanced the capacity of PWDs through workshops to enable them assert their rights and also be part of the development process. PWDs have been recognised for their potential contributions to the overall well-being and diversity of their communities, and when their fundamental human rights are ensured it will promote a

sense of belonging and thereby reducing poverty. (Convention on the Rights of Persons with Disabilities 1948, pp 39)

2.4 Theory of Conditionality.

The study employed the conditionality theory and defined it as “the exercise of policy instruments by one party to secure compliance and shape the actions of another party” (Adel 2009). The conditionality theory involves more than one party to operate. The theory also shows that one of the parties which in most cases is the initiator of the conditions is superior and dictates the terms and conditions of which the other parties would have to comply or else be sanctioned. As stated by (smith 2003) “Partners or better to say subject and object of conditionality participate in an unequal relationship” meaning the actor and the recipient have a crucial responsibility to perform whilst the actor in this particular case the government sets out the conditions, the recipients people living with disability are expected to meet them (Zalewski, 2004: 3). In this case the government is represented by the District Assemblies and the people living with disability serve as object and the subjects. The government has set out conditions for the beneficiaries to meet and failure to meet these conditions attracts sanctions. Some of the conditions people living with disability are expected to meet include, putting the money in to good use especially by using the money to meet the four main objectives as stated in the Disbursement Guideline. In addition, the beneficiaries must also be able to account for the monies received by making themselves available during monitoring.

2.5 Intersecting Inequalities Among PWDs

Even though people living with disabilities are always marginalized, it is observed by the Convention of the rights of people living with disabilities that women, Children and girls with disabilities are more vulnerable and has therefore called for measures to ensure that their rights are protected. Ghana as a party to this convention has established the Ministry of

Gender, Children, and Social Protection as one of the measures in addressing the needs of PWDs where special attention is given to women, children and other minority groups who are exposed to covariate and idiosyncratic shocks due to their disabilities coupled with sex, race, age and background. (Folly, 2014)

2.6 The Medical Model or Welfare Based Approach

This presents a relatively narrow conception of disability that is dominated by the impairment of the people living with disability the cardinal objective of the model is that disability results from the physical and social environment in which people live. As such the medical model focuses on treatment and services for people living with disabilities. The model considers disability as a health or rehabilitation issue, so the first effort in dealing with disability is to heal or find a cure for the disability (O'Brien, Newell, McEninery, &Thesing 2006). The model later aims at providing the care and services to support the individual with disability when the treatment fails. Because this model emphasises on care, people living with disabilities may be excused from the normal obligations of society such as work and institutionalization and segregation and given justification. This, however, has negative consequences for employment outcomes for people living with disabilities. This model also limits opportunities for people living with disabilities to make choices in becoming economically self-sufficient and reach their full vocational potential (Mapuranga B. and Phillipa M, 2014).

PWDs could therefore be viewed from a medical welfare framework as being different from people without disabilities and in need of care. As a result of the emphasis and over reliance on medical care, there is neglect of social and economic need of PWDs. They then

face discrimination in accessing employment (Lunt and Thornton, 2008; Blanck, 2009; Shapiro, 1994; Myhill and Blanck, 2009). However, Act 560 and the Convention on the Rights of Persons with Disability have fully addressed the weaknesses of the medical model by ensuring that they are given the necessary support including educational and financial support to attain their full potential.(VSO,2009: 14)

2.7 The Social Model

This model considers disability as a result of medical as well as environmental and attitudinal social barriers that prevent people living with disabilities from full participation in society. It signifies the importance of the removal of physical and institutional barriers which will enable people living with disabilities be seen and recognized as having different abilities and greater opportunity to participate in society, instead of focusing on their disability and inability to participate. The Social Model of disability is seen to be more accommodative of people living with disabilities since it focuses on their inclusion in society (Blanck et al, 2003; Gott et al, 2003). The 3 percent of the District Assembly Common Fund which is exclusively allocated for persons with disabilities addresses the concerns that were raised by the Social Model by seeking to overcome stigma which promotes social exclusion. This is addressed by the third objective of the disability fund disbursement guideline, which aims at building the capacity of organizations of people living with disabilities in the districts to enable them advocate and assert their rights and undertake awareness raising and sensitization on disability issues (NCPD/GFD 2010). The provision of financial support to people living with disabilities to engage in income

generating activities is also expected to remove other social barriers which result from poverty.

2.8 Charity model of Disability

This model is driven mostly by the emotive appeals of charity. This model views and treats PWDs as helpless victims needing care and protection and therefore, relies so much on charity and benevolence of individuals in attending to the needs of PWDs rather than promoting and ensuring justice and equality for PWDs, especially using the legal structures available to them. This model appears to condone acts of exclusion of PWDs from social arrangements and services in the public domain. The charity model justifies the exclusion of PWDs from the mainstream education and employment. This model asks for social support mechanisms for the benefit of PWDs (Kaplan, 1999). The charity model contributes nothing or in other words very little to the purpose of the DACF which aims at empowering PWDs by making them self reliant. There is concern that the charity model does not to a very large extent promote the worth and human dignity that should be accorded to PWDs.

2.9 Habilitation/Rehabilitation

Habilitation as a process involves skills training and acquisition when the natural means of acquiring these skills were not present from birth or were lost along the way in life. It is crucial for PWDs as it promotes self reliance, economic dependence and empowerment, easy access to equal opportunities in life. Habilitation and rehabilitation impacts and restores relevant vocational skills required by PWDs to participate fully in their environment (VSO, 2009).

2.10 Easy Access to Medical Facilities and Information

In order to facilitate access to medical care and information, the convention on the rights of PWDs have requested that, [buildings should have universal access standards] buildings, medical facilities and workplaces in addition to information, communications and other services be made accessible to all PWDs. Ghana responded to this provision in 2007 when a policy urging all public buildings to make their facilities accessible for persons with disabilities before 2016. The state also ensured that buildings which were in existence long before the directive was redesigned to ensure that the standards which are to ensure easy access for persons with disabilities are met.

The UN Declaration on the Rights of Disabled Person (1975: pp 4) Stated among other rights as follows: “Disabled persons are entitled to the measures designed to enable them become as self-reliant as possible”. The declaration sought to entreat all countries and parties to institute possible measures that would assist PWDs to be able to earn their own living. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, and counseling. In this regard Ghana has considered PWDs as indigenes under the National Health Insurance Scheme and has made it possible for PWDs to have free medical Access to any health facility upon registration with the National Health Insurance Scheme.

2.11 Challenges of PWDs in Asserting Their Rights

According to William G. (2008), illiteracy among Ghanaians generally is 65%, but among PWDs it is pegged at around 85%. The small percentage of literate PWDs, unfortunately, is not evenly distributed, thus heightening the problem. The author posited that the high illiteracy of the PWDs is affecting the smooth disbursement of the fund since the beneficiaries see the fund as a gift or a favour done them instead of a right. It has therefore prevented PWDs from demanding what was due them and in instances where there are clear violations of their rights.

2.12 Education provides power and opportunity for choices

Susan, Rifkin and Pridmore (2001) stated that ‘...Education is power; people who lack education lack power and lack choices about how to improve their lives or control what happens to them...’ Through education, PWDs would acquire the necessary skills and knowledge for performing tasks and advancing their courses as individuals and as a group. This statement satisfies and agrees with one of the objectives of the Disability Fund: To provide educational support for children, students and trainees with disabilities with the intention of equipping PWDs with the needed skills to enhance their total development and also ensure self reliance.

2.13 Misconception about PWDs

Four misconceptions seem most prevalent. PWDs are often perceived as someone else's responsibility; as requiring constant supervision; as being best served in isolated self-contained settings and as being generally incompetent. There is a notion that people with disabilities in Ghana are unproductive and incapable of contributing in a positive way to society, they are rather seen as persons who are economic burdens on their families and the society at large, which leaves them in a vicious cycle of poverty (<http://www.gfdgh.org/PILOT%20SURVEY%20REPORT%20BIRIM,%20HO,%20MANY>

A.pdf) on the contrary, an economically empowered PWD is an asset to the community and society at large. When PWD's are given appropriate resources and support they grow in self confidence, self esteem and could be socially responsible adults (William G. 2008).

2.14 Accessibility to Health Insurance

NHIS grants some categories of PWDs to register and benefit freely as indigenes, however no PWD in the Ho area has applied as a needy person. This is more likely that the various OPWDs are not aware that, there are conditions under which they could qualify for the NHIS (VSO, 2009).

2.15 Persons with Severe Disability Cash Transfer (PWSD-CT)

Cash transfer programme targeting persons with severe disabilities which was introduced in Kenya which is referred to as Persons with Severe Disabilities Cash Transfer (PWSD-CT) was seen as being effective in minimizing the challenges of PWDs as well as their care givers (The amount enables the households to access improved nutrition, healthcare, housing and education. Moreover, the regularity of the cash benefit has also improved the household's social respect and credit worthiness and thus improved participation in community affairs (Samson, S. <http://ncpwd.go.ke/index.php/cash-transfer-for-pwds>. Retrieved 10th March, 2015).

2.16 Job / Employment Opportunities for PWDS

According to (Dzadey, 2009), the Ghana National Policy Document on employment rates employment of PWDs as 69%, compared to a rate of 80.2% of the general population. Also unemployment rate of PWDs (23%) is much higher than that of the general population (14%). Previously, a quota system was in effect so that employers with a certain number of employees were compelled to have a percentage of PWDs employed. But the system was poorly run and had failed. Even in cases where PWDs were employed, the quality and level of employment were not appropriate and people faced many constraints.

2.17 Institution(s) Responsible for the Well-Being of PWDs- Social Welfare and Community Development

The Department of Social Welfare and Community Development is one of the institutions under the Ministry of Gender Children and Social Protection. The Department is responsible for providing Social Welfare Services to vulnerable and disadvantaged persons including PWDs and also works in partnership with people in their communities to improve their social wellbeing for the disadvantaged. The Department of Social Welfare unit manages three core programs: Justice Administration; Child Rights Protection and Promotion; and Community Care, under which the care for PWDs falls. Social Welfare serves as an advocacy institute for disability issues and advises the Ministry on disability issues. The department is responsible for the general social welfare of PWDs, which includes registration, counseling and reference; provision of vocational training; job placements; and integration into society. The Department of Social Welfare liaises with the Ministries of Education, Health and Community Development in providing Community Based Rehabilitation (CBR).

2.18 Paradigm Shift in Caring For PWDs

Prior to 1992, ensuring the well-being of PWDs in a form of rehabilitation namely educational, vocational and medical was based on an institutional approach. However, since 1992, issues of PWDs are addressed in the community and only persons with severe disabilities are referred to a rehabilitation centre (UNDP, 2007, pp.129-130. GFD, 2008). The entire Article 29 of the 1992 Constitution of Ghana guarantees basic rights for PWDs. These include the right to live with their families or with foster parents and to participate in social, creative or recreational activities and the right not to be subjected to differential treatment in respect of their residence other than that required by their condition or by the improvement which they may derive from the treatment. This provision has obviously transformed the mode of care to PWDs from isolation to inclusion which was missing in the years prior to 1992.

2.19 Capacity Building for PWDs by Non- State Actors

A Joint Disability movement project funded by DANIDA in 2008/9 aimed at strengthening the Disability Movement in Ghana by building the advocacy and organisational capacity of the movement. The project focused on the development of a long-term advocacy strategy based on thematic issues of which healthcare, education, employment and common fund were seriously considered by putting a framework in place. The beneficiary group for the project included GFD, GAB and GSPD (.J. Slikker, 2009). This contribution by DANIDA has actually addressed one of the objectives of the DACF and is likely to have an impact on the beneficiary PWDs for them to be assertive especially in fighting for their rights and seeking redress in an appropriate manner

2.19.1 Volta Physically Challenged Independent Group - Ghana (VOLPIHG)

VOLPIHG focuses on capacity building and empowerment for PWDs. It empowers PWDs to become aware of their rights and capabilities and to make them accept their condition. The main focus is on the attitudes of the PWDs themselves. VOLPHIG works on PWDs to change negative attitudes about themselves such as inferiority complex and negative perceptions and low self esteem by capacity building through training and by stressing the importance of work instead of begging. VOLPIHG also encourages parents to send their children with a disability to school. The organization since its inception in 2002 worked with PWDs especially at the grassroot levels in the Volta Region of Ghana. The focus was every form of disability but has shifted its attention to learning and physical forms of disability and has encouraged self help groups by providing them with logistics. It has also empowered PWDs to become aware of their capabilities and had since supported PWDs to enroll in vocational trainings to enable them to be self reliant.

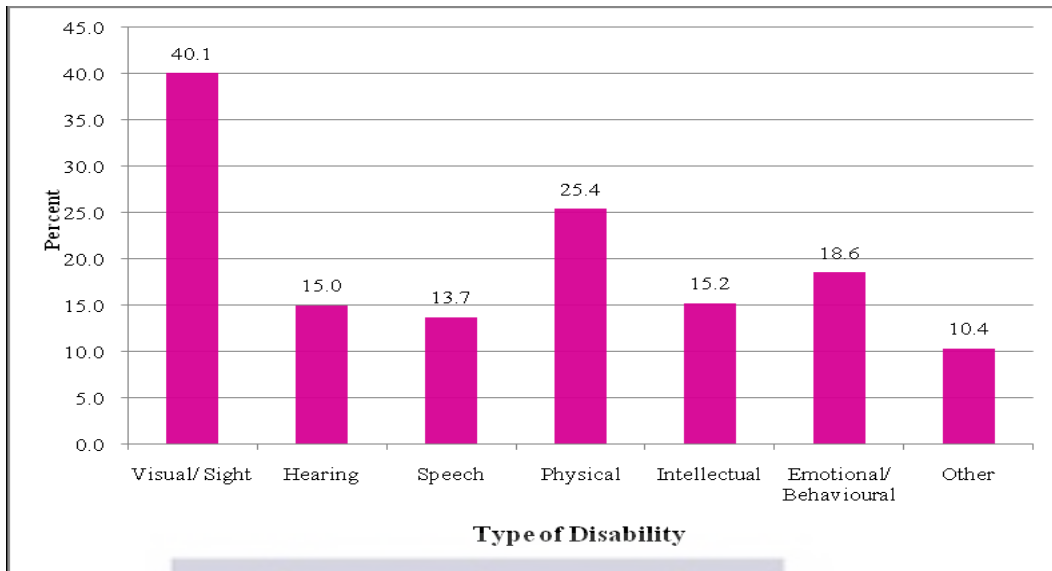
2.19.2 Volunteer Service Overseas (VSO)

Volunteer Service Overseas (VSO) is an International Development Agency that has been working in Ghana since 1958. VSO provides supports for PWDs as a priority area for over 10 years. The organization aims to provide additional support to PWDs to complement the efforts of government and other Non-Governmental Organizations to enable PWDs realize their potential and claim their rights as equal and active members and citizens of the Ghanaian society. VSOs approach to disability is based on two cardinal principles: Disability is a Human Rights and a Development issue. Also disability in development is primarily about promoting inclusive development. They have since then championed the course of PWDs by assisting in seeking redress when their fundamental human rights are violated (Asong F. 2008).

2.19.3 Sight Savers

Sight Savers as an organization, aims at working to eliminate conditions that cause blindness and the ultimate inclusion of blind (visually impaired) people in society. The organization provides supports for people who are irreversibly blind by providing education, counseling services and trainings. Sight Savers have worked in Ghana since the 1950s and currently work in the following regions: Western, Eastern, Volta and Greater Accra Region. Sight Savers worked with the Ministry of Health to support the five-year Action Plan for eye care at both regional and national levels. The organization also collaborates with the Ministry of Education to enable children with a visual impairment to attend regular or public schools in most cases. The purpose of encouraging the visually impaired to attend public schools is to enable them grow up in their own environment and not be cut off from their family. These activities are by supporting the Special Education Division of the Ghana Education Service with logistics like Teaching and Learning Materials such as the Braille. (materials http://www.sightsavers.net/our_work/around_the_world/west_africa/ghana/default.html. Retrieved 5th April 2015)

Figure 1: A Chart Showing the Percentage of the Various Forms of PWDs in Ghana



Source: *GSS (2010) Population Census Report*

2.20 Job Opportunities for People Living with Disabilities

Appropriate training for the unemployed Persons with Disability using the following measures in sections 1, 2, and 3 as quoted below in article 13 of the Disability Act were outlined as follows:

Name of a Person with Disability which remains on a job search list for more than two years:

Given that person appropriate training by the Ministry of Gender Children and Social Protection in addition to the provision of necessary working tools and materials, and that PWD would be assisted to access loan capital to start a business (p.5)

It has been realized that governments over the years have tried to fulfill the provisions in section 13 of Act 715 by providing some form of skills training to Persons with Disabilities and also assisted them with working tools. However, just a few numbers of them are able to remain in business in spite of all the social intervention programmes that are available to them.

2.21 Processes in Accessing DACF

In 2010, the NCPD set out some guidelines for the disbursement of the 3% share to PWDs. Each District must have a Disability Funds Management Committee (DFMC) that manages the 3% fund. The DFMC should have a separate bank account to receive the 3% share. The DFMC is expected to meet once in every quarter to decide how to spend the money (NCPD/GFD 2010)

2.22 Applying for the 3% DACF

PWDs can either apply for the fund as individuals or as part of an organisation. These applications can be made in person to the DFMC, or on paper using an application form (ibid). Ada- East District demands an application letter in addition to a full size photograph (showing the type of disability) as the only acceptable means of application (DSW/CD, 2015).

2.23 Delay in disbursement of the DACF

‘.....Quotas for the second and third quarters of 2012 were released just about three months (February, 2013) ago and some Municipal Metropolitan and District Assemblies had still not made the funds available to members”. Failure to make the funds available to members on time to enable them serve their needs was frustrating.....“ GNA (2013). The statement above was a quote from the chairman of the Ghana Federation of the Disabled (GFD). The delay in the disbursement is likely to affect the wellbeing of PWDs and could possibly defeat the purpose of the Disability Act which seeks among other things to enhance social image through dignified labour.

2.24 Theoretical Framework

This study presents Cash Transfer theory Bastagli (2009). As a form of Social Protection through cash transfers and how it contributes to the improvement of the general well-being of people and for that matter PWDs. The theory explains how Social Protection through

Cash Transfers promote economic growth and independence on the part of beneficiaries. The theory better explains why the DACF is implemented even though the state has limited resources. The framework also serve as a guide to explain why and how things and also predict the expected outcomes based on the variables. Cash Transfers would improve the health conditions of the beneficiaries as well as human capital in the mid- long term as a result of an increase in their purchasing power when adequate measures are put in place to link beneficiaries to the right resources.

This initiative has directly contributed to the health of the beneficiaries in Ghana as confirmed by Bastagli on Cash Transfers in Brazil. In The case of the beneficiaries in Ghana some of the PWDs are able to afford medical bills especially those services that are not covered by the National Health insurance, they are also able to pay for their transportation to the health facilities. According to DSW (2014) Annual Report PWDs are also able to afford nutritious and regular meals which promote good health. In most cases decisions which were previously made by the beneficiaries as a result of their conditions could be revisited and possible amends could be made when their conditions and dignity are restored. Bastagli identified three common features of Cash Transfers namely: Cash Transfer, Targeting and Conditionality

Cash Transfers: Bastagli posited that coverage and amount some Conditional Cash Transfers benefit large portions of the total population, while others reach much smaller segments. He also added that some of them aim to reach all the poor or large subgroups of the lowincome population, while others target restricted subgroups of the poor. Brazil records comparatively higher of (24 per cent) as compared to, Mexico (20 per cent) and Honduras (15 per cent). According to Batagli, in Nicaragua, the Red de Protección Social (RPS) reached 10 per cent of the extreme poor (in 2005). Brazil's Bolsa Família guarantees a basic transfer to all the extreme poor. The only other country in the sample used by Bastagli includes a cash component for all poor households, independently of their composition, is RPS in Nicaragua transfers. For example, starting in 2001–2002 Mexico's.

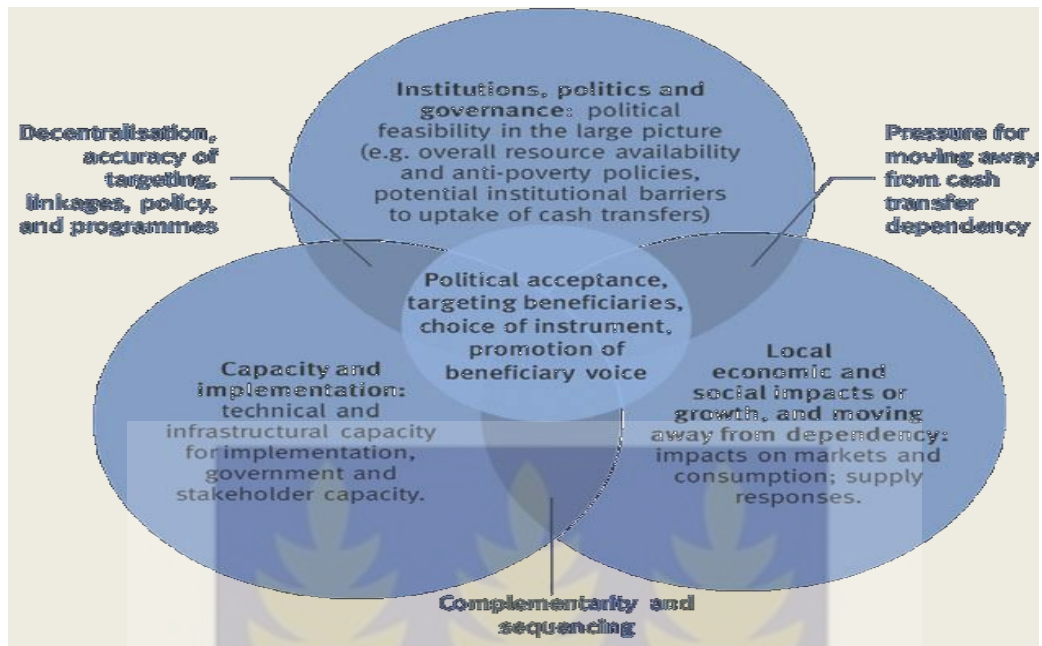
In the case of PWDs in Ghana, the cash transfer covers all the persons (10 percent of the Ghanaian population) with disability who have applied. The bit of difference in between the DACF and other cash transfers as described by Bastagli is that, the DACF in the Ada District is not regular and most of the beneficiaries benefited only once DSW (2014) Annual Report. In Brazil, Bolsa Família accounts for about 10 per cent of beneficiaries' monthly income (Bastagli, 2008a).

Targeting: Bastagli 2008 explained that, a combination of targeting mechanisms to identify eligible subgroups of the population and priority areas of a country need to be employed based on the variables used to determine eligibility, on the procedures to establish information quality and on the frequency of beneficiary recertification, targeting. Geographic targeting which aims to ensure that resources are directed at particular areas or administrative units is one of the mechanisms, however, for the purposes of this discussion Geographic Targeting was not applicable since PWDs were in all parts of the country and in all the districts .

Conditionalities: Bastagli also explains that monitoring, verification and compliance take place at later stages of beneficiaries' participation in the programme. In Latin America, as an example, CCT conditionalities are typically in the areas of education and health, and they target young children (0–6 years of age), pregnant and nursing women, and schoolage children.. in the case of PWDs and for the purposes of this study, PWDs are to meet certain conditionalities first by being confirmed by the Fund Administrators as eligible and must avail themselves for further scrutiny. The beneficiaries must also provide evidence for what the fund was used for and be ready to be monitored. These conditions are put in place to ensure that beneficiaries of the fund are able use the fund for its intended purpose

2.3 Conceptual Framework

Figure :2



Adopted from Overseas Development Institute 2008

The study has adopted the conceptual framework of ODI (2006-09) to explain the role of cash transfers as a form of social protection. The study aimed at comparing cash transfers with other forms of transfers and may be preferable and the preconditions for cash transfers likely to work well since other forms of transfers limit the beneficiaries from making choices and the cost of service delivery is very high. The study explores a number of issues of interest to donors and governments, including forms of targeting and delivery mechanisms that are considered most appropriate, and the implications of donor pressure to reduce people's reliance on cash transfers. The study even though stated that Cash Transfers not a panacea for poverty reduction is of the view that cash transfers may have to complement or linked to other types of transfers and social services such as health and education, and be carefully tailored to protect the interest of the vulnerable in order to protect livelihoods. This Conceptual framework for the study is developed around seven broad research themes:

- The affordability and sustainability of cash transfers;

- Their acceptability within the wider political economy;
- Desirable (or necessary) complementarities and sequencing;
- Targeting specific beneficiary groups;
- Aid modalities and delivery capacities;
- Moving away from the need for in-kind transfers; and
- The relation between relief and development efforts. The framework was developed by, linking together several concepts and research questions to structure the study. The study looked at cash transfers as a form of social assistance, through
 - Cash given to individual households;
 - It also considered Cash as an alternative to in-kind transfers such as food aid, agricultural inputs, and shelter and non-food items. The study identified the political context for cash transfers as potentially complex, but also stated that the complexity is an essential step in making the context more favourable and desirable. Political feasibility of cash transfers, relies on type and extent of political commitment to poverty reduction, and the availability of resources for social transfers as well as political acceptability on a more day-to-day basis which depends on the size and cost of administrative effort to implement cash transfers were some of the complexities identified.’ —the study also Identified other overlapping sub-themes include the extent of decentralisation, which links practical implementation costs with political decisions to implement a cash transfer. The study is of the view that both national and international bodies should consider social assistance in terms of cash transfers rather than food aid which gives the individual beneficiaries the opportunity to make choices and also increase their purchasing power as well as reducing their level of dependency. Also important will be the evolution of implementation capacity in emergency-prone areas so that small, regular payments of cash become a workable option alongside the

delivery of truckloads of food. This paper is an output from an ongoing ODI research study (2006–09) on cash transfers and their role in social protection.

2.3.1 Definition of Concept.

Social protection means policies and programs which are purposely designed to reduce the level of poverty and vulnerability through the reduction of people's exposure to risks.

Cash Transfers mean direct payments of money to eligible people and for the purposes of this study PWDs.

Well-being means a state of being comfortable, healthy, or happy.

2.26 Organisation of Work.

The study is in five (5) chapters; chapter one is the introduction of the study and includes the following: Background to the study, the Research Problem, Objectives of the study, Research Questions, Significance of the study, Operational Definition of concepts and Theoretical Framework.

Chapter two follows with the review of both the theoretical and empirical literature and the conceptual framework

Chapter three presents the research methods used in the study. It gives a clear guideline and the descriptions of the components which include research design, population study area, sample size. Others include sampling technique, research instruments, validity and reliability, procedure of data collection and analysis, limitation to the study and the scope of the study.

Chapter four presents the analysis and discussions of the data. The chapter also has subdivisions which are based on the objectives of the study.

Chapter five is the last chapter of the study and includes the summary and the conclusion. The chapter also makes recommendations based on the findings of the study. It suggests

ways in which to improve upon the well-being of the people with disability in the Ada East District.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the methods used in the data collection and analysis including sampling, study area, sample size, sampling techniques, research instruments, the validity, procedure of data collection, limitation and scope of work.

The study employed quantitative and qualitative methods as mechanisms of data collection and analysis. These methods were considered appropriate for the study because it dealt with variables that were measured numerically with statistics as well as information on processes and dynamics of livelihoods. The data that was collected mainly primary cross-sectional data.

3.1 Study Area

The Ada East District (formerly Known as Dangme East District) forms the study area. It is part of the Greater Accra Region and is bordered on the west by the Ada West District, on the east and north by Keta District, South Tongu and North Tongu (Volta Region) and on the south by the Gulf of Guinea respectively. (dangmeeast.ghanadistricts.gov.gh Retrieved 12th December, 2014).

The people of Ada, who are called Dangmeli, migrated from Tagologo near Shai-Osodoku. Part of the people decided to move downwards to Togbloku and settled there. While staying at Togbloku, the founder of the Kudzragbe clan, Torgbe Adela Atsu discovered that Big Ada was a good place to stay and the Dangmeli and Togbloku migrated and settled there ever since. (dangmeeast.ghanadistricts.gov.gh Retrieved 12th December, 2014)

According to history backed by many historical edifices, Ada was founded by an Adangbe man known as Lomowe jointly with a Ewe man known as Togbe Havi (dangmeeast.ghanadistricts.gov.gh Retrieved 12th December, 2014). The district has a beautiful natural scenes among them are the long, sandy beaches which serves as tourist attractions. The people of Ada East District are mostly fishermen and petty traders who ply their trades from Ada to Ashaimang. (Nurudeen, 2014).

Ada Foah is the district capital which is located at the beach and river estuary. The other major towns in the district are Big Ada and Ada Kasseh. The biggest event in the district is the annual Asafotufiam festival that draws big crowds of mostly domestic tourists to Big Ada and Ada Foah and is celebrated in August each year. Other occasions such as funerals also play important roles with their loud and colourful celebrations that take place every weekend. The various religious practices namely Christian, traditional – and Islam are present in everyday life and are often witnessed by tourists. Especially the Traditional African shrines. Traditional African priest and celebrations present an interesting insight into typical African and Ghanaian life (Dangme East District Assembly (Dangme East District Medium Term Development Plan 2010)

In terms of economic activities, local handicrafts such as basket weaving, pottery and rum distilling are carried out at various places in the district and sold on the markets. Salt mining was once the main economic activities of the indigenous till part of the Songho were sold to a private company (Franziska et al, 2009). In terms of climate, temperatures are high throughout the year, ranging from 23 to 33°C, but the sea has a cooling effect. Rainfall is generally heavy during the major seasons between March and September. However, during the harmattan season the area is very dry with no rainfall. In general, humidity is very high due to the proximity of the sea, the Volta River and other water bodies. (dangmeeast.ghanadistricts.gov.gh Retrieved 12th December, 2014)

3.2 Target population

The study population included three (3) categories of persons with disability. The first group are men who have benefited from the fund. The second category comprises women who have also benefited from the fund, and the last category consist of children of disability who are being supported by the fund in order to access basic school. The reason for the choice of these categories of beneficiaries is to enable the researcher gather information from a wide variety of persons with disabillity regarding the various ways in which the fund has contributed to the well-being of the beneficiaries. The study further interviewed the administrators of the fund to appreciate their view on some of the concerns being raised by the beneficiaries and the challenges that are associated with the fund

3.3 Sampling

Polit and Hungler (1999:37) defined “population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications”. In this study the population was people living with disabilities who have benefitted from DACF in the Ada-East District. Looking at the heterogeneous nature of the respondents, stratified sampling method was first used to group the respondents in to forms of disability namely, hearing, visual, physically speech impaired after which they were again stratified using age categories (Children and Adolescents; Men and women) and were randomly selected from the groups to satisfy the age compositions. This technique enabled age categories such as women, men, boys, girls and adolescents to have a fair representation. The qualitative data collection also employed focus group discussion as a means of data collection. Three groups of 10 participants each were interviewed. One group each for children, men and women who did not respond to the questionnaire was considered for the Focus Group Discussion. The study also conducted two expect interview for fund administrators precisely the Chairman for the Disability Fund Management Committee services committee and the

Director for the Department of Social Welfare and Community Development who serves as the secretary for the Disability Fund Management Committee.

The study used both quantitative and qualitative methods in analyzing the data. Quantitative study is normally used for large and representative samples in order to provide a broad, generaliseable description that is deemed to be representative in most situations, qualitative research on the other hand focuses on smaller groups in order to study a more specific context into great detail (Borrego et al., 2009). The composition of the population of most social phenomena vary with sex, age, status, occupation, location, marital status, type of information possessed, among others and due to variations, the sample should be representative of the study population which should be capable of producing responses that can be generalized for the entire population Kumeckpor (2002). So, in order to ensure a well mixed of large and representative sample for an authentic generalization and at the same time a smaller focus group of respondents for detail examination of certain variables, the study used a total sample size of 82 respondents which comprised 50 people living with disabilities and 2 administrators of the DACF for in-depth interview and 3 groups of ten respondents each for focus group discussion in order help solicit the needed data for the study.

3.4 Sampling Procedure

The respondents were chosen using a stratified sampling in addition to simple random technique method. This is because the population was heterogeneous in nature and there was the need to put them in to strata in order to make them homogenous before the simple random sampling. These respondents comprised of children, men and women with the various kinds of disabilities but focused on the physically challenged, the visually impaired because the researcher had difficulty in communicating with the hearing impaired and the speech impaired. It also sampled the views of the Director of the Department of Social

Welfare and Community Development as well as the Chairman of the Disability Fund Management Committee. This method also makes the Probability of one being chosen unknown- but unable to generalise potential for bias (Abdel W. 2011)

For the purposes of this study, two distinct categories of respondents participated in the study. These consisted of people living with disabilities who have benefited from the 3 percent District Assembly Common Fund and two of the fund Administrators namely the Director of the Department of Social Welfare and Community Development together with the Chairman of the Disability Fund Management Committee, were chosen from the same study area but by purposive sampling procedures. Thus, although sampling techniques are many, the study made use of two basic sampling techniques, and simple random and purposive. By a simple randomly selected sample, all the individuals in the sample were given equal chance to be chosen and these individuals are chosen at random and not more than once to prevent a bias that would negatively affect the validity of the findings of the experiment (Moore, David, George, and McCabe 2006).

On the other hand, purposive sampling which is also known as judgmental sampling, is a form of sampling in which respondents are considered for inclusion based on the researcher's judgment about which respondents will be most appropriate, representative regarding their level of knowledge and expertise on the issue that is being studied (Babbie 2007, Nealy 1990).

Sampling of the Disability Fund Administrators: The Head of the Department of Social Welfare and Community Development who is the secretary of DACF and the Chairman for the Disability Fund Management Committee were selected purposively because the study found this method to be the most appropriate sampling method for respondents who are the

most knowledgeable individuals in DACF, in the Ada East District and can provide an in-depth information of issues and process involved (Babbie, 2007; Kumekpor, 2002). Sampling PWDs: The PWDs were chosen by means of simple random sampling procedure after they were stratified. Simple random sampling is considered appropriate because it is easy to assemble the sample. It is also considered as one of the fairest way of selecting a sample from a target population since every member is given equal opportunity to be selected and most importantly simple random sampling justifies the representativeness of the population. “Theoretically, the only thing that can compromise its representativeness is luck” (explorable.com/simple-random-sampling)

3.5 Sample Size

Quantitative study lays emphasis on large and representative samples in order to serve as the basis in providing a broad and generalisable description that is representative of most situations, qualitative research however focuses on smaller groups in order to examine a particular context in to great detail (Borrego et al., 2009). Kumekpor (2002) also adds that, the composition of the population of most social phenomena vary with sex, age, status, occupation, location, marital status and the type of information possessed. Due to variations, the sample should be well representative of the population, which should be capable of producing responses that can be generalized for the entire population of a study. In ensuring a well blend of large and representative sample for an acceptable generalization at the same time a smaller group of respondents for a deeper and thorough examination of certain variables, the study used a total sample size of 82 respondents made up of 50 individual respondents, three different groups of ten in a Focus Group Discussion in addition to two fund administrators in in-depth interviews.

3.6 Methods of Data Collection

A questionnaire was administered to 50 respondents which included beneficiaries across all the age categories. Triangulation (Mixed Method) was employed by bringing together complementary methods and sources of data to address weaknesses in each of the methods in coming out with the most possible accepted results. This implies that the data was collected using survey tools which were applied to the study. The interpretation involved comparing the results of each (qualitative and quantitative) to understand the research question (Creswell and Plano Clark, 2007). Creswell and Plano Clark (2007). The study used primary sources of data combined questionnaire with, guided interviews, observation and record analysis in the collection of data. The mixed method

(Triangulation) was to assess the validity of responses of the two categories of participants (PWDs and Fund Administrators) who were engaged in the study in order arrive at a credible conclusion.

3.6.1 Sources of Data

Primary and secondary sources of data were gathered and used for the analysis of issues that were studied. These data was classified into primary and secondary data.

(a) Primary Data:

Primary data for the study consisted of direct and raw information (responses received from the PWDs and the Fund Administrators) from the various respondents. Such data included, among other things, PWDs assessments of DACF as far as their well- being was concerned and their present conditions taking in to account their previous conditions before the introduction of the DACF. The Primary data in addition included the responses of Fund Administrators with respect to the extent to which they thought the DACF has contributed to

the well-being of PWDs in the Ada East District and the efforts that are being made to address the challenges that PWDs face when accessing the funds and the extent to which they built the capacities of PWDs to be self reliant.

The data was collected by administering a questionnaire, interviews guide and observation. The researcher's personal observations of the income generating activities, feeding, health, accommodation as much as possible were part of the primary data of the study.

(b) Secondary Data

Secondary data intended for the study comprised information from relevant literature in addition to organized data on the issues that were studied. Quarterly reports of the disbursement of the DACF were used in gathering the data. In addition the Guideline for the Disbursement of the DACF, The Disability Act of 2006 , books, articles, journals, Social Welfare records, similar research reports on the study, websites and legal documents were also studied. The secondary data were therefore gathered by means of content analysis to help validate the primary data and also contribute to data base for details description and further generalization of variables that was studied.

3.6.2 Instruments for Data Collection

Creswell (2002: cited in Borrego et al., 2009) states among other things that, the choice of research technique must be driven by the research questions. Based on the objectives or research questions for which the study was conducted, the data for this study were obtained by means of two main data collection tools. Namely expert interview and focus group

discussions). The two main instruments were used in the study for the purpose of triangulation as stated by (Creswell, 1994).

(a). Administered Questionnaire

The administered questionnaire was preferred for its suitability to the study. It is considered as an appropriate method of data collection because it allows the researcher to reach a larger sample within limited time as compared to other methods of data collection. It further guarantees confidentiality and by so doing collects more cogent and objective responses (Kumekpor, 2002). The questionnaires were prepared both for PWDs and were administered by the researcher and two other data collectors because of the language barrier since the population of PWDs was largely illiterate.

(b).Semi-Structured for Focus Group Discussion

The interview was conducted on Face-to-face Interviews were mainly used to obtain primary data from both the people living with disabilities and the key administrators. Borg et al. (1993) stated that questionnaires are mostly used to collect basic descriptive information from a large sample while interviews are used to follow up questionnaires, and solicit in-depth responses from a smaller sample. The sample size of the administrators was small (4) but they were better placed to give detailed information on the study (Babbie, 2007; Kumekpor, 2002). Interviews were conducted on one-on-one basis, and responses from interviews were recorded by means of note taking and audio recording devices. The audios were later on transcribed under the various thematic themes to enable the researcher arrive at the organizing and global themes which was analyzed in chapter four.

(c) Observation

The study was a bit sensitive to the beneficiaries because of the numerous investigations that were carried out by some state institutions including Economic and Organised Crime Office following a written complaint that was made to the government on the alleged malpractices that characterized the disbursement of the fund previously. There was therefore the need to make use of observation to gather both verbal and non verbal information that were necessary to the credibility of the study which was however not collected by the previous instruments selected. Kumekpor (2002, p. 65) stated that, observation brings the researcher into contact, in one way or the other, with the phenomenon that is being studied. And makes it an effective means of noting what is observed more accurately and with a greater reliability. A good observation directs the attention of the researcher on what to choose, admit and the type of questions that should be considered relevant to ask in specific situation Based on that the researcher personally observed among other things the, health, Feeding water and shelter of PWDs who were part of the study. This was done to confirm the verbal responses that were earlier given by the respondents.

3.6.3 Validity and Reliability of Research instruments

The validity and reliability of data collection tools in order to contribute to the attainment of credible research findings is of great importance (Babbie, 2007). Grinnel (1993) describes reliability as the level of accuracy in the measurements that a research data collection tool is able to provide. According to him, it ensures that the instrument generates similar data when used by other researchers. The researcher constructed the questionnaires and Semi-structured interview guides

3.6.4 Means of Accessing Participants

As it was stated by Creswell (2007), qualitative study focuses mainly on the field, and data are gathered at the site where respondents experienced the problem under study. In this

regard, the researcher collected data in Ada East District because the participants sampled for the study experienced the “problems” that was investigated in this particular area. Data collection involved several steps which described here. The following steps were adopted in this study by the researcher: A letter of introduction was from the chairman of the District Ghana Federation of the Disabled and another letter of permission was given me by the District Director of the Department of Social Welfare and Community Development to carry out the research in Ada East District as the study area; the District Chairman of the Ghana Federation of the Disabled then conveyed a meeting for PWDs and then introduced the researcher and his team to the PWDs and also stated the purpose of the study; the researcher was then asked a few questions by the PWDs after which the meeting ended for the day. The various contacts were made and data collection started the following day. Data collection was collected for 8 days in addition to weekends. The nature of the respondents together with the weather caused a lot of delay in the process.

3.6.5 Quality Control/Data Preparation

The data which was collected from the field were captured, verified, cleaned and validated to ensure the integrity of the data was not compromised. Thus, the interviews were recorded by detailed note taking to avert any possible loss of the interview data. Qualitative data from recordings of interviews, jotted notes of the researcher in addition to the notes compiled during his observations for this study were transcribed verbatim.

3.5 Data Analysis

Data that were collected (both qualitative and quantitative) from the field were analyzed both qualitatively and quantitatively. Besides, the presentations, interpretations and the discussions of data (qualitative and quantitative) were done under each of the objectives of the study to reduce the tendency of ambiguity that may have characterized the separating the analysis in terms of qualitative and quantitative approaches. Each objective we therefore

analysed using the two (qualitative and Quantitative) approaches. Major issues and variables that were analyzed included: How DACF has contributed to the well-being of the PWDs in the Ada East District, the contributions of Non -State Actors to the wellbeing of PWDs and the challenges PWDs encounter when applying for the DACF.

3.5.1 Qualitative Data Analysis

The researcher used a qualitative approach to analyze all data that were generated by interviews and observations. Qualitative data for this study included direct transcriptions of recordings of interviews, researcher's reflective or jotted notes and field notes and observations that were made during the data collection process. The texts were read to the text and in order to identify the common themes which have run through after which comparison of the emerging themes were matched against one another. A coding frame which described the relationship and the link among the codes with frequency was generated to explore the contributions of the DACF to the well-being of people living with disabilities. Concepts were drawn through the relationships that were identified after coding which eventually formed the basis for the analyses (Hsieh & Shannon, 2005).

3.5.2 Content Analysis

Content analysis method was used to look at the variables of secondary data in order to make valid and replicable references. It therefore focused on the review of documents/ texts as well as oral communications. In addition to the quarterly reports on disbursement of the DACF, the list and details of beneficiaries since 2011 and the application letters of the applicants were also considered during the analysis. These documents were reviewed in order to cross check the available information that was presented by both the Fund Administrators and the beneficiary persons with disabilities.

3.5.3 Quantitative Data Analysis

The quantitative data which was collected from questionnaires were analyzed by the use of descriptive statistics, which involved the calculations of frequencies and percentages. The descriptive analyses were deemed appropriate for this study as it made it possible to generate patterns of behaviour and activities among the PWDs. Findings were presented in charts and tables, to give pictorial representation of the data using Statistical Package for Social Science (SPSS) in addition to Excel.

3.6 Ethical Consideration

To ensure needed ethics and standard practice in this research, the researcher sought permission from the Department of Social Welfare and Community Development and the Leadership of the GFD before the study was conducted. Respondents were also assured of confidentiality and that the study was for academic purpose. Participants were not forced to provide information. Their rights were fully respected and for that matter only those who expressed interest to take part in the study were considered. In order to ensure utmost confidentiality, codes were used to replace the names of the respondents. However, the codes were generated in a systematic way to enable the researcher make a follow up to any respondent if need be.

3.7 Limitations to the Study

The study though well conducted had some challenges and hindrances. There were some limitations including the following:

The researcher experienced communication difficulties with those who were hearing and speech impaired, in some cases the interviews had to be abandoned.

The PWDs were interviewed in the local language (Ada) which posed problems of possible adulteration since lack of vocabulary in the local languages could cause key words to lose their true meaning and potency. However, the researcher tried as much as possible to ask the questions repeatedly in different ways to confirm the responses that were given.

Gaining access to some vital documents from the Fund Administrators such as the financial and quarterly reports of the District Disability Fund Management Committee in addition to the list of beneficiaries were not easy. The researcher was not permitted to photocopy any of the documents or copy words verbatim but was permitted to paraphrase some of their reports. This delayed the primary data collection but the researcher spent the required time to meet the number of respondents needed for the study.

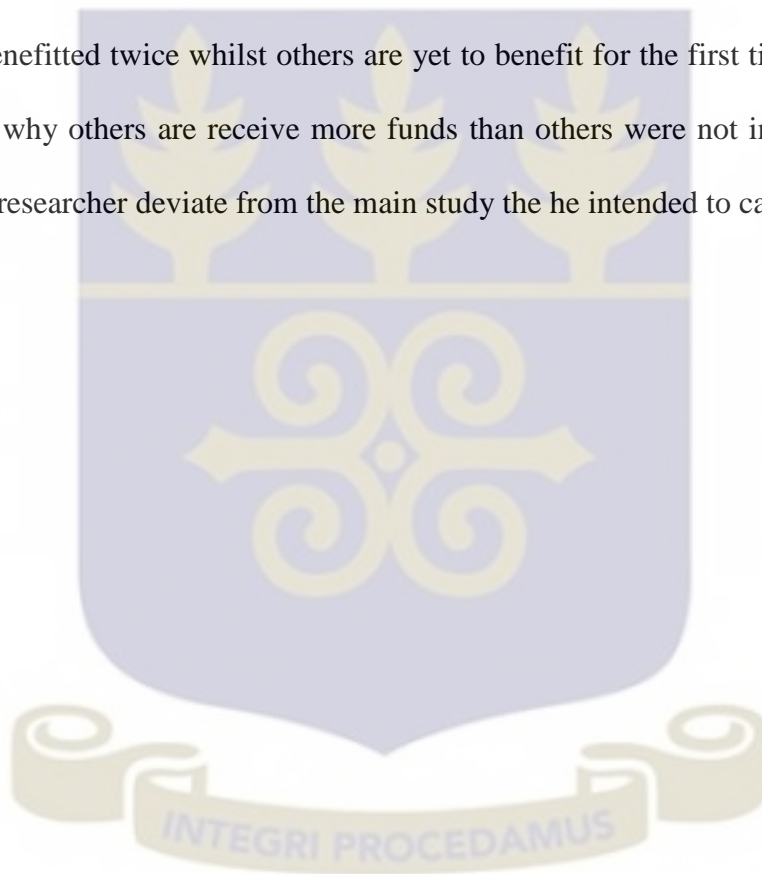
Officers, especially the fund managers feared that the study was an investigation of their work since money was at the centre of the discussion coupled with an investigation conducted by Economic and Organised Crime Office few months before this particular study. It was therefore observed that some of the fund managers hesitated in responding to some of the questions. However, the PWDs responded happily to all the issues since they considered the study as an opportunity to express themselves and at least for someone to listen to them. Several measures including observation were used to cross check the responses in addition to follow up to enable both the PWDs and the fund administrators give a credible response.

Lastly, relevant literature and data on the issues under study (DACF) is not easily available especially in the case of Ghana. The researcher was able to overcome some of the challenges by getting in touch with the various state and Non- State Actors such as Center

for Democratic Development, VSO among others to put available information together in order to carry out the study up to the conclusion.

3.8 Delimitation and Scope of Work

For the purposes of the study, the contribution of the 3 percent disability common fund to the wellbeing of PWDs in terms of Education, Income Generating Activity, and Capacity building and having access to assistive device was the focus. Respondents were: The Fund Administrators and the beneficiaries of the DADF from 2011 to 2015. Other issues such as why others benefitted twice whilst others are yet to benefit for the first time, the criteria for selection and why others are receive more funds than others were not investigated since it would let the researcher deviate from the main study the he intended to carry out.



CHAPTER FOUR

DATA PRESENTATION, ANALYSES AND DISCUSSION

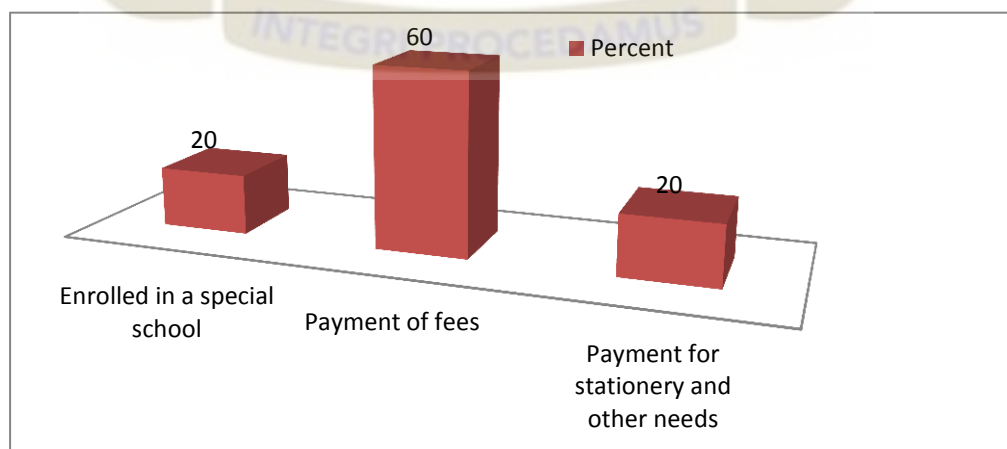
4.0 Introduction

Chapter four presents analysis and discussions of data which was collected for the study. Section 4.1 evaluates the extent to which the DACF has contributed to the well-being of PWDs in terms of Income Generating Activities, Access to health, capacity building and acquisition of assistive devices. Section 4.2 examines the efforts of Non-State actors in complementing the contributions of the DACF to the wellbeing of PWDs. Whilst Section 4.3 presents the challenges PWDs encountered when accessing the DACF.

4.1 Ways by which DACF has contributed to the well-being of PWDs in Ada East District

One of the ways of identifying the contributions of the DACF was to find out the extent to which the educational needs of the PWDs of school going age was met. The chart below represents the views of the beneficiaries who are in school.

Figure 3: The contribution of DACF to the Educational Needs of the PWDs



Source: *Field survey, June 2015*

This question which was solely designed for beneficiary PWDs who are in school and were therefore analysed separately from the general respondents. According to the ten respondents (5 boys and 5 girls) who participated in the Focus Group Discussion in addition to the those of them who responded to the questionnaire, the fund catered for people living with disabilities of school going age in meeting the various components as specified by the disbursement guidelines namely: enrolment into special schools, payment of fees and levies and payment for stationery and other needs. Aside the fund being able to enroll 2 (20 percent) in special schools which are Akropong School for the Blind and Kasseh school for the Deaf 60 percent of the respondents also used the fund in payment of fees and special levies and the other 20 percent used the fund to purchase stationery and other needs such as transportation to school, as shown by figure 1 above, the focus group discussion with the beneficiaries who are in school also discovered that some of them also used the fund to pay for transportation to schools and feeding. The following responses were given by the respondents when they were asked to mention some of the ways the DACF has supported them in meeting their educational needs:

“.....Yes, books, pencils, school uniform are some of the things I used the money to buy”
(Ama, 10 year old visually impaired girl)

“.....I used the fund to take ‘okada’ to school; I also eat from the money”(Abu,10 year old physically challenged boy)

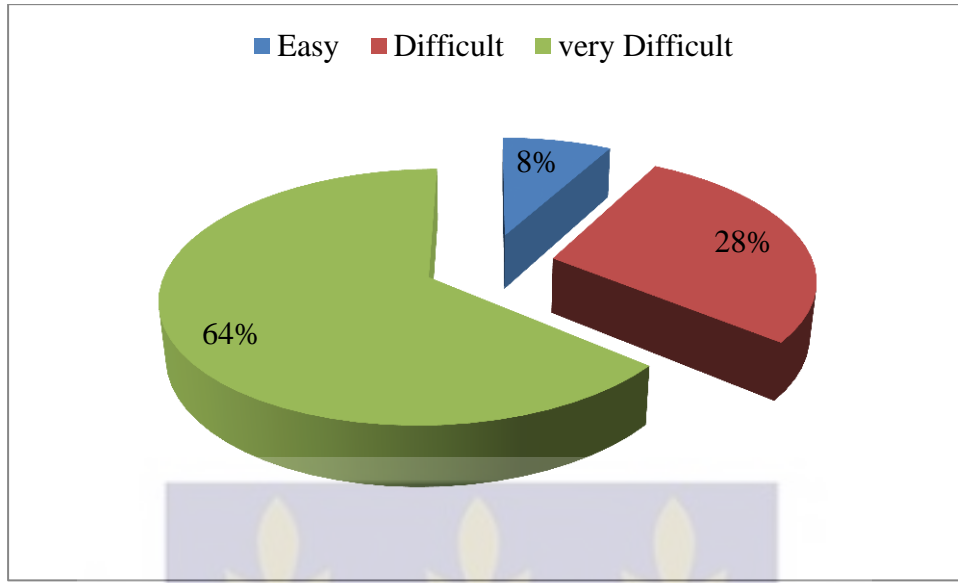
Concerning the responses on the extent to which the fund is meeting some of the needs of people with disability, five (5) respondents representing (10 percent) expressed their satisfaction at the level at which the fund is meeting their needs. However the majority 45 (90 percent) of the beneficiaries said the fund did not meet their needs. The evidence available shows that the beneficiaries were in most cases supported only once and they were also given 60 percent less than what they applied for. This could explain why 95 percent of the beneficiaries said the fund did not meet their needs. The position of the beneficiaries was

based on the requests made in which some of them needed 500 Ghana Cedis and were given less than 200 Ghana Cedis and in some cases others got less to the extent to which some even spent more on follow ups and processing their application than what they were given. Whilst most of the beneficiaries were of the view that there was enough money to be given them but the fund administrators deliberately gave them less amounts of money, the fund administrators on the other hand attribute the short falls to lack of funds.

“Hmmm just to add to what my brother has just said, the money has not met my expectation let alone using it to do something meaningful. You see? I applied for 1000 Ghana Cedis to enable me sell fish feeds but I got only 200 Ghana Cedis. This made me to change my plan. I am now doing oyster shells business which does not yield much and in some cases i ran at a loss because the capital is too small”.(Agbashie, 28 year old physically challenged man)

“If we say we are working it does not mean we are or say we are rich oooo we are still poor.”(Dorglo, a 35 year old visually impaired woman)

As a way of finding how easy it is to access the funds, the study found how the respondents view the process and asked them to describe it. The 50 respondents together with the focus groups brought their perspectives to bear and figure 3 below explains the various positions by individual respondents.

Figure 4: How the Respondents Described the Process of the Disbursement.

Source: Field Survey, 2015

Figure 3 represents the various descriptions given by the beneficiaries. Out of the 50 respondents who responded to the questionnaire 32 (64 percent) of the respondents described the process of the disbursement as very difficult. They cited the mode of application in a form of written letter (preferably typed) which is unfriendly to a category of people who are mostly illiterates. They also talked about the cost component where they had to pay for letters that were typed for them as well as adding a photograph anytime they applied. Other process that made it very difficult for them is numerous follow ups and the vetting process. According to the respondents they spent much more money following up on the applications which drained them financially and physically since they already have physical challenges. It is however noted that 4(8 percent) of the respondents say the process is easy. These respondents were mostly children who did not go through the process themselves but were assisted by their parents and fund administrators and could therefore not be able to have a clear understanding of the processes and what other applicants went through. Some of the respondents who benefitted said it took them about six months to have their applications granted. This was confirmed by the DFMC report when 2nd, 3rd and 4th quarters of 2012 funds were paid in 2013. Whilst the beneficiaries blame fund

administrators for the delay and an act of insensitivity, the fund administrators explained it was due to the delay of releasing the fund by the ministry of finance.

“Yes. Then I was called on phone to justify why I need the money and in fact I was annoyed because they I wrote it in the letter so I don’t know why they should be harassing me again and this causes a lot of delay which sometimes take 6 months to get the money” (Issifu, a 50 year old visually impaired Man)

Income Generating Activities of PWDs through DACF

One of the key interests of the research was to identify some of the ways by which the DACF is supporting PWDs in engaging in IGAs.

Table 1 shows the responses of forty-one (40) PWDs out of fifty (50) who engage in different kinds of Income Generating Activities.

Table 1: Changes that have occurred in the lives of PWDs after the intervention of the DACF

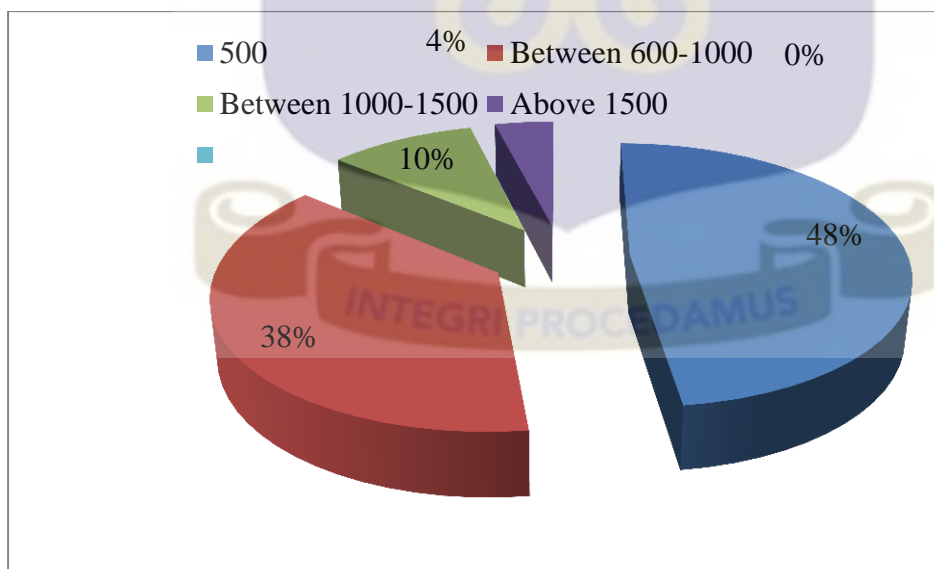
Occupation Before Disability			Occupation After DACF Intervention			
	Gender		Total Percent	Gender		Total Percent
	Males	Females		Males	Females	
Farming	20	18	38	22	26	48
Trading	6	18	24	10	22	32
Unemployed	9	29	38			
schooling				10	10	20
Total	35	65	100	42	58	100

Source: *Field Survey, June, 2015*

Table 1 above shows the contributions and the changes that have occurred since the disbursement of the DACF in the Ada East District. Before the disbursement, 38 percent of the beneficiaries were unemployed, however after the intervention of the fund there has not been any unemployed but have rather engaged in farming, trading and schooling. The data

shows that there has been 10 percent increase in the percentage of farmers from 38 to 48 percent whilst trading also increased from 24 percent to 32 percent. Even though the responses of the beneficiaries which was analysed by cross tabulation showed that the DACF has contributed significantly to the well-being of persons with disability they seem not to be satisfied with what they got. During the focus group discussion it was realized that the dissatisfaction was a result of the beneficiaries losing trust in the fund administrators. According to the beneficiaries during the Focus Group Discussion, those of them who were unemployed were engaged in begging on the streets and public gatherings on daily basis as a means of getting their livelihood but after the intervention of the DACF, they are able to work on their own and have since not been begging on regular basis and in some cases some of them work few distances in the company of their children or relatives to nearby communities especially at market centres to beg. However, the fund has not been able to meet all their needs so they sometimes beg or call for public assistance when they are in crisis.

Figure 5: The Amount of Money the Applicants Needed to Engage in Income Generating Activities.



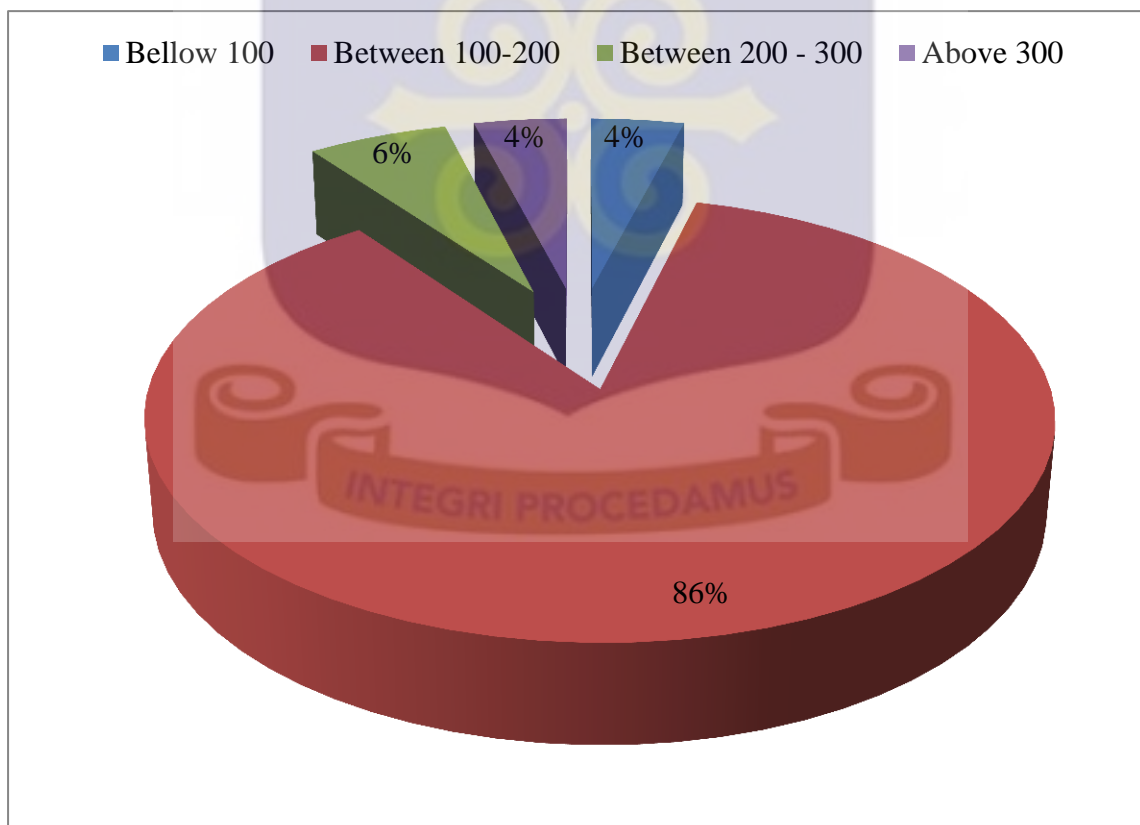
Source: Field Survey, June 2015

Figure 4 above indicates the various amount of money the applicants applied for to enable them start their income generating activities. The applicants applied for these various sums of money with the intention of engaging in trading, farming and purchasing of photocopy

machines as well as selling of mobile phones and accessories. However, Thirty-eight (38 percent) of them needed between 600 and 1000 Ghana Cedis to start and 10 percent of them needed between 1000 and 1500 Ghana Cedis however; funds available according to the funds administrators could not meet their demands. Women who were mostly interested in trading and farming form the majority of the respondents who wanted between 600 and 1000 Ghana cedis whilst children who wanted the fund for schooling were mostly those who applied for amounts 500 Ghana cedis. It is also important to note that those who wanted to engage in mobile phone and photocopying business were those who applied for 1,500.00 Ghana Cedis and above

Figure (figure 5) below shows the amount received as compared to figure 4 above which indicates the amount of given money applied for by the applicants.

Figure 6: The Size of Grants to the Beneficiaries

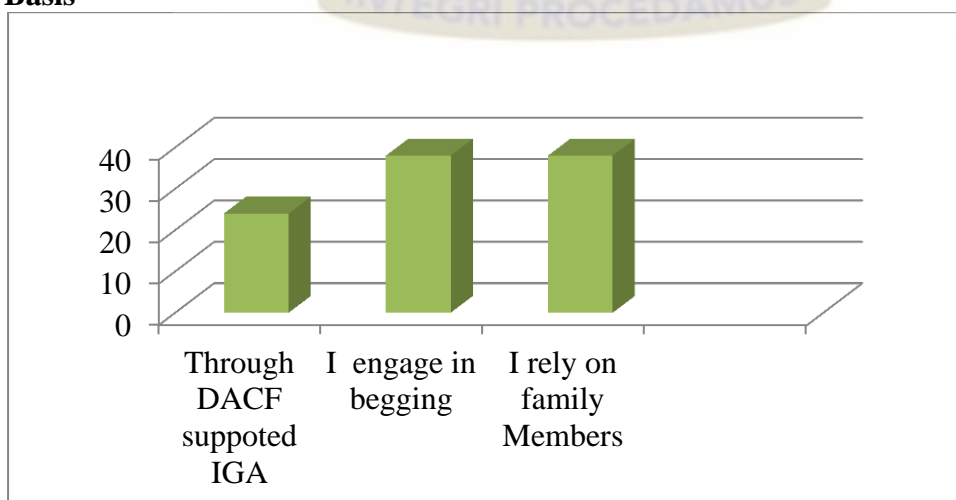


Source: *FieldSurvey, June 2015*

Comparing figures 4 and 5 shows that 48 percent of the applicants needed 500 Ghana cedis as seed capital to start their business. However, figure 5 above shows that 86 percent of the

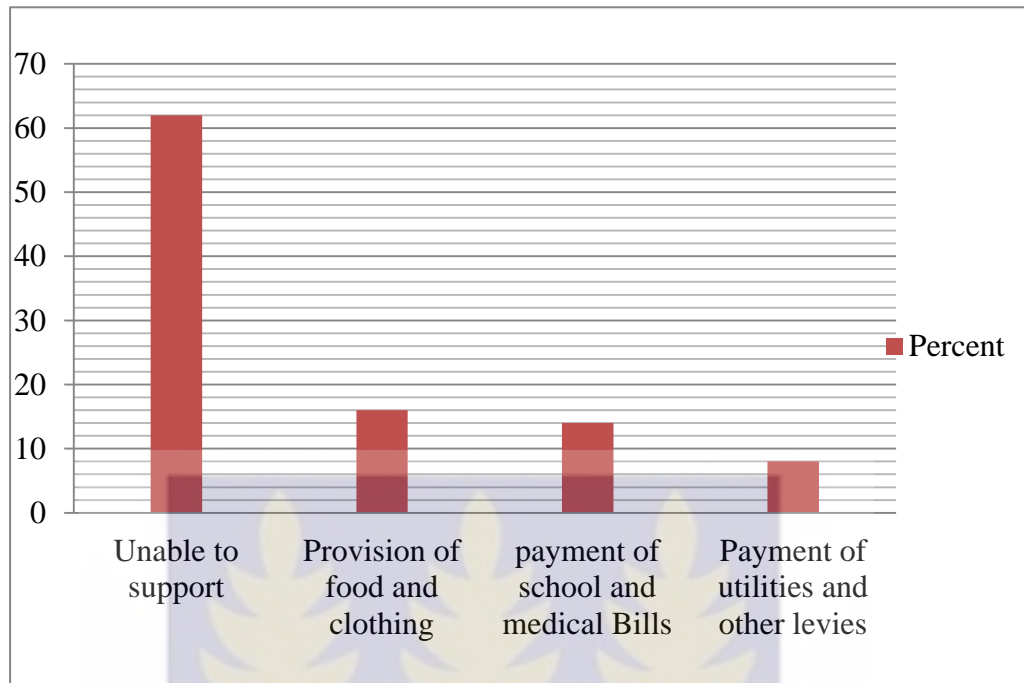
applicants got less than 200 Ghana cedis which was 60 percent less than their expectation. In other words this number of applicants was only granted 40 percent of their request. In further discussion with the focus groups it was realized that some of the applicants even got as low as 50 Ghana cedis. The 50 Ghana Cedis given the applicant was even less than the amount he spent going through the application process. Whilst 38 percent of the applicants who needed between 600 to 1000 Ghana cedis to start their income generating activities could not get their request rather only 4 percent of the applicants got more than 300 Ghana cedis. Those who got more than 300 Ghana cedis were those who wanted huge sums of money specifically above 1500.00 to start a business. One of the applicants who needed 3000 Ghana cedis to start a photocopy business was given 1,200.00 and that was the highest amount granted. Further discussions with the fund administrators explained that people were given the funds base on their ability to go according to their plans and also by the discretion of the committee. Inters of gender disaggregation almost all of the applicants were given 200.00 Ghana cedis as a flat rate including women and children who are in school. However the one who got the highest amount 1,200.00 Ghana cedis to purchase a photocopier. Even though the amount granted was not up to the amount requested for. Also the one who got the least amount was a man as well. He was given 50 Ghana cedis to engage in farming.

Figure 7: ABar Chart Showing how Individual PWDs Support Themselves on Monthly Basis



Field survey, June 2015

The figure above states that 12 respondents representing 24 percent of the beneficiaries are able to support themselves through Income Generating Activities with funding from DACF. According to them during the focus group discussion, they are some of them are able to pay light and water bills, provide money for feeding others are able to support their children in paying for levies. Whilst 19 respondents representing 38 percent said they still engage in begging and rely on family members for support. The discussions with the focus groups together with the Fund Administrators indicated that the 19 respondents even though they are still begging, do so when they are hard up which to them is a significant improvement as compared to the previous situation where they were begging every day. It was evident that all of the PWDs who are still begging however have other means of living such as farming or trading aside begging. From the quantitative data above it is realized that males still engage in begging more than females even though they have all benefited from the fund and in most cases likely to have the same amount. The women on the other hand are able to use the DACF in income generating activities more than what the men do. During the Focus Group Discussion, the women said they were engaging in farming and trading and are able to manage the little profit they are able to make in buying their needs. The men however in general complained about the amount being too small to engage in a good business that will bring about good returns. On the part of the fund administrators, they agreed that the fund given the beneficiaries were small but also disagreed with those who said they are begging due to their inability to use the meager amount for any business. The Fund Administrators stated that those who are begging do so because they do not want to work.

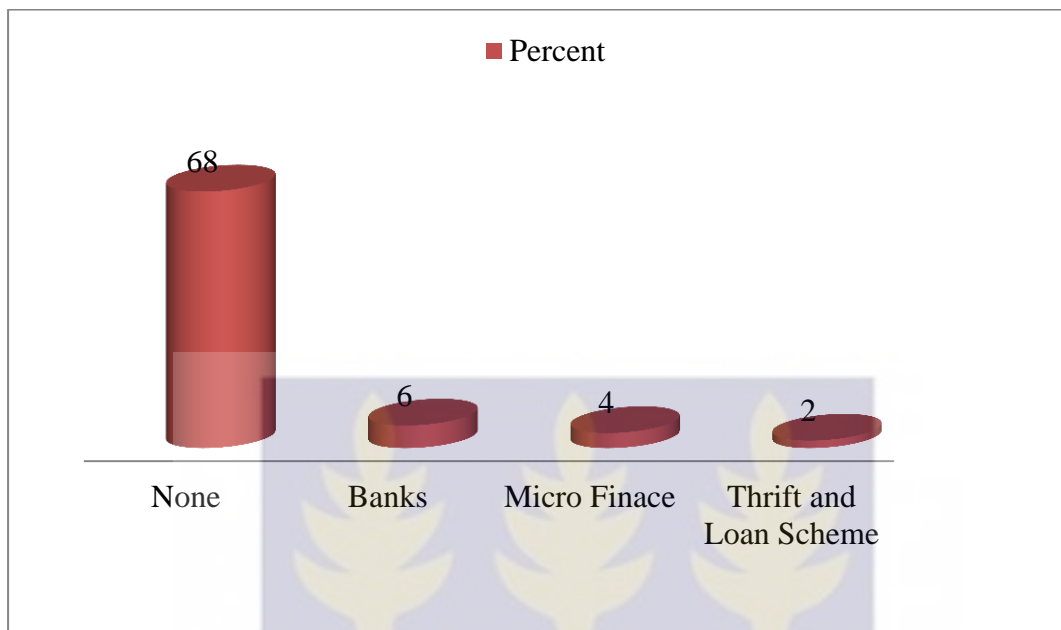
Figure 8: How PWDs Support their Families

Source: *Field Survey June, 2015*

The figure above were the responses of the beneficiaries on how they support their families. Thirty-one respondents representing 62 percent indicated that they are unable to support their families. Some of these respondents are also able to support only themselves as indicated in figure 7 above but no one else. There are those who still rely on their families and society through begging. However the rest of the beneficiaries are able to support their families in various ways. Eight respondents representing 16 percent are able to provide food and clothing for their families whilst 7 respondents are paying for medical bills and providing educational support for their families. According to the respondents medical bills and payment for transportations for their family members to access good medical care is made possible through the Income Generating Activities that they are able to engage in. Four(4) respondents representing 8 percent are also able to pay for utilities and supporting their families in paying for community and funeral levies which according to them was not possible previously. From the posture of those PWDs who are able to support their families are able to be more assertive during

the discussions and have their dignity as human beings more enhanced as compared to those who were not able to support their families.

Figure 9: A chart showing the savings schemes the beneficiaries belong to.



Source: Field Survey, June 2015

One of the indicators for this study is to establish the well-being of PWDs through their ability to save. This analysis was based on a total of 40 respondents instead of 50 because 10 of the respondents are in school and for that matter are not working. In addition to graphical presentation above (figure 8), many respondents during the Focus Group Discussions said they were not able to because the amount given them was too small and could therefore not do much with it let alone saving part of it. However, the women form the majority of the respondents who are able to save. One of the female respondents who wanted to protect the money even saved 100 Ghana cedis out of the 200 Ghana cedis she received. She had since been using the 100 Ghana cedis in selling charcoal. Some of the respondents rather saved with friends and people they can trust. According to them they wish to save with the financial institutions but they do not have enough money and if care is not taken the cost of transportation to the financial institutions will exhaust all the funds they want to save. Some of the men also attempted to save with micro finance companies but had to stop because they were not able to get regular source of income.

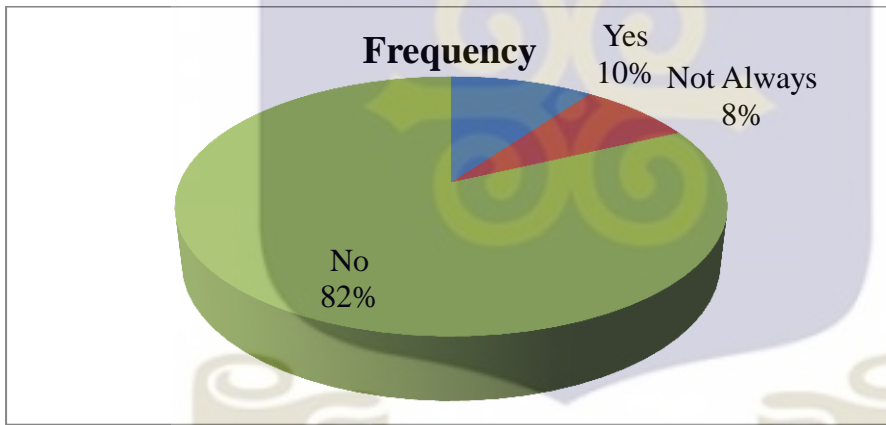
“I save in Ada Rural Bank. As at now I have saved 100 Ghana Cedis myself since I am alone without any child. I use the .profit to feed when I got my money I quickly saved that amount because I don’t know what will happen. Since then I was selling charcoal’ (Grace, 58 year old visually impaired woman)

“I tried to save with a thrift and loan company but I was not able to raise the money I was supposed to contribute weekly so I stopped and the little I contributed to was not refunded.”(R1, 39 year old physically challenged man)

PWDs Asserting their Rights

One other objective of the fund is to organize capacity building workshops which should equip PWDs in asserting their rights.

Figure 10: How often PWDs are able assert their Rights



Source: *Field Survey, June 2015*

The responses indicate that only 5 (10 percent) of the respondents are able to assert their rights. Looking at the gender component, it is important to note that, out of the 5 respondents who said yes, 4 of them are women and only one of them is a man. However, the 4 (8 percent) of the respondent who said they are not always able to advocate for the rights of the Rights of PWDs are all men. This finding can be traced to the failure of organising capacity building workshops for PWDs coupled with the low level of education of most of the PWDs in the district. Some of the respondents during focus group discussion

said even though they are not happy about the treatment that is metted out to them in most cases by society, they are not able to be assertive because they do not know who to report to or in some cases lack the financial resources to seek redress they are therefore silent on some of the maltreatments.

Responses of PWDs Participating in Capacity Building

The data also showed that out of the 50 respondents to whom the questionnaires were administered to together with the 30 participants of the Focus Group Discussion, none of the people living with disabilities ever benefitted from the capacity building organized by the DACF. The respondents stated that the concentration of the fund administrators over the years was on disbursement of the fund which does not solve all their challenges. The absence of capacity building workshop could also account for the inability of the majority of PWDs being unable to assert or advocate their rights. This position was confirmed by the fund administrators who said the fund was not enough to address all the issues that were spelt out in the disbursement guidelines so they always do their best to provide them with financial support that can help them access health facility or engage in income generating activity as well as educational support for children who are in school. The fund administrators are of the view that they would organize radio panel discussions for them and also rely on state institutions such as the National Commission on Civic Education to assist in that regard.

However, children in school have a different story according to them; they are able to rely on their teachers for information and encouragement. They are also sometimes provided with counseling services.

“I longed for this capacity building workshops because money though very important is not everything. But not even one was held here. I cannot remember” (R4, 33 year old visually impaired man)

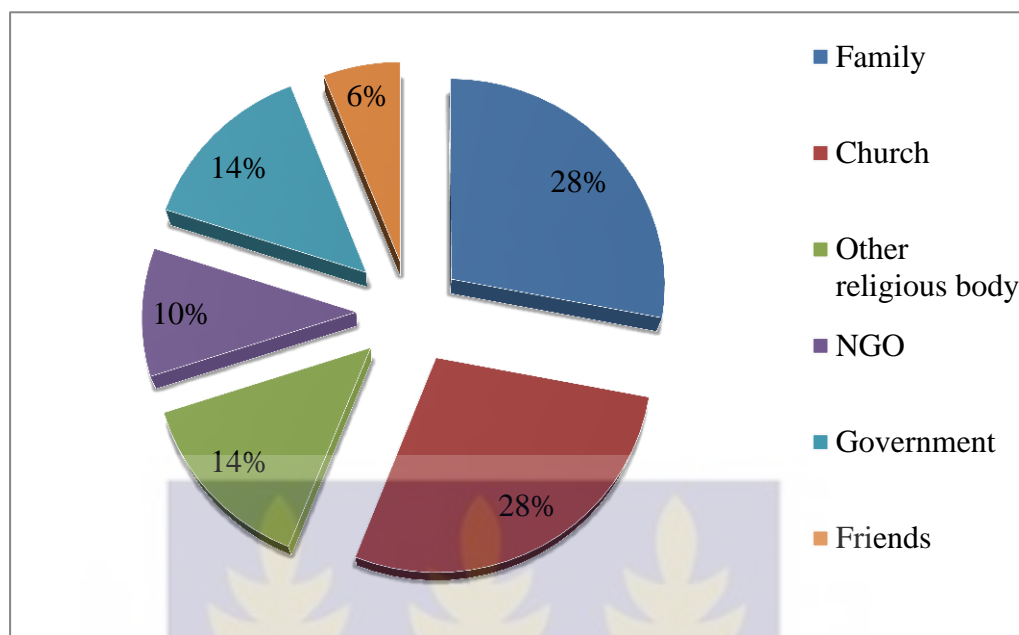
“Ooooooh not yet you see hmmm though the guideline states it as one of the things we should use the funds for, it is not possible at this time because it requires huge amount of money since we have to transport them from their various destinations and then feed them and perhaps pay the resource persons. Meanwhile the money available cannot suffice that activity”, (Ruth, 44year old female Fund Administrator)

Yees in school our teachers organize counseling services for us and anytime there is a problem we go to them for help.(Abena, a 14 year old physically challenged girl)

Assistive devices such as white cane, wheel chairs, and glasses among others are also some of the devices that the disbursement guideline stated as items that can be bought with the fund. However they applicants in their responses seemed not to know much about how the devices could be acquired. the figure below is represents their responses

The Number of PWDs Supported by the DACF to Acquire Assistive Devices.

One of the major components of the DACF is to assist PWDs in acquiring assistive devices such as wheel chairs, clutches, whitecanes among others. This study therefore tried to examine how many beneficiaries were assisted in getting some of these devices. The respondents who both quantitative and qualiatative unanimously said none of them benefited from such a facility. They however stated that they did not apply for those devices. Their applications were more concerned about education, income genarating activities and access to health. From the discussions it was also discovered that some of the beneficiaries were not aware that the fund was also established to help them acquire some of these devices. Howver,some of the respondents were able to acquire some of the devices through the assistance of religious and other organisations.

Figure 11: The contributions of Non State Actors to the wellbeing of PWDs

Source: Field Survey, June 2015

As part of the studies, there was the need to examine the contributions of Non -State Actors in providing complement support to PWDs in line with the DACF. From the figure above, 86 percent of the respondents have benefitted from Non state Actors in the form of capacity building seminars, provision of assistive devices in the form of wheel chairs and financial support to PWDs. Other Non- State Actors such as the family also supported PWDs in terms of providing them with food, payment of medical bills and lending them of helping hands on their farms and businesses. In addition some of the families especially children of PWDs have been supported in providing additional funding to help the PWDs in engaging in income generating activities. Another significant contributor to the wellbeing of PWDs is the church. The church has provided both physical and spiritual support to some of the PWDs. They provide food such as rice, milk and cash as well as prayers for some of the PWDs especially on festive occasions.

Table 2:showing the changes that the DACF made in the lives of the beneficiaries.

Variables	Gender		Total
	Males(%)	Females (%)	Percentage
I have been able to further my education,	10	10	20.0
I have been able to access the best medical care	3	3	6.0
No change	6	2	8.0
I have been able to Expand my Farm	12	32	44.0
I have been able to expand my Business	8	14	22
Total	39	61	100.0

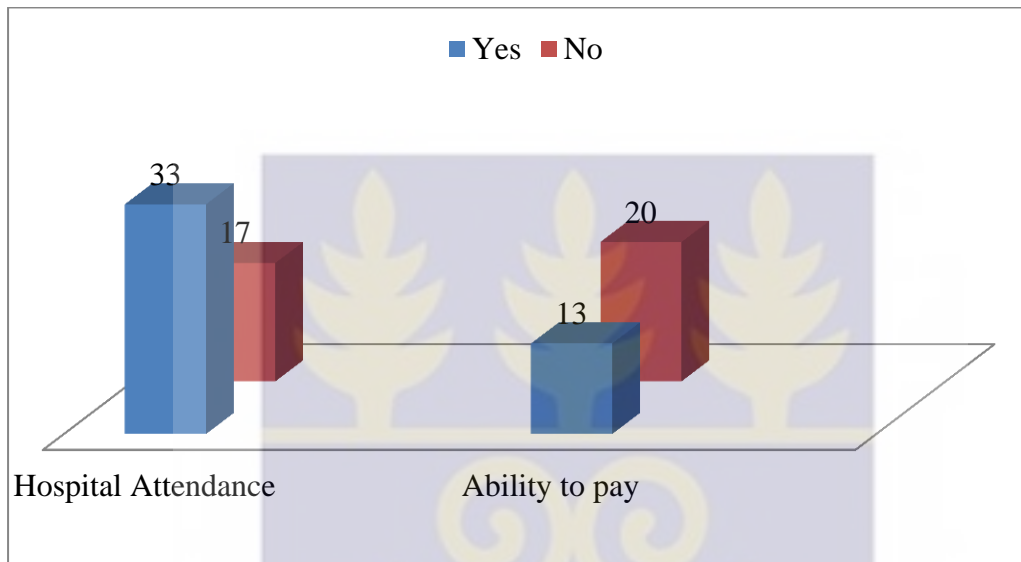
Source: Field Survey, June 2015

The table above represents the responses of the beneficiaries in determining whether the DACF has indeed brought a change in to their lives as the fund seeks to do. The majority 46 (92 percent) of the respondents have agreed that the fund has been able to help them expand their businesses, having access to good medical care and framing. The respondents during focus group discussion said they were able to enlarge their farms some as much as four times their previous strengths .and some were able to afford good medical care by paying for the services whilst others used the DACF to pay for their transpoatation to the health facilities. In terms of business some of the respondents are now able to sell charcoal, phone call credit cards and sachet (pure) water. In terms of education. The fund has been able to buy school needs for the children with disability and was also supported some of them in paying for their transporation.

However, 8 percent of the respondents said the fund has not brought any change in their lives. According to the respondents they got less than 100 Ghana Cedis and according to

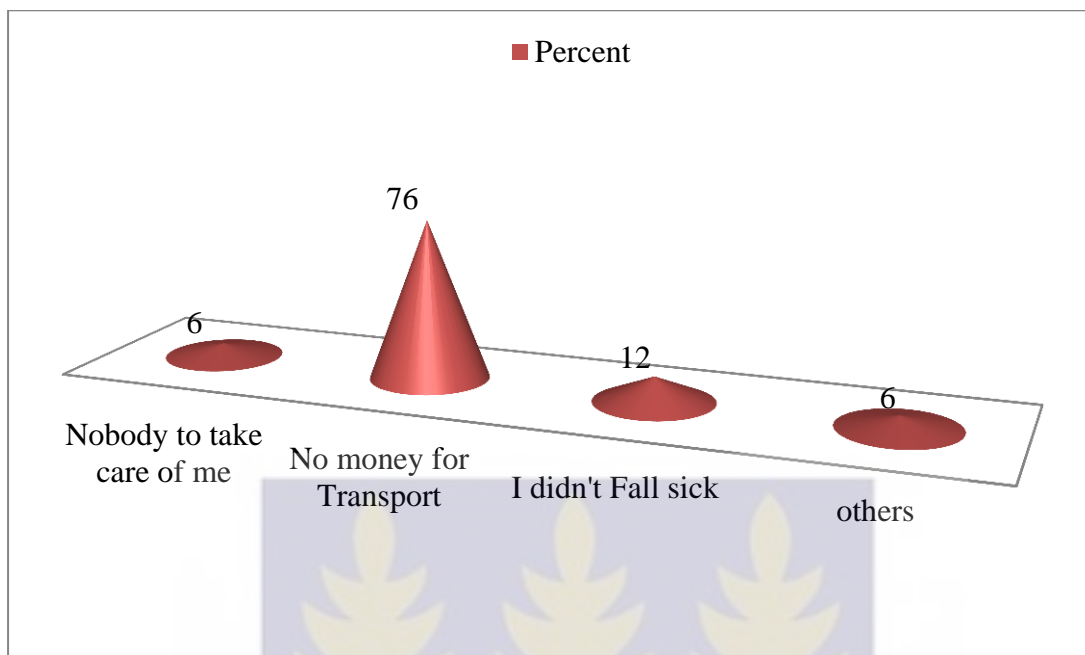
them, they have even spent more in terms processing their documents. The respondents said, they took pictures, they went to the café to type their application letters and followed up for more than four times. According to them every follow up costed them about 20 Ghana Cedis and when they deducted their expenses there was nothing left. Some of the respondents even said they were worse off since they were given only 50 ghana cedis only.

Figure 12: A Chart Showing Hospital Attendance and Ability to Pay



Source: *Field Data, June, 2015*

The chart above represents the responses given by the respondents as far as accessibility to health facilities and their ability to pay are concerned. Out of the 50 respondents 33 of them were able to access health facilities to receive medical care after receiving the DACF. Some of them purposely applied for the funds to enable them go for medical attention whilst others were able to do so after they were able to engage in income generating activities and were able to raise some funds. Out of the 33 respondents representing 66 percent who accessed health facilities, only 13 of them representing 26 percent were able to pay for the services. Various mechanisms such as the National Health insurance scheme, payment by individual respondents, a combination of both the health insurance schemes, assistance by friends and relatives were employed. However, 20 respondents (40 percent) were not able to pay their bills. They were therefore assisted by the Hospital Social Welfare Unit to enable them go home and pay at a later date whilst some of them were declared paupers hence were allowed to go without paying.

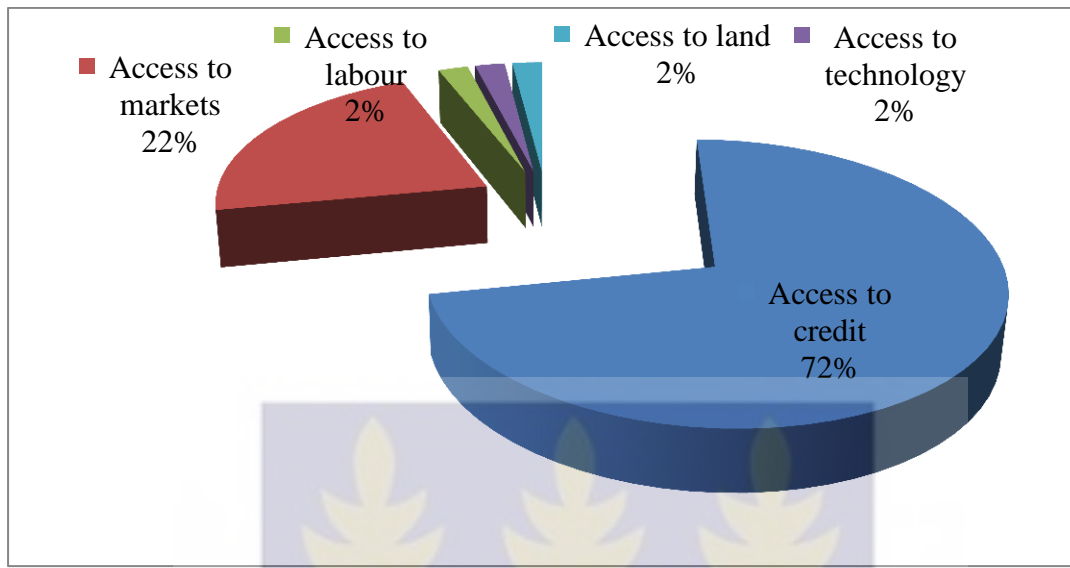
Figure 13: Reasons why some of the Respondents did not Access Health Facilities

Source: *Field Survey, 2015*

On the other hand, 17 respondents (34 percent) did not access any health facility. 13 (76 percent) out of the 17 respondents who did not access health facility said, they were not having money to either pay for the services or to pay for transportation. Some of them said they did not fall sick after they benefitted from the fund whilst those who fall to “others” category to any health facility were based on religious beliefs. Also, some of the respondents thought distance to the facility coupled with the road network will worsen their condition and therefore did not go.

In an attempt to find out the contributions of the DACF to the well-being of the beneficiaries, the study sought to find out the major challenges that confronted them before they were supported with the DACF and the following were their responses as shown below

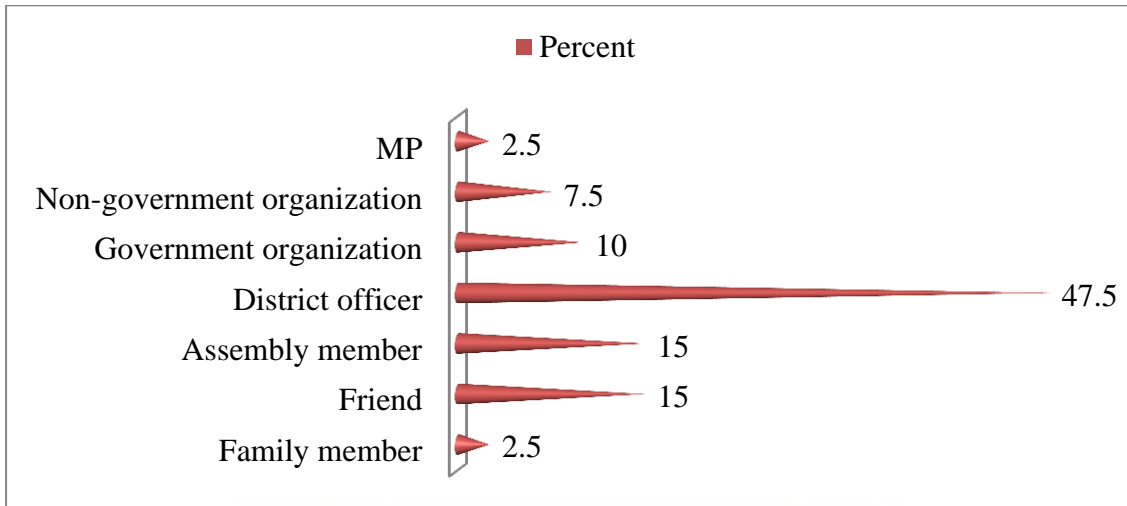
Figure 14: Achart showing the Major Challenges faced by PWDs before the Intervention



Source: Field Survey, 2015

The study also found out their major challenges before the intervention of the DCAF. 36(72 percent) of the respondents said Access to credit was their major challenge. Whilst a minority of the respondents said access to land, technology and labour was their challenge. This data also agrees with the response given by the respondents previously when they said their expectations were not met as far as the funds allocated to them were concerned. It is evident that the beneficiaries were not impressed about the intervention since access to credit was a major challenge to PWDs and expected much before their expectations were not met

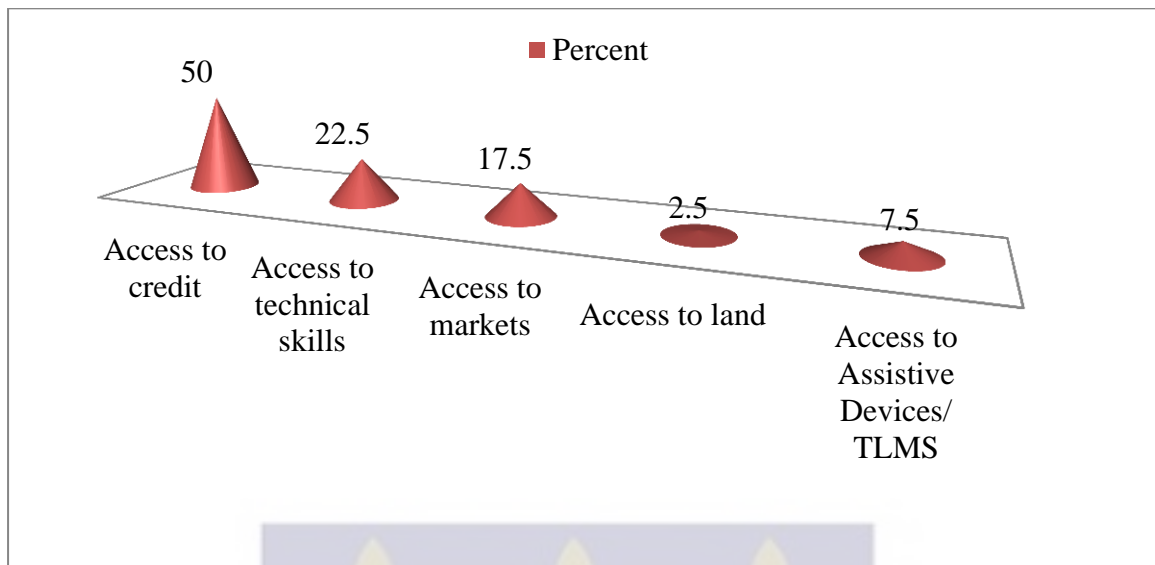
The study also sought to find out other challenges which were likely to be missed out in the discussion by finding out how individuals, state and Non- State Actors contribute negatively to the well -being of beneficiary PWDs.

Figure 15: A bar chart showing people who discourage PWDs from Pursuing IGAs

Source: Field Survey, June 2015

The study sought to find out the category of persons whose actions or inactions discourage the PWDs from pursuing their Income Generating Activities. The total number of respondents was 40 instead of 50 since 10 of the respondents are in school and do not engage in income generating activity. The majority 19 (47.5) of the respondents stated that district officers were the worst offenders as far as discouragement is concerned whilst family members and MPs are the least offenders. According to the respondents, district officers in other words the fund administrators did not give them the much needed support in terms of guiding them during the application process when they face challenges. They (respondents) also expressed their dissatisfaction about the level of bureaucracy that is displayed by the fund administrators. They however commended their families for giving them the needed supporting difficult times especially in terms of providing them with extra hand and running of errand. They also explained that MPs were not in most cases mentioned among worst offender because they did not play any significant role in the process and for that matter could not be faltered for having done anything to discourage them.

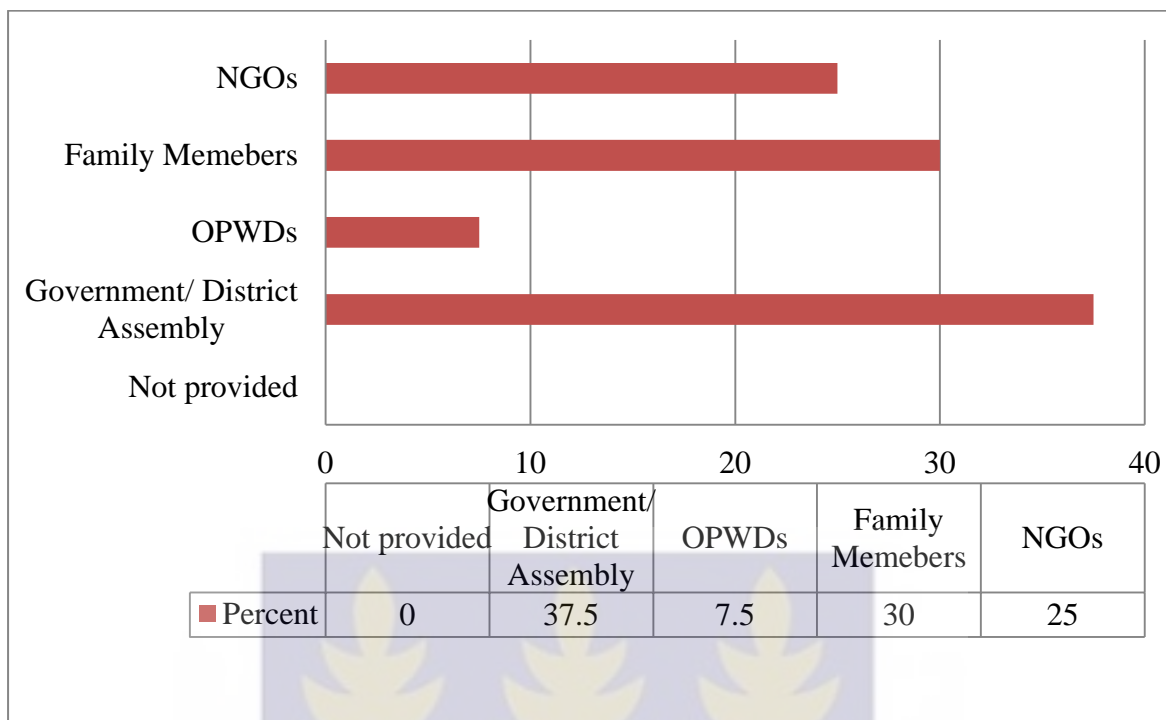
Figure 16:Special Assistance PWDs Need to enable them Operate better in their Economic Activities.



Source: Field Survey, June 2015

The studies also found out the special assistance that PWDs need to enable them better operate their economic activities. Twenty (20) representing 50 percent of the respondents stated access to credit as a special assistance that would help them better. This response also agrees with figure 9, which 72 percent of its respondents said access to credit was their major challenge. This means the issue of access to credit has still not been properly addressed. Access to land is the least challenge. According to the respondents land acquisition in the district is not difficult because every family has a land, so not much is needed in terms of money and effort to acquire a piece of land especially when one wants to farm.

Figure 17: Provision of special assistance to PWDs to enable them function



Source: *Field Survey, June 2015*

Government through the District Assemblies and other state institutions such as the Department of Social Welfare and Community Development in addition to Youth Enterprise and skills development (YESDEP) have provided some forms of skills training to some of the PWDs. Some of the respondents also benefited from DACF to assist them engage in income generating activities. However the majority of the intervention 62.5 percent came from non state actors which included NGOs, Family Members and OPWDs. The result reiterates the significant roles that Non-State Actors have played in promoting the wellbeing of PWDs in the Ada East District in terms of financial, material and technical assistance among other things.

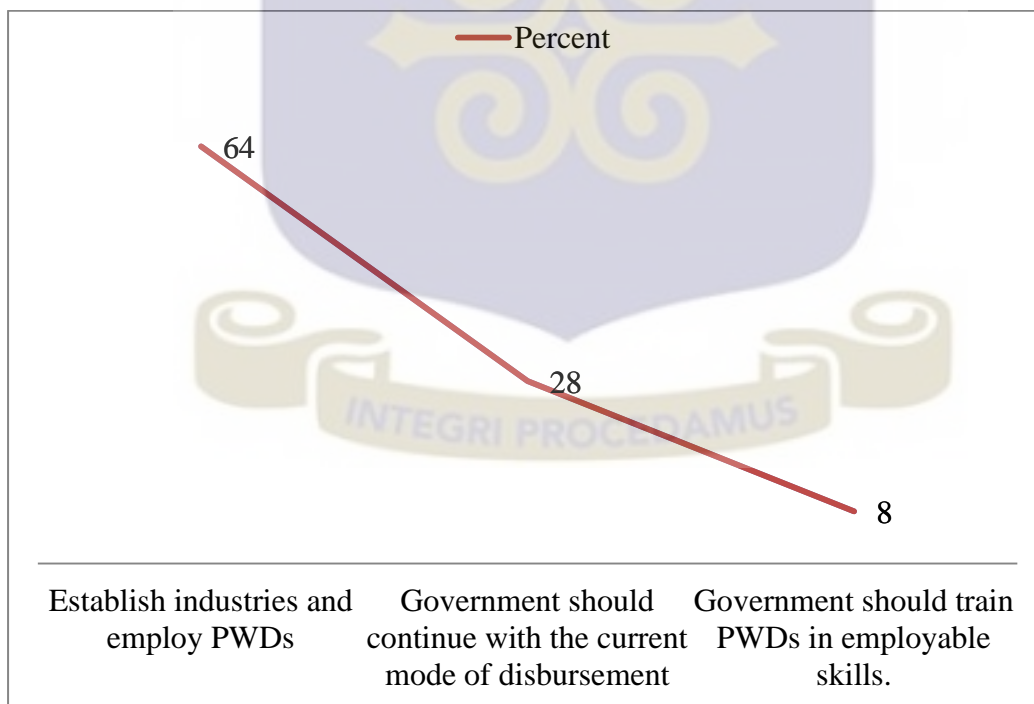
Challenges

The respondents through the Focus Group Discussion stated several challenges which were also part of the previous analysis that were made. Some of the challenges that were discussed include absence of effective feedback from the Fund Administrators and the leadership of OPWDs. The respondents stated that the flow of information from the these offices is always a challenge to them.

They have also stated mistrust as a major setback in the disbursement process of which the fund administrators have denied. The PWDs have accused the the fund administrators of allocating huge sums of money for sitting allowance and administrative cost whilst the fund administrators maintain they operate within the 5 percent maximum treshhold stipulated in the Disbursement Guideline.

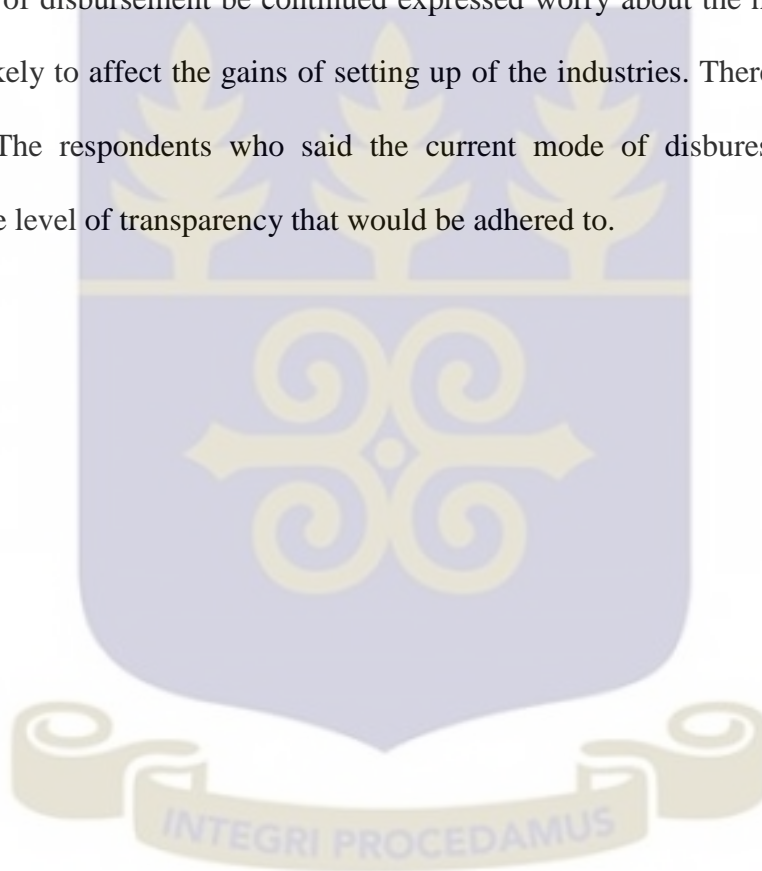
The fund is also overlmed by the number of applicants wantitng to access the fund and this has made it difficult to meet the expectations of the applicants.

Figure 18: A Chart Outlining Policy Recommendation by the Respondents



Source: Field Survey, June 2015

As part of the measures to solicit the views of the respondents on some of the possible ways by which their conditions can be improved, a vast majority of the respondents 32(64 percent) are of the view that the government should rather use the funds to establish industries in the districts and employ PWDs. The respondents are of the view that, establishment of the industries will ensure monthly and regular incomes for PWDs instead of the DACF which is not able to meet all the needs of the beneficiaries even though it has brought about some significant changes into the lives of PWDs which has also improved on the well being of PWDs in the Ada East District. Some of the respondents who suggested that the current mode of disbursement be continued expressed worry about the high administrative cost that is likely to affect the gains of setting up of the industries. There was also an issue of mistrust. The respondents who said the current mode of disbursement be continued questioned the level of transparency that would be adhered to.



CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter (five) gives the summary off all the necessary findings and conclusion and recommendations of the study, and the findings serve as additional information for Fund Managers and Policy Actors in addressing the needs of PWDs in Ada and Ghana as a whole.

5.1 Summary

The study was an academic exercise which was undertaken in Ada East District of the Greater Accra Region to solicit views of beneficiary PWDs and Fund Administrators, on the contribution of the district disability common fund in promoting education for children with disability, the support given by DACF for PWDs in engaging in income generating activities, the extent to which the fund has enabled them to acquire assistive devices and how easy was it for them to access health facilities, and the challenges that both the fund administrators and the beneficiaries encounter when applying for the fund.

The study employed triangulation (mixed approach) during the data collection and analyses. The quantitative Primary data for the study was collected from a sample of 50PWDs, whilst there focus group discussions comprising 10 members for children, women and men each was also held in addition to 2 fund administrators (a male and a female). Field data made up of responses of PWDs on one hand and as against the responses of the Fund Administrators on the other hand collected by means of questionnaire and in-depth oral interviews respectively. 50 PWDs who were the respondents were first stratified in three categories namely children, women and men as well as their forms of disability except from the strata of hearing and behavioral since the researcher was not able to communicate with the hearing impaired and could not control those have behavioral form of disability Considering the

analyses in chapter four (4), the following were the key findings were identified from the study:

A total of 86 percent of the applicants got 200 Ghana cedis or less which was 60 percent less than their expectation meanwhile the minimum request made was 500 Ghana cedis this means that the beneficiaries got only 40 percent of their request.

Only 4 percent of the beneficiaries got more than 300 Ghana cedis. Those who got more than 300 Ghana cedis were those who wanted huge sums of money specifically above 1500.00 to start a business.

None of the beneficiaries was able to get what was requested. The highest amount granted was 1,200.00 and the least was 50 Ghana cedis and reasons for such a disparity was not based on any scientific approach but was based on the discretion of the fund Administrators.

Also, 38 percent of the beneficiaries still engage in begging even though not as regular as it was at the time they were not supported by the DACF. However, the PWDs who are still begging have other means of living such as farming or trading.

Sixty-two percent of the beneficiaries can only support themselves but not their families whilst 16 percent of the PWDS able to provide food and clothing for their families whilst 14 percent are paying for medical bills and providing educational support for their families.

PWDs who are able to support their families are more assertive during the discussions and have their dignity as human beings more enhanced as compared to those who are not able to support their families. 68 percent of the beneficiary PWDs are are not able to save in any financial institutions or even with friends and relatives. 12 percent are able to save with Banks, Micro Finance or Thrift and Loan Schemes.

Women are able to advocate for their rights more than the men. Out of the 10 percent of the PWDs who are able to assert their rights women form 8 percent of that category of

persons. No Capacity Building Workshop organized by the DACF for PWDs in the Ada East District. No assistive device was procured for PWDs in Ada East District through the assistance of the DACF.

Non state actors such as the churches, NGOs, families, friends and other religious organisations complement the efforts of DACF by providing assistive devices, food , payment of medical bills and supporting of capital for business.

Only 26 percent of those who accessed medical care were able to pay for the services through the various means such as the National Health Insurance Scheme, payment by individual respondents, a combination of both the Health Insurance Schemes and the individual, assistance by friends and relatives. 40 percent were not able to pay their bills and were to go home and pay later whilst some of them were declared paupers hence were allowed to go without paying.

A total of 34 percent of the PWDs did not access any health facility and 13 (76 percent) out of the 17 respondents who did not access health facility said, they were not having money to either pay for the services or to pay for transportation. Some of them said they did not fall sick after them

A vast majority of the PWDs interviewed recommend that government should rather use the funds to establish industries in the districts and employ PWDs. They are of the hope that it will ensure monthly and regular incomes for PWDs instead of the DACF which is not able to meet all the needs of the beneficiaries.

Quite a good number suggested that the current mode of disbursement be continued but the funds be increased significantly.

5.3 Conclusion

The study made efforts to establish relevant issues and concerns affecting the well-being of PWDs in Ada East District including income generating activities, education, capacity building, acquiring technical and assistive devices to improve their living standards.

The study was able to establish that the absence of capacity building workshops and seminars for PWDs in addition to no procurement of assistive devices has served as a major setback to the personal development and well-being of persons with disability in the district. The study has also revealed that the funds allocated to the beneficiaries was too small to enable them carry out their business plans most especially in the case where almost all the beneficiaries benefitted only once and at the same time getting just about 40 percent of their requests granted.

The work has also revealed the significant roles Non- State Actors have played a major role in supporting and complementing the efforts of the DACF in the various communities in the district by providing

Services which are directly in line with the disbursement guidelines for PWDs

When we consider the volumes of international instruments that are available in addressing the needs of PWDs, then there is much more to do to ensure that the well-being of people living with disabilities in Ada East District and for that matter Ghana as a whole is not compromised but rather enhanced by working towards the removal of all the bottlenecks that impede the development and aspirations of PWDs and in that spirit the following recommendations in 5.4 are made:

5.4 Recommendations

Considering a lot of literature reviews and data collected from the field and the researcher's observation based on evidence available. The following recommendations are being made for the policy makers and the authorities in Ada East District for their considerations and possible implementation in order to promote the wellbeing of PWDs in the district and the country as a whole.

Mode of Application: the mode of application which starts by writing of application letters by PWDs be reviewed. Instead a template or form is designed by the fund administrators which could be filled in the office of the Department of Social Welfare upon the request of the applicants.

Picture Taking: The usual collection of pictures of PWDs should be reconsidered. Instead the DACF should buy a digital camera which should be kept with the Department of Social welfare so that applicants can be taken after filling their application forms in the office. This intervention will help save cost and also prevent unnecessary exploitation of PWDs by photographers.

Income generating Activities: looking at the information available, most of the PWDs are engaging themselves in one form of income generating activities or the other however, they are not able to make any meaningful gains as expected because there are no technical support and huge capital investments. It will therefore be appropriate for government to rather establish agro based industries in Ada end then employ PWDs at various levels of production based on their capabilities to ensure regular income for the PWDs instead of the 'single door opportunity' which gives less capital.

Technical Support and Capacity Building: it was observed that not even a single capacity building workshop or technical assistance was given to the PWDs and this could account for their inability to assert their rights and also advocate for the rights of PWDs. The PWDs also seem not to know much about what the fund is expected to do and for that matter were not

able to demand what was due them. Based on the observation made above, regular capacity building workshops and seminars be organized for PWDs in the district of which the Commission on Human Rights and Administrative Justice be actively involved.

Access to Health: It was observed that a lot of the respondents who went access health facilities could not pay their bills and some did not also go because they were not having the means to go and this development has a lot of implication on the wellbeing of PWDs. There is therefore the need for the Department of social welfare in collaboration of the National health Insurance to embark mass registration for PWDs under the scheme and also educate them on the services available to them as citizens of Ghana.

Children with Disability in School: it was observed that children with disability who were enrolled in to the various educational programmes were also supported only once. This development threatens the sustainability of the children in school because most of the parents could not afford the fees or expenses. The DACF should make funds available for children with disability that is in school so that they would be able to remain in school.

Raising of Additional Funds: it was noted throughout the discussion that lack of funds was a major challenge for the fund administrators and has hampered some of their activities. The government should as a matter of agency liaise with Non -State Actors to help contribute in to a pool of fund in order to help raise additional funds for to enable the fund administrators carry out some of the activities.

The researcher hopes that if the above suggested interventions recommendations are received and given the necessary consideration in policy planning and strategies there is a possibility that, the implementation challenges which is associated with the wellbeing of PWDs through DACF would be mitigated to the barest minimum. Also, the recommendations would go a long way to enhance the efforts of the government and the National Disability Council to effectively implement all the provisions as required by international communities such as the UN and the Commonwealth Human Rights Initiates

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Appendix A: Questionnaire

UNIVERSITY OF GHANA, LEGON

CENTRE FOR SOCIAL POLICY STUDIES

TOPIC: THE CONTRIBUTION OF THE DISTRICT DISABILITY COMMON FUND TO THE WELLBEING (LIVELIHOOD, HEALTH AND SECURITY) OF BENEFICIARIES IN ADA EAST DISTRICT

INTRODUCTION: District Assembly Disability Fund which was instituted by the government of Ghana was designed to meet the basic needs of **People with Disabilities**. However, little is known about the contributions of the fund to the wellbeing of the beneficiaries. This study aims at finding the extent to which Disability Common Fund has improved the wellbeing of PWDs. This questionnaire is therefore designed solely as an academic exercise which is meant to solicit the views of beneficiaries on how the Disability Common Fund has contributed to their wellbeing. Every information that is given would be treated confidentially. Thank you.

NOTE: Only those who have ever benefitted from the DADF are eligible to be interviewed.

SECTION A: BIO- SOCIAL DATA

1. Location.....Date.....

2. Tracking code of respondent:.....

Tick (✓) the appropriate column below

3. Sex: Male [] Female []

4. Age years

5. Marital Status: Married [] Single [] Divorced [] Widowed []

6. No. of Children

7. Level of Education: None [] Basic/ Middle School [] Secondary [] Tertiary []

8. Form of Disability: Sight [] Physically Challenge [] Hearing [] Speech []
Emotional [] Behavioral []

9. Age at disability

10. Occupation before DACF.....

11. Occupation after disability.....

SECTION B: INFORMATION ON INCOME GENERATING ACTIVITIES OF
INDIVIDUAL PWDs FOR ECONOMIC EMPOWERMENT

12. Please indicate how you heard about DADF

Assembly member []

MP []

Radio []

Television []

Internet []

Newspapers []

13. Please indicate how you were selected for assistance under the DADF. I applied on my
own for support [] I was invited to apply for support []

14. Please indicate the year in which you received financial support from the DA Disability
Fund (DADF)Never (Terminate interview) Year(s)

15. How many times have you received financial support from the DADF? No. of
times.....

16. How much funding did you need to start your economic activity? GHC

17. How much were you given by the DACF as financial support?

1st Grant GHC

2nd Grant GHC

3rd Grant GHC

18. How would you describe the process of disbursement of DADF following your selection for support?

Easy [] Difficult [] Very Difficult []

19. What were the major obstacles you faced in your work before the DADF? Please rank them from 1 (the smallest obstacle) to 10 (the biggest obstacle)

Access to credit

Access to technology

Access to technical skills

Access to markets

Access to labour

Access to land

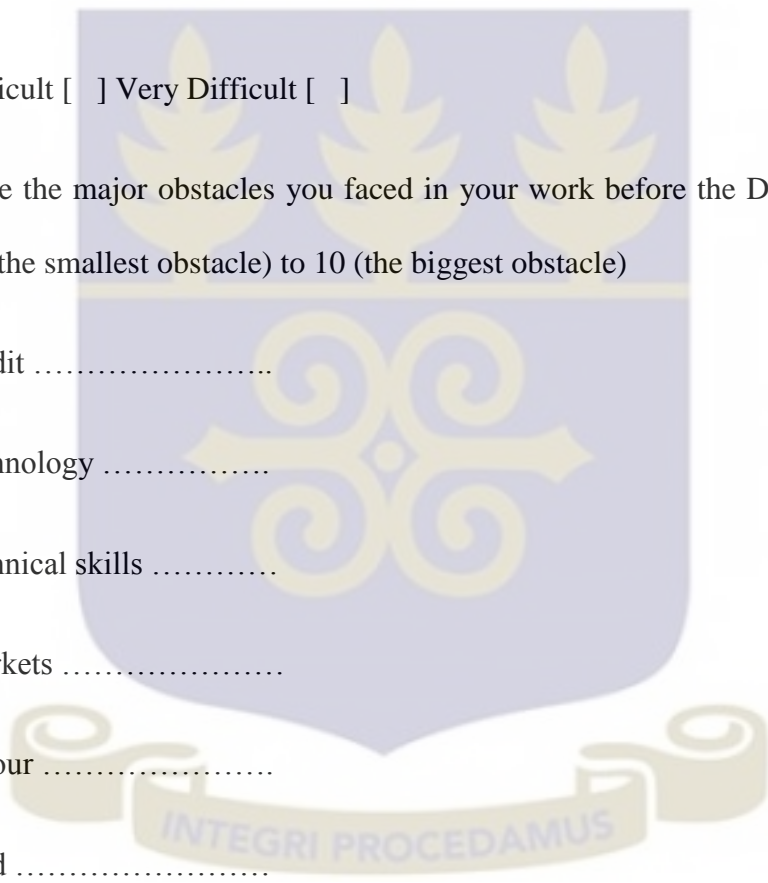
Discrimination

20. What IGA are you using the DADF for?

Trading [] (list activities).....

Manufacturing / processing (list activities).....

Farming [] (list activities).....



Other (specify).....

21. Why did you select the IGA you are involved in?

22. How long have you been in this business?months;years

23. Please indicate what remains to be done for your economic activity to flourish?
.....

24. Please indicate what special assistance you need as a disabled person to be able to operate your economic activity.....

25. If you need special assistance, who has provided it for you to be able to work?

Not provided Provided by

26. Indicate how you support yourself every month.....

27. Indicate how you support your family every month.....

28. Indicate what challenges you face in supporting yourself and your family every month.

None Challenges

29. Besides financial support from DACF what other sources of financial support do you have?Family []Church []Other religious body []NGO []Government []

Friends []

30. List three main sources of financial support you rely on, in order of importance

1

2

3

31. What are the major obstacles you face in your work after you have received financial support from the DADF? Please rank them from 1 (the smallest obstacle) to 10 (the biggest obstacle)

Access to credit

Access to technology

Access to technical skills

Access to markets

Access to labour

Access to land

Discrimination

32. Please indicate what savings scheme you belong to

None

Name of Scheme

SECTION C: INFORMATION ON THE CONTRIBUTION OF EDUCATIONAL NEEDS FOR CHILDREN, STUDENTS AND TRAINEES WITH DISABILITIES

33. What educational support are you given by the DADF?

Enrolled in a special school [] Payment of fees [] Payment for stationery and other needs []

34. How often are you supported DADF? Only once [] Once in a year [] Twice in a year [] Thrice in a year []

35. Is the Disability Common Fund able to meet all your needs? Yes [] No []

36. Please explain/ How?

SECTION D: INFORMATION ON BUILDING CAPACITY OF OPWDs FOR IGA AND AVOCACY

37. Have you benefitted from any capacity building workshop through the assistance of DACF? Yes No If yes to (37), describe the objectives of the capacity building programme you took part in.....

38. If yes, to (37) how has the training programme influenced your attitude and behaviour?

39. Have you been able to advocate for the rights of PWDs? Yes No.

Not Always

40. Describe skills training courses you have participated in through DADF.

None..... Describe course.....

41. Please indicate what further training you require to promote your IGA

None

Describe further training required.....

42. Please indicate the people who motivate you to pursue your own IGA

Family member

Friend

Assembly member

MP

District officer

Government organization

Non-government organization

43. Please indicate the people who discourage you from pursuing IGA

Family member

Friend []

Assembly member []

MP []

District officer []

Government organization []

Non-government organization []

SECTION D: INFORMATION ON KIND OF TECHNICAL AIDS AND OTHER ASSISTIVE DEVICES AND EQUIPMENT THAT PWDS ARE ACCESSING THROUGH THE DACF

44. Has the DACF supported you in getting an assistive device? Yes [] No [] if Yes, go to 23

45. If No, did you apply for assistance? Yes [] No. []

46. What device were you given?.....

47. What change has the DACF made in your life? I have been able to Expand my Business [], I have been able to further my education [], I have been able to access the best medical care [], No change []

SECTION E: INFORMATION ON ACCESS TO HEALTH AND AFFORDABILITY

48. Have you access any health facility since you were given DACF? Yes [] No [] if no go to 51

49. If yes to (48), were you able to pay the bill? Yes [] No []

50: If yes to (49) how did you pay? NHIS [] Myself [] Both NHIS and Myself []

51: If no to (48) Why? No money for Transport [], Nobody Take care of me [] I didn't Fall sick [] others []

SECTION F: POLICY RECOMMENDATIONS

51.. What should government do to improve on the wellbeing of PWDs? Establish industries and employ PWDs [], Government should continue with the current mode of disbursement [], Government should train PWDs in employable skills.

52. Any other recommendation(s):

Thank you



APPENDIX :B

FOCUS GROUP DISCUSSION

INTERVIEW GUIDE FOR PWDS

INTRODUCTION: District Assembly Disability Fund which was instituted by the government of Ghana was designed to meet the basic needs of **People with Disabilities**. However, little is known about the contributions of the fund to the wellbeing of the beneficiaries. This study aims at finding the extent to which Disability Common Fund has improved the wellbeing of PWDs. This questionnaire is therefore designed solely as an academic exercise which is meant to solicit the views of beneficiaries on how the Disability Common Fund has contributed to their livelihood. Every information that is given would be treated confidentially. Thank you.

How did you hear of the district disability common fund?

How is the DACF supporting the income generating activities of individual Persons with Disabilities as a means of economic empowerment?

What kind of IGA Do you engage in?

Apart from the DADF, how are you supported?

What educational needs for children, students and trainees with disabilities are being catered for by the DADF? .

How often are you supported by the DADF

How is the DACF meeting your health needs?

What ways is the DACF helping in building the capacity of OPWDs in the Ada East district to enable them advocate and assert their rights and undertake awareness raising and Sensitization on disability issues?

How often are the capacity building workshops organized?

What kind of technical aids and other assistive devices and equipment were provided for PWDs through the DADF?

What changes has the Disability common fund brought in to your life?

What challenges do you face in accessing the DADF?

What are the possible Policy Recommendations?



APPENDIX : C

KEY INFORMANT INTERVIEW GUIDE FOR FUND ADMINISTRATORS

(THIS INTERVIEW SHOULD BE DONE ONE- ON –ONE)

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- ❖ What is the process of accessing the fund?
- ❖ How is the DACF supporting the income generating activities of individual Persons with Disabilities as a means of economic empowerment?
- ❖ What kind of IGA Do they engage in?
- ❖ Apart from the DADF, how are they supported?
- ❖ What educational needs for children, students and trainees with disabilities are being catered for by the DADF? .
- ❖ How often are they supported by the DADF
- ❖ What ways is the DACF helping in building the capacity of OPWDs in the Ada East district to enable them advocate and assert their rights and undertake awareness raising and Sensitization on disability issues?
- ❖ How often are the capacity building workshops organized?
- ❖ What kind of technical aids and other assistive devices and equipment were provided for PWDs through the DADF?

- ❖ What challenges do PWDs face in accessing the DADF?
- ❖ What are the possible Policy Recommendations?

