

**UNIVERSITY OF GHANA**

**EXISTING SOCIAL SUPPORT SERVICES AND THE WELL-BEING OF CHILDREN  
WITH DISABILITY IN KADJEBI DISTRICT**

**BY**

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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON  
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## DECLARATION

I hereby solemnly declare that, except for references to other peoples' work, which have been duly acknowledged, this dissertation is the result of my own research work carried out in the Centre for Social Policy Studies (CSPS) under the supervision of Mr. Daniel Doh.

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## DEDICATION

I dedicate this work to the fond memory of my late father – Mr. Martin Komla Agbolosu who defied all difficulty in life to give all his children good and quality education.



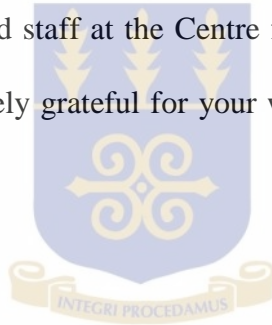
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The product of academic excellence is not achieved through the hard work and commitment of only one person but through the combined effort of some dedicated individuals. My first thank goes to the Almighty God for His protection over me throughout this period of education.

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**May God Richly Bless You All.**



## ABSTRACT

This study seeks to examine the contribution that government social intervention programme, specifically Ghana School Feeding Programme (GSFP), National Health Insurance Scheme (NHIS) and Free Uniform and Exercise Book Policy have made to the well being of children with disability in the Kadjebi District of the Volta Region. It also investigated the informal social support services in the study area for the wellbeing of children with disability. Thirdly, the study reviewed some existing international and national legislations and how these influenced the work of some key institution to promote the welfare of children in Ghana.

The study took place in two (2) Traditional Areas and four (4) communities in the Kadjebi District. Multi-Stage Sampling Method was used to select the Traditional Areas and the communities for the study and Random Sampling and Purposive Sampling Method were used to select the schools and children with disability respectively. Quantitative and Qualitative Approaches were used for data collection and analysis. The study was developed within the framework of Social/Human Rights Model of Disability.

The key findings of the study include the fact that children with disability are not been discriminated against in the health and educational institutions because they have equal access to social intervention programmes in the study area but rather suffers discrimination within the family system. The findings also revealed that the programmes have really contributed to their wellbeing.

It is recommended that government departments and agencies in the study area intensify community sensitization to educate people on disability issues to reduce or even eliminate

discrimination within the family and community structures. Again, social intervention programmes should be extended to cover more children with disability in the District.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background of the Study**

This study examines the effect of some government social intervention programmes (Ghana School Feeding Programme, National Health Insurance Scheme and Free School Uniform and Exercise Policy) on the well-being of children with disability in the Kadjebi District of the Volta Region. The level of awareness concerning these services among parents with children with disability has also been investigated. The background and the relevance of the study are contained in this chapter as well as the study objectives and the problem statement.

There are persons with disabilities in all parts of the world and at all levels in every society. There the issue of disability has received tremendous attention in the last decade with many advocates calling for their total inclusion in the development process of every country.

Persons with disability (PWDs) are part of every society. They can be men, women or children. The only thing that distinguishes a person with disability is that those with disabilities may be unable to do certain things in the same way that most people in the mainstream society do without some form of adoption or alternative assistance (Abena Bemah, 2012). Disability results from the interaction between one's bodily impairment and the inappropriate and unfriendly basic structures of society.

World Health Organization (WHO) has identified 7 different types of disabilities. These include; people who are blind or partially sighted, people with learning or intellectual disabilities, people who are deaf or hearing impaired, people with a physical disability, people with chronic

illnesses, people with mental health or psychological difficulties, people with an acquired brain injury

According to the World Health Organization (WHO), there are more than 600 million PWDs in the world, of which approximately 80% live in low-income countries. In 1999, the World Bank estimated that people with disabilities may account for as many as one in five of the world's poorest people. In most developing countries, including Ghana, PWDs constitute an impoverished marginalized group, characterised by lack of access to public health, education, and other social services that would ideally support and protect PWDs. WHO also estimated that about 10% of every country's population is disabled.

There is an implicit assumption that each type of disability has specific health, educational, rehabilitation, social, and support needs (World Disability Report, 2011).

Children with disability are among the most vulnerable, excluded and disadvantaged in Ghana population due to factors such as institutional barriers, negative cultural and traditional practices. Disabled children require not only high quality primary care, but they often require multifaceted specialized care on a long-term basis (Reichman, Corman and Kelly, 2007). The functioning of a child should be seen not in isolation but in the context of the family and the social environment (World Disability Report, 2011). In this direction, government all over world have made attempts to provide some social intervention for this group of people to alleviate their plight. Ghana like any other country implemented some programmes to improve the well-being of this vulnerable segment of her population.

Estimates of the prevalence of children with disabilities vary substantially depending on the definition and measure of disability. The Global Burden of Disease estimates the number of children aged 0–14 years experiencing “moderate or severe disability” at 93 million (5.1%), with 13 million (0.7%) children experiencing severe difficulties. In 2005 the United Nations Children’s Fund (UNICEF) estimated the number of children with disabilities under age 18 at 150 million.

A recent review of the literature in low- and middle-income countries reports child disability prevalence from 0.4% to 12.7% depending on the study and assessment tool (World Disability Report, 2011).

It is evident from this staggering statistics that disability issues must be taken seriously.

This study seeks to find out the correlation between the support systems (the health, education, family support etc) and the well-being of children with disability in their community. And this will be done by measuring the effect of National Health Insurance Scheme, Ghana School Feeding Programme, Free School Uniform and Exercise Book Policy on the health and educational status of children with disability in the District.

## **1.2 Statement of Problem**

According to the World Health Organization (WHO), about 10 per cent of the world’s children and young people, some 200million, have sensory, intellectual or mental health impairment. Around 80 per cent of them live in developing countries (UNICEF, 2007).

Despite being more vulnerable to developmental risks, young children with disabilities are often overlooked in mainstream programmes and services designed to ensure child development.

With this staggering statistics, it is evidently clear that children with disability form substantial part of every country's population but there is doubt as to how the local governance system, social intervention programmes such Health Insurance, School Feeding Programme and Free School Uniform and Exercise Policy as well as the family and the community support systems ensure the well-being of the disabled child in the Kadjebi District of the Volta Region.

Community support institutions like the family, healthcare, education etc exist in the communities to promote the welfare of all including children with disability. These services are essential and must complement each other to ensure the total well-being of the disabled child.

It is however difficult to get reliable information on these support systems in the communities and more importantly the correlation between these facilities and the overall well-being of children with disability among children in Ghana and for that matter Kadjebi District. What is also not clear is whether children with disability are actually discriminated against because of superstitious beliefs or it is simply because of the fact that the essential support services are not tailored to provide the appropriate support for them. Also, there is inadequate data on children with disability in the Kadjebi District and this has really affected policy formulation and implementation on disability issues in the District.

This study therefore aims at filling this information gap because persons with disability form substantial part of our country and any attempt to disregard them in the development agenda will have negative effect on the fortunes of the nation. There is therefore the need to have adequate information about them and incorporate their special needs in the development agenda of our nation.

### **1.3 Objectives of the Study**

This study has three basic objectives. These are:

1. To examine the provisions within the existing legislations, programmes/policies for the well-being of children with disability in Ghana.
2. To examine awareness on formal support services and their effect on children with disability.
3. To investigate informal support services in the Kadjebi District for promoting the well-being (food, clothes and shelter) of children with disability.

### **1.4 Significance/Rationale of Study**

The daily reality of life for children with disabilities and their families is frequently one of discrimination and exclusion, in all countries of the world. The discrimination they endure could be direct, indirect, or a combination of the two (UNICEF, 2007). Direct discrimination takes place when a child with a disability is deliberately treated differently from a child without disability, on the basis of his or her impairment. Indirect discrimination occurs when practices or policies that do not immediately appear to discriminate against children with disabilities actually have a discriminatory impact in practice, resulting in the denial of certain human rights (UNICEF, 2007).

First and foremost, the study seeks to examine and test this statement made by UNICEF about how children with disability are discriminated against by significant others and even policies and programmes. The study will also throw more light on the specific provisions in the international, national laws and conventions on children with disability. Also, the study will contribute to knowledge on disability issues especially in the Kadjebi District. Parents' awareness on the formal mechanism for protecting children with disability would also be examined by the study.

Apart from that, there is no in-depth study on the effect of formal support services like National Health Insurance Scheme, Ghana School Feeding Programme and Free School Uniform and Exercise Book Policy and support on the welfare and well being of children with disability in the District.

The actual contribution of community structures (informal) to the overall well-being of children with disability is also under investigations by the study. It seeks also to bring out some of the challenges confronting the disabled child in the Kadjebi District in order to inform policy formulation and implementation on disability issues in the District.

The findings of this study will also help organizations of disabled people to do effective advocacy in order to promote the welfare of the disabled child in a more focused manner.

At the District level, the key findings of this research will help the Kadjebi District Assembly and Nkwanta-South District Assembly and any District around the research area to come out with exclusive bye-laws on the treatment of the disabled child.

The findings of the study will also be of immense value to other non-state actors such non-governmental and community-based organizations such as World Vision Ghana, Women Rights Advocacy Network (WRAN), Network of Communities in Development (NOCID) and other community groups operating in the District on disability issues in terms of targeting and programming.

At the community level, the findings of this study will enable the Disability Funds Management Committee and the Department of Social Welfare and Community Development and other civil

society organizations in the District to embark on rigorous sensitization campaigns to promote the well-being of children with disability. Parents, guardians and caretakers of disable children will also be taught good parenting skills.

#### **1.4 Conceptual/Theoretical Framework**

In order to conceptualize and compare different ways of thinking and talking about disability, certain analytical frameworks or mindsets have been established. Disability conceptualization takes place within at least two different paradigms (World Bank, 2007).

There are two major schools of thought about understanding disability. On one end of the scale is medical or individual oriented model and the other, social or human rights model. The medical or individual model locates the 'problem' of disability within the individual and sees the causes of this problem as resulting from the functional limitations or psychological losses which are assumed to arise from disability. VSO, 2009 noted that the person with a disability is in the sick role under the medical model. When people are sick, they are excused from the normal obligations of society: going to school, getting a job, taking on family responsibilities, etc. They are also expected to come under the authority of the medical profession in order to get better.

The social or human right model focuses on the role of society in gaining equality for all its citizens including people with disabilities without them being seen a people with 'special needs'. Within this model, society has a responsibility to address barriers that prevent the participation of persons with disabilities. Within this model, society has a responsibility to address barriers that prevent the participation of persons with disabilities (World Bank, 2007).The focus therefore shifts from fixing individuals to eliminating socially constructed barriers.

This study was developed within the domain of social or human right model as it seeks to investigate the actual effect of some governmental social protection programmes on the well-

being of children with disability. The enjoyment of equal opportunities by children with disability is a human right issue and enshrined in our national as well as international laws, conventions and other agreements.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 INTRODUCTION

The major purpose of this chapter is to discuss some key issues of disability and also review existing literature on what disability is, the types and the causes. The chapter will also highlight some statistics regarding the subject as well as conceptualize child disability. The issue of social protection/intervention and children with disability is also discussed in this chapter.

#### 2.1 Exploring Definitions of Disability

There is no universally accepted definition of the term 'disability'. As such, its definition varies from culture to culture and changes over time. According to the World Health Organization (WHO), disability is "any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

A *disability* includes those that:

- are present, or
- once existed but don't any more, for example, a person who has had a back injury, a heart attack or an episode of mental illness, or
- may exist in the future, for example, a person with a genetic predisposition to a disease, such as Huntington's disease or heart disease or a person who is HIV positive, or
- someone thinks or assumes a person has.

In 1980, WHO adopted an international classification of impairments, disabilities and handicaps, which suggested a more precise and at the same time relativistic approach. The International Classification of Impairments, Disabilities, and Handicaps made a clear distinction between "impairment", "disability" and "handicap".

Generally, abusive words are used to describe persons with disability and these descriptions also have crippling effect on them in terms of human rights and dignity. Accordingly, WHO in 1976 cautioned that terms such as cripple, spastic, handicapped, invalid are derogatory, offensive and should be avoided. In addition, as result of the experience gained in the implementation of the World Programme of Action and of the general discussion that took place during the United Nations Decade of Disabled Persons, there was a deepening of knowledge and extension of understanding concerning disability issues and the terminology used (WHO, 1976). It has been extensively used in areas such as rehabilitation, education, statistics, policy, legislation, demography, sociology, economics and anthropology.

The organization draws a three-fold distinction between impairment, disability and handicap, defined as follows. 'An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function; a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being; a handicap is a disadvantage for a given individual ,resulting from an impairment or a disability, that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual'

Article 1 of the United Nations Convention on the Rights of Persons with Disability (UNCRPD) defined “persons with disabilities as those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

According to the Persons with Disability Act (Act 715) of 2006, person with disability means an individual with a physical, mental or sensory impairment including a visual, hearing or speech

functional disability which gives rise to physical, cultural or social barriers that substantially limits one more of the major life activities of that individual.

From the definitions considered so far, it is clear that PWDs are people with permanent or relatively permanent functional limitation and / or activity restriction. It must be noted however that, language is critical in shaping and reflecting our thoughts, beliefs, feelings and concepts. Some words by their very nature degrade and diminish people with a disability (Hill Country Disabled Group).

Many researchers noted that disability is a human right issue and from this perspective, Attafuah (2000), noted that disability generally describes a physiological state that is involuntary and has some degree of permanence as well as impairs the person's ability in some measure to carry out the normal functions of life.

## **2.2 The Issue of Language and Disability**

Terms such as cripple, spastic, handicapped, invalid are derogatory, offensive and we should avoid them. In addition, as result of the experience gained in the implementation of the World Programme of Action and of the general discussion that took place during the United Nations Decade of Disabled Persons, there was a deepening of knowledge and extension of understanding concerning disability issues and the terminology used (WHO, 1976).

### **2.3 Types/Forms of Disability**

There are different classifications of disability in literature. The WHO (1976) has identified 7 different types of disabilities. These include;

- people who are blind or partially sighted
- people with learning or intellectual disabilities
- people who are deaf or hearing impaired
- people with a physical disability
- people with long term illnesses
- people with mental health or psychological difficulties
- people with an acquired brain injury

### **2.4 What is Child Disability?**

According to WHO(2012), children with disability refers to persons below the age of eighteen (18) who has any or those with health conditions such as cerebral palsy, spinal bifida, muscular dystrophy, traumatic spinal cord injury, down syndrome, and those with hearing, visual, physical, communication and intellectual impairments.

From the perspective of WHO, some children have a single impairment while others experience multiple impairments. For example a child with cerebral palsy may have mobility, communication and intellectual impairments. The complex interaction between a health condition or impairment and environmental and personal factors means that each child's experience of disability is different.

## 2.5 What is Well-being

Well-being is explained differently in depending on the context. But it generally refers to a situation where all the necessary basic needs of life are in place to promote sustained survival and development. This concept is conceptualised here to mean the state of affairs where educational, health and shelter needs are provided for a child with disability to the extent that he/she feels the effect of these on his/her life.

## 2.6 Causes of Child Disability

Traditionally, disability in Ghana and for that matter Kadjebi District is seen as a result of witchcraft, sorcery, „juju“ and magic. Due to these beliefs, children with disability in our traditional communities are viewed with mixed feelings. Many people believe that parents could even spiritually exchange any part of the child’s body with money such that the exchanged part of the child will become defective. Consequently, a rich family with a person who has any kind of bodily deformity is labelled “sikaduro” (juju money). Because of these belief systems, majority of Ghanaians have labelled PWDs as social misfits and outcasts (VSO, 2009).

Because of these superstitious beliefs, parents with children with disability hide them in rooms and thus deny them access to basic social facilities such as health, education and recreational activities.

Furthermore, many Ghanaians believe that disability and ill health are caused by witchcraft, evil spirits, or by not adhering to some taboos. Yankah (2009) noted that certain disabilities are considered as curses from the gods. This particularly had to do with insanity, the victim of which is sometimes referred to as ‘*oyareabosom*’ (he has been afflicted by the gods). Because of this belief, people with disabilities are often seen as sinful. Mothers therefore feel guilty for having

given birth to disabled a child and are often blamed by others for causing the disability of their child.

Research has however disproved the traditional causes of disability and broadly classified its causes into three groups: genetic/hereditary factors, biological (including age-related) factors and accidents. There is some overlap between the categories as there may be more than one cause of disability. Children are prone to disability before and after birth.

Marfo (1986) identified major causes of disability as malnutrition, infections and non-communicable somatic diseases that account for 50% of disability cases, as preventable. During prenatal period, an impact on mother's womb can harm the unborn child.

If the mother gets infection or disease, the baby is also badly affected. During pregnancy if the mother suffers from any kind of nutritional deficiency, it can also lead to deficiency in the baby and as a result, the baby can be physically or mentally deformed. Also, during the process of delivery sometimes, many factors can lead to bad effect on the child. Difficulty in delivery can also cause temporary stoppage of oxygen supply to the brain of the baby.

It damages nervous tissues of the brain or spinal cord and this effect is permanent. This can cause mental deficiency in the baby. Sometimes the baby becomes physically handicapped when doctors use various equipments during the delivery, for example, in forceps delivery, the 'brain' or 'nerve' is pressed by the forceps. If the doctor or nurse is not very well trained, they could also

cause damage to the baby. Sometimes children receive genes of disabilities or deficiencies from their parents.

Besides that, if the child gets infectious diseases the immunity power of the child gets diminished and thus becomes susceptible to various diseases. Also, if the child is not properly immunized he becomes susceptible to infectious diseases like 'mumps' which can cause hearing impairment or 'polio' which can cripple the child. Accidents are also major cause of child disability.

In adult, cardiovascular diseases are still the number one cause of disability and death in Ghana, and this is more worrying because cardiovascular diseases constitute a bigger problem than all the other diseases making it very expensive to treat (Kwamin, 2008).

On the other hand, poverty may increase the likelihood of disability and may also be a consequence of disability (WHO, 2012).

## **2.7 Some Statistics about Children with Disability**

It is difficult to have reliable information on the actual number of children with disability in Ghana partly because there has not been comprehensive research in this area. However, WHO estimated that about ten percent (10%) of every country's population is disabled. Again, the prevalence of disability was 14.4 per 1,000 for children (1-5) years, 16.6 per 1000 for children (6-9) years and 3.7 per 1,000 for (10-15) years age group (Biritwum RB, Devres JP, Ofoosu-Amaah S, Marfo C, Essah ER, 2001).

WHO however indicated that there are currently no reliable and representative estimates based on actual measurement of the number of children with disability. This is attributable to

differences in definitions and the wide range of methodologies and measurement instruments adopted.

In the Kadjebi District, out of the total population of 59,303, 1,335 persons responded as having at least one form of disability and this constitute 2.3 percent of the population which is below the regional average of 4.3 percent. Out of this number, 241 are children, made up of 135 boys and 106 girls (2010 Population and Housing Census).

## **2.8 Children with Disability and Social Protection Interventions in Ghana**

It is the mandate of governments all over the world to provide social protection/intervention packages for people, especially the vulnerable population within its area of jurisdiction. It is also a divine assignment to help the less privileged in society in order to enjoy blessings from the Lord. In this regard, Ghana as an independent state has made several attempts to do this by implementing several social protection programmes in the past years. However her attempt was formalised in 2008 when the National Social Protection Strategy (NSPS) was launched to give new direction and vision to governmental services to the less privileged in society.

The strategy is founded on the philosophy that all Ghanaians if accorded the opportunity can contribute towards the process of transforming Ghana into a middle income country by the year 2015. According to the NSPS (2008), social protection/intervention consists of a set of formal and informal mechanisms directed towards the provision of social assistance and capacity enhancement to the vulnerable and excluded in society.

In broad terms, such measures cover extremely poor individuals, households and communities, including those who need special care but lack access to basic social services and social

insurance to protect themselves from the risks and consequences of livelihood shocks, social inequities, social exclusion and denial of rights (NSPS, 2008).

Social Protection thus goes beyond income support and includes the strengthening of social cohesion, human development, livelihoods and protection of rights and entitlements.

The government's vision of social protection strategy is to create society in which the citizenry are duly empowered with the capacity to realize their rights and responsibilities to manage social, economic, political and cultural shocks (NSPS, 2008).

This idea is really in line with the philosophy of human right/social model of disability which sees disability outside the person's bodily deformity and seeks to remove all discriminatory structures and practices so that disabled persons especially children can achieve their goals in life. Social protection/intervention is really critical for children with disability because they are the most vulnerable in society and needs to be cushioned against shocks of life. Parental poverty is one of the critical predisposing factors to child vulnerability in Ghana. Disabled children are the worst victims under this circumstance because parents tend to provide the needs of other children in the family before that of disabled children.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0. Introduction**

This study examines the existing support services and the well-being of children with disability in the Kadjebi District. This chapter describes the target population, sample size and sampling technique that were used to select participants for the study. In addition, sampling method used and instruments used to gather data for analysis was also discussed. Finally, the chapter gave an account of how the data was analyzed.

#### **3.1. Research Design**

This is a participatory research design which combines both qualitative and quantitative approaches to data collection and analysis. This design is appropriate because the research involved the description of how the available support services notably the National Health Insurance Scheme, Ghana School Feeding Programme and Free Uniform and Exercise Book Policy interact with the well-being of disabled children within the study area. Typically the study involved focus group discussions and semi-structured survey guide to collect data. Again, key informant interview was conducted to purposively find out whether the provisions in the local and international laws which forms part of the mandate of some institutions in Ghana are actually contributing to the well-being of children with disability. Specifically, the District Director of the Commission on Human Rights and Administrative Justice, the Scheme Manager of the National Health Insurance Scheme and the Desk Officer of the Department of Social Welfare and Community Development were involved in the discussions.

### **3.2. Study Area**

The Kadjebi District was created as an Assembly by Legislative Instrument (L.I.) 1465 in 1989. It is located in the lower belt of the Volta Region of Ghana and forms part of the six (6) northern Districts of the Region. It is bordered to the North by the Nkwanta South, to the South by the Jasikan, to the South West by Biakoye and to the North West by Krachi East. It also has a long border eastwards with the Republic of Togo.

According to the 2010 Population and Housing Census, the District has a total population of 59303, made up of 29,951 (50.5%) males and 29,352(49.5%) females and total land area of 949 km<sup>2</sup>. In relation to local governance, the Assembly consists of one constituency, thirty-six Electoral Areas, one Town Council and five Area Councils. The Town and Area Councils are Kadjebi, Ahamansu, Dodo-Amanfrom, Pampawie, Dodi-Papase and Asato.

### **3.3. Population, Sample Size and Sampling Technique**

This study was conducted using children with disability and their significant others (parents and guardians, community leaders, heads of relevant departments, assembly members etc) living in the Kadjebi District of the Volta Region. Forty-eight (48) children living with disability were sampled from of list of registered disable children at the Social Welfare Department of the Kadjebi District Assembly. All the selected children were actually contacted and interviewed using very simple and comprehensive questionnaire.

Multi-stage sampling technique was used to the extent that Ahamansu and Dodo Traditional Areas were purposively selected due to the high incidence of childhood disability in the area.

This was revealed by a headcount conducted by the Department of Social Welfare and Community Development with support from Kadjebi Area Development Programme of World Vision Ghana. Four (4) communities were then randomly selected from these traditional areas. These are Dodofie and Dodo Tamale and Tsortorme and Mangoase from Dodo and Ahamansu Traditional Areas respectively. All the basic schools in these communities were then purposively selected using the non-probability sampling.

This sampling method is where some elements of the population have no chance of selection, or where the probability of selection cannot be accurately determined. It involves the selection of subjects based on assumptions regarding the population of interest, which forms the criteria for selection. Specifically, simple random sampling was used to select branches and purposive sampling, a type of non-probability sampling was used to select participants close to hand. Probability sampling on the other is a sampling technique where the chances of being selected can be determined.

A Simple Random sampling technique was used to select children with disability. Specifically, the lottery method was used to select the participants. Only children with disability between the ages of 10-17 were used for the study. It is believed that these categories of children could respond favourably to the questionnaire.

Next, a non-probability sampling technique was used to select significant others, that is parents, relatives and guardians. Here, convenient sampling technique was used to select family members or guardians of the disabled child selected for the study. Focus Group Discussion was used to gather data from parents/caregivers of children with disability as well as Community Leaders and some relevant Departmental Heads.

In all, a total of eighty-two (79) participants were used for the study. This is made up of 48 children with disability, 3 Heads of Department, 4 Assembly Members, 4 Traditional and Religious Leaders and 20 parents/caregivers of children with disability.

This sample size is considered appropriate because Fidell and Tabachnick (2001) cautioned against the use of too many cases because as the number of cases increases, so too is the risk of deriving significance from the slightest variance. Accordingly, it seems most appropriate to measure the number of cases that has a reasonable chance of revealing significance. Based on this guideline, a sample size of N=79 was appropriate.

#### **Breakdown of Participants involved in the Study**

<b>Category</b>	<b>Number</b>
Children with Disability	48
Assembly Members	4
Chiefs	3
Religious Leaders	3
Parents	20
Representative of Chief Imam	1
<b>Total</b>	<b>79</b>

#### **3.4. Data Processing and Analysis**

Quantitative data processing involves pre-analysis that involved sorting the data and a description of the sample, coding was subsequently done to assign numbers to the variables

through the provision of coding frame. After that the data was entered into the Statistical Package for Social Sciences (SPSS) software version 19.0 for the actual analysis.

Qualitative processing also included coding of textual data and generation of themes out of the codes. Inductive thematic analysis was thus used to synthesise the qualitative data generated from the focus group discussions.

### **3.5. Ethical Considerations**

The study used questionnaires to obtain information from participants. However owing to the sensitive nature of some of the items, the consent of participants was sought through the filling of Informed Consent Form to affirm their willingness to participate.

Also, participants were assured of absolute confidentiality of the information and that whatever details they give. They were also made to understand that the information gathered is for academic purposes only.

### **Data Management and Quality Control Assurance**

For the purposes of data collection for this study, five (5) national service personnel were engaged as research assistants. They were taken through a short training for them to grasp the basic disability terminologies as well as interviewing and probing skills ahead of the actual data collection. They were also trained on the issue of confidentiality in research as well as community entry skills and on the various sections of the questionnaire they will administer.

To ensure that questionnaires get to the research secretariat safe and neat, rubber files were provided to the research assistants. This was critical because data was collected during raining

season. And to facilitate their movement, each of the research assistants was allocated a motor bike rider who took him/her round.

The researcher himself worked as a Coordinator to ensure that the research assistants actually collected data from respondents.

### **3.6. Limitation of the Study.**

The following are some limitation of the study. Children with hearing impairment were not included in the sample because the research assistants do not have the technical competence to communicate with them in sign language. Likewise children with mental and intellectual disability could not be easily and readily identified without medical examination, so only children with physical disability and sight impairment were interviewed.

## **CHAPTER FOUR**

### **FINDINGS AND DISCUSSIONS**

#### **4.0 Introduction**

The Holy Book in quoting Jesus Christ states that the poor will always be with us (Mathew 26:11), similarly the disable child or persons with disability will always be part of society. This study in examining existing social services in a community on the well-being of children living with disability investigated three main objectives. The first is to assess the existing formal support services in the Kadjebi District and how they affect the provision of health and education for children with disability. Second is to assess the community's existing informal support systems in the Kadjebi District for the well-being (food, clothes and shelter) of children with disability and lastly to examine the provisions within existing policies and programme for the well-being of children with disability in Ghana. This chapter presents data collected and the analysis of information obtained from respondents selected for the study.

#### **4.1 Demographic and Sample Characteristics**

Demographic information on the respondents included gender, age, and type of disability, among others. These variables were discussed in detail and presented in the Table 1. In sum, a total of 48 respondents were sampled. The result revealed that 30 representing 62.5 per cent were males while 18 (37.5%) were females. This clearly indicates that in the sample there were more male than female disabled children. Also, the investigator sought to know which of the parents or family member the children lived with.

Majority (75%) of the children however live with both parents while 25% are living with their mothers. Interestingly, none of the children live with their fathers alone. Regarding the type of

disability, two kinds of disability was recorded: physically challenged children and children with difficulty in seeing. Specifically, the results showed that majority (70.8%) are physically challenged while the rest (29.2%) have difficulty seeing. This result on the type of disability is expected given that the sample focused only on the two types of disabilities. Presented in Table 1 also is the data collected on the age of the respondents. The results revealed that all the children sampled were below 18 years majority (68.8%) of which is between the ages of 13 – 15 years.

**Table 1: Sample Characteristics**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
<b>Sex:</b>		
Male	30	62.5
Female	18	37.5
<b>With whom are staying:</b>		
Mother	12	25.0
Both Parents	36	75.0
<b>Type of Disability:</b>		
Physically Challenge	34	70.8
Difficulty Seeing	14	29.2
<b>Age:</b>		
10 – 12 years	8	16.7
13 – 15 years	33	68.8
16 – 18 years	7	14.5
<b>Total</b>	<b>48</b>	<b>100</b>

Other sample characteristics investigated by the researcher is whether the respondents attends school and if yes, their various levels on the educational ladder. Surprisingly, all the children with disability are / were attending school and in various levels of the school system. Table 2 represents the results. The results revealed that majority (62.5%) were in Primary School while 37.5% were in the Junior High School. This trend supports the global report on disability which indicated that children with physical disability, hearing problem, speaking and learning difficulty in Northern Iraq tend to attend school even more than children without disability.

**Table 2: The Classes of Respondents**

Class	Frequency	Percent
KG	2	4.2
Class1	2	4.2
Class 2	1	2.1
Class 4	7	14.6
Class 5	5	10.4
Class 6	13	27.1
JH 1	12	25.0
JH 2	5	10.4
JH 3	1	2.1
Total	48	100.0

### **4.3 Formal Social Support Mechanisms and its Contribution to the Well-being Children with Disability**

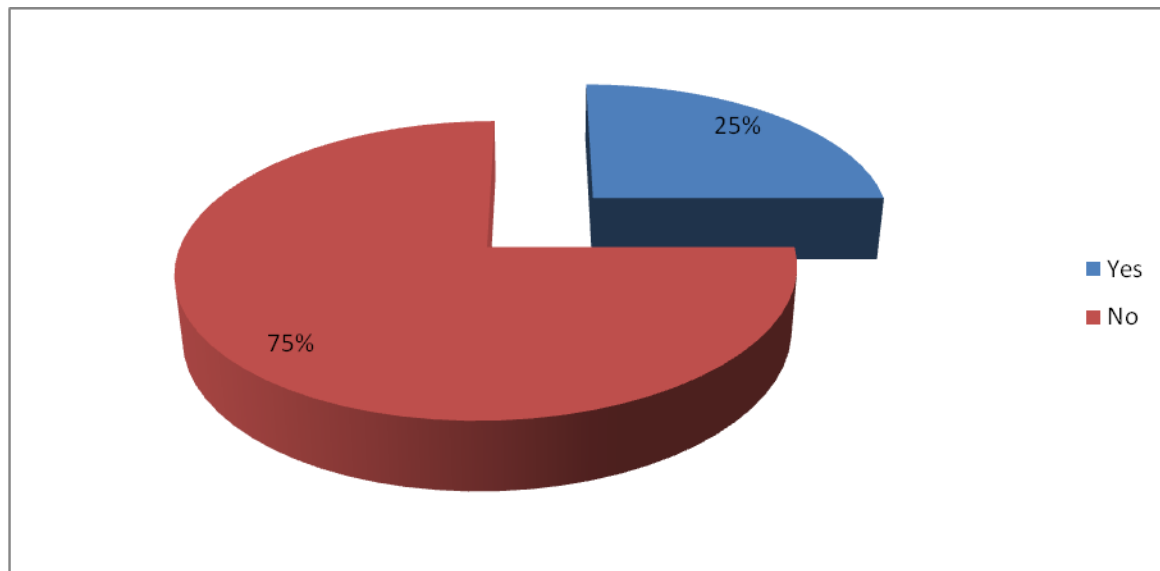
Ghana has a wide array of formal social support mechanisms herein referred to as social protection. However for the purpose of this study, three key social protection interventions with implication for dealing with some of the challenges associated with childhood disability have been examined. These include the National Health Insurance Scheme (NHIS), the Ghana School Feeding Programme (GSFP) and the Free School Uniform and Exercise Book Policy. In particular, the examination was made regarding first of all, the extent to which children with disability have some level of awareness of the programme and whether they are directly benefiting from the programmes and whether by their experience the programmes have made any contribution to their well-being. Generally data for this section is derived from the semi-structured interviewed held with 48 children with disability across the study area.

#### **4.3.1 Children with Disability and the National Health Insurance Scheme**

The National Health Insurance Scheme (NHIS) is one of the pro-poor policies implemented by the Government to ensure equal access to primary health care in the country, especially to the most vulnerable. This came to replace the infamous cash and carry system which demands that people pay at the point of medical services even before they are treated. This made it difficult for people to access quality health care in the country. The researcher in this direction investigated the level of access and usage of the NHIS by children with disability. The analysis revealed that all the respondents have at one point in time heard of the scheme but majority did not know the local agent who does the registration in their community. In the pie chart presenting the data, 75% of the respondents do not know of the local registration agent while 25% know the agent.

The data further revealed that all the respondents are registered and active card bearers of the NHIS (see appendix). This is also appreciated because the respondents are in school and mostly depend on their parents for every support.

**Chart 1: Knowledge of Local Registration Agent**



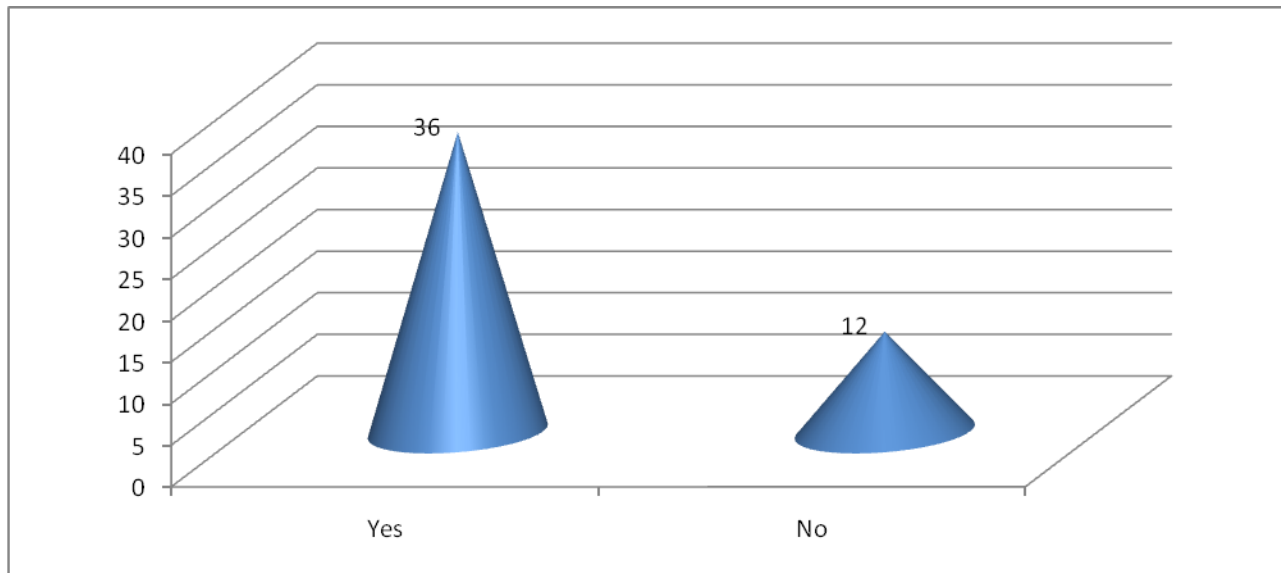
Regarding the usage of the National Health Insurance Card in seeking treatment at the various health facilities, the results showed that all the respondents attend health facilities with the card and receive treatment just like any other person who visits the facility. This really shows that the days of stigmatization against children with disability within the healthcare system, especially in the local communities are now fading away. This finding really refuted a report by UNICEF which suggests that children with disability are discriminated in educational and health sectors globally whether directly or indirectly. But it is a good sign that in the worse case the child with disability could be taken to the health centre for medical treatment.

**Table 3: NHIS Card usage and Treatment seeking among Children with Disability**

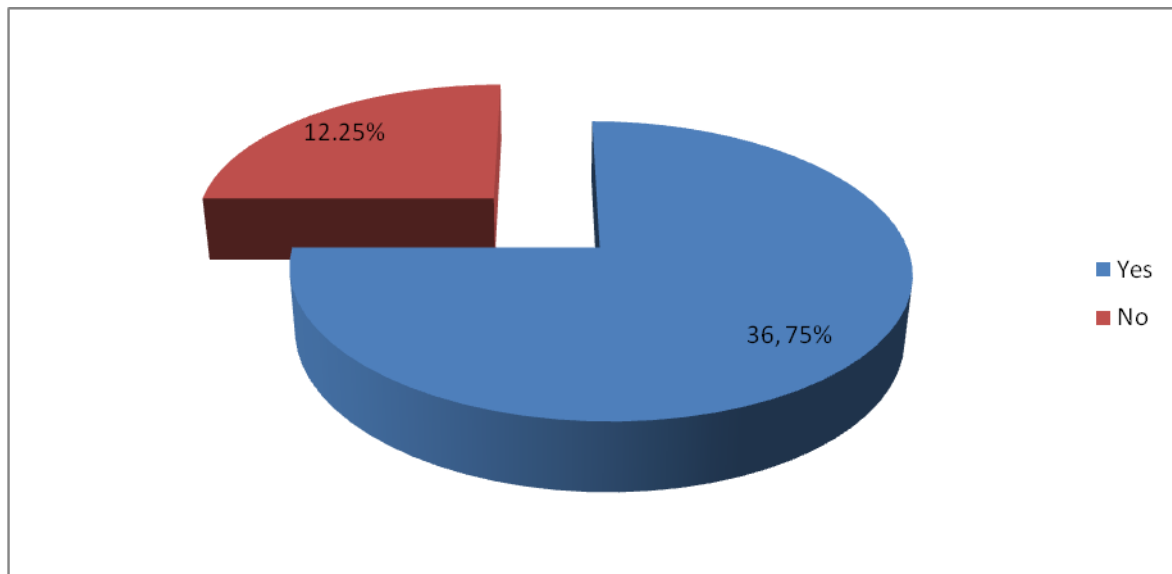
	<b>Frequency</b>	<b>Percent</b>
If card is active, do you attend hospital / clinic with it?	48	100.0
If yes, do you get treatment?	48	100.0

#### **4.3.2 Children with Disability and Free Exercise Book and Uniform Policy**

The next social intervention policy examined was the Free Exercise Book and School Uniform policy. This policy was introduced by government to improve education delivery in the country. Under the programme, each school child is given a uniform and number of exercise books according to his/her level in school. This is meant to lift some burden off the shoulders of parents who are already trapped in domestic poverty and also ultimately help the children get good education. The researcher sought to find out whether children with disability have equal access to this facility in the study area. In the first instance, the researcher want to know whether, the children with disability are aware of this policy that provide all children of school going age at the basic level with free exercise books and uniforms. The response as presented in the bar chart revealed that majority (75%) children are aware of the policy while the rest (25%) claim not to have any knowledge about the policy. Surprisingly, all the children reported that some exercise books and uniforms had been distributed in their school.

**Chart 2: Are you aware of Free School Uniform and Exercise Book Policy?**

Regarding the respondents who directly benefited from the policy – free exercise book and uniform, the result presented in the pie chart below indicated that majority (75%) of the respondents benefited from the policy and 25% did not or are yet to benefit from the policy. Again, this finding indicated that children with disability in schools in the study area are not discriminated against. It could therefore be deduced from this that the policy has contributed to the well-being of the disabled children in terms of basic education which is in line the Millennium Development Goals Two.

**Chart 3: Beneficiary of the Free School Uniform and Free Exercise Book Policy?**

Further analysis revealed that, respondents from each class that participated in the study benefited except the Kindergarten class where none benefited. This situation could be attributable to inadequacy of the supplies and absenteeism on the part of the respondents from school. Table 4 is a cross tabulation of beneficiaries and their classes.

**Table 4: Beneficiary of the Free School Uniform and Free Exercise Book Policy \* Class Cross Tabulation**

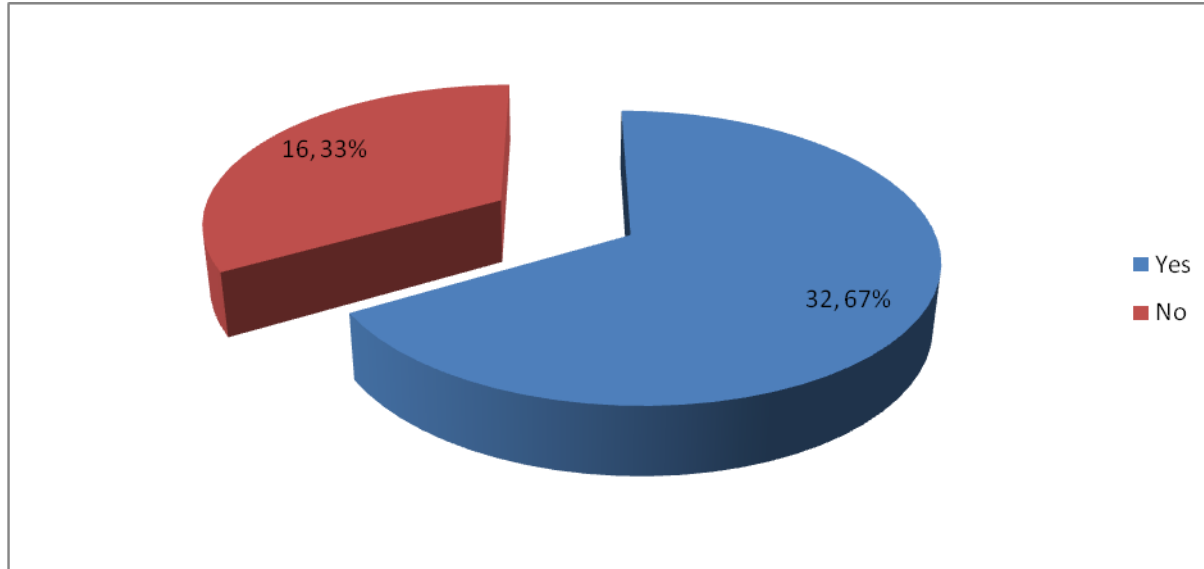
Count	If yes, what class are you?									Total
	KG	C1	C2	C4	C5	C6	JH1	JH2	JH3	
If yes, are you a beneficiary of the free school uniform and free exercise book policy?	0	1	1	6	2	12	8	5	1	36
No	2	1	0	1	3	1	4	0	0	12
Total	2	2	1	7	5	13	12	5	1	48

Lastly, the data revealed that, of the number of respondents who benefited from the policy, all (100%) were given the same quantity as children without disability. This reinforces the fact that educational institutions in the District respect the rights of children, including those with disability which is of one the fundamental rights enshrined in the 1992 Constitution of Ghana. This confirms the assertion by the District Directors of CHRAJ and the Desk Officer of the Department of Social Welfare and Community Development in key informant interview that child rights education has been intensified to ensure that the best interest of the child remains paramount in any issue concerning the child. It is also in line with the Free Compulsory Universal Basic Education (FCUBE) programme. See appendix for results.

#### **4.5 Children with Disability and Health Facility in Community**

Access to health facilities by children with disability in the Kadjebi District was also investigated. The researcher in the first place sought to enquire if there are health facilities in the community. The respondents were requested to respond to the item ‘*is there a health facility in your community?*’ The data revealed that all the respondents answered in the affirmative indicating there is a health facility in the communities they live in the District. Furthermore, seeking to know whether the respondents use the facility when seeking medical attention revealed again that all respondents at one point or the other visited the health facility. This is a healthy development which is appreciable because hitherto children with disability are not sent to the health facility when they are sick. In trying to prevent humiliation, parents rather prefer to lock up their disabled children in a room even when they are sick and need medical treatment. See appendix for results. And, in receiving treatment at the health facility, 32 respondents representing 67% mentioned that they receive treatment without discrimination while 16 representing 33% claimed they are discriminated against at the health facility. Chart 4 presents the result.

It is refreshing to discover that there is little discrimination in the health delivery system in the study area because the 1992 Constitution of Ghana and the Children’s Act guarantees fundamental human rights for all persons resident in Ghana. The District Director of CHRAJ also mentioned that though some progress has been made, stakeholders must not relax. Apart from that, a participant at the focus group discussion mentioned that she now sends her disabled daughter to the health centre anytime she is sick due the fact that there is little or no discrimination at the facilities unlike formally when no one will even look at your direction due to discrimination.

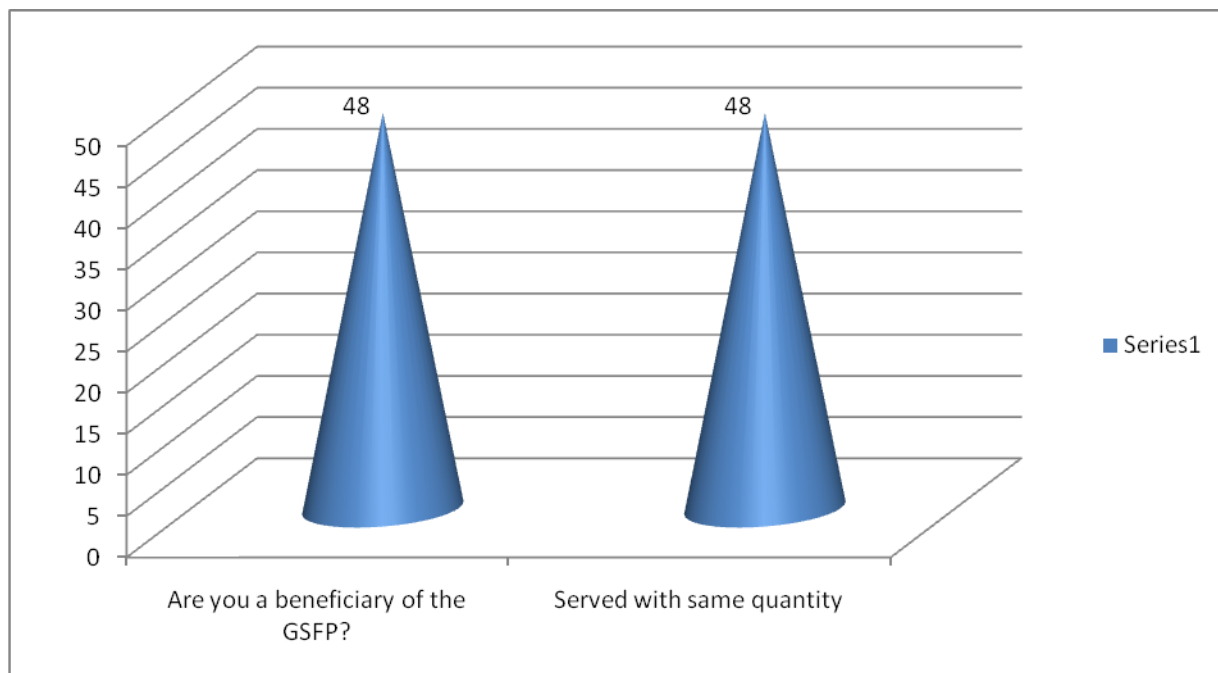
**Chart 4: Are you treated without discrimination?**

#### **4.6 Children with Disability and the Ghana School Feeding Programme**

The last social intervention policy was the Ghana School Feeding Programme. This policy is meant to provide one hot and nutritious meal to children in basic schools. Its ultimate objective is to improve school enrolment and ensure that children remain school and also promote local economic development. The policy was introduced in 2007 during the regime of ex-President J.A. Kufour. Reports gathered from the Ghana Education Service indicated that the policy has increased enrolment in beneficiary communities. However, the focus of this study is to investigate the contribution this policy has made to the well-being of children with disability in terms of education. To achieve this, the researcher inquired from the respondents whether they are beneficiaries of the policy, and whether they are served the same quantity of meal just like any other child. The results revealed that all children interviewed are benefiting from the policy and there is no discrimination in the quantity of food served them.

From this result, it is evident that children with disability do not suffer any discrimination in this programme. Accordingly, their health status might have improved as a result of this programme. This is in consonance with some parents' suggestion that GSFP has really contributed to a balanced growth of their children. The result is presented in Chart 5.

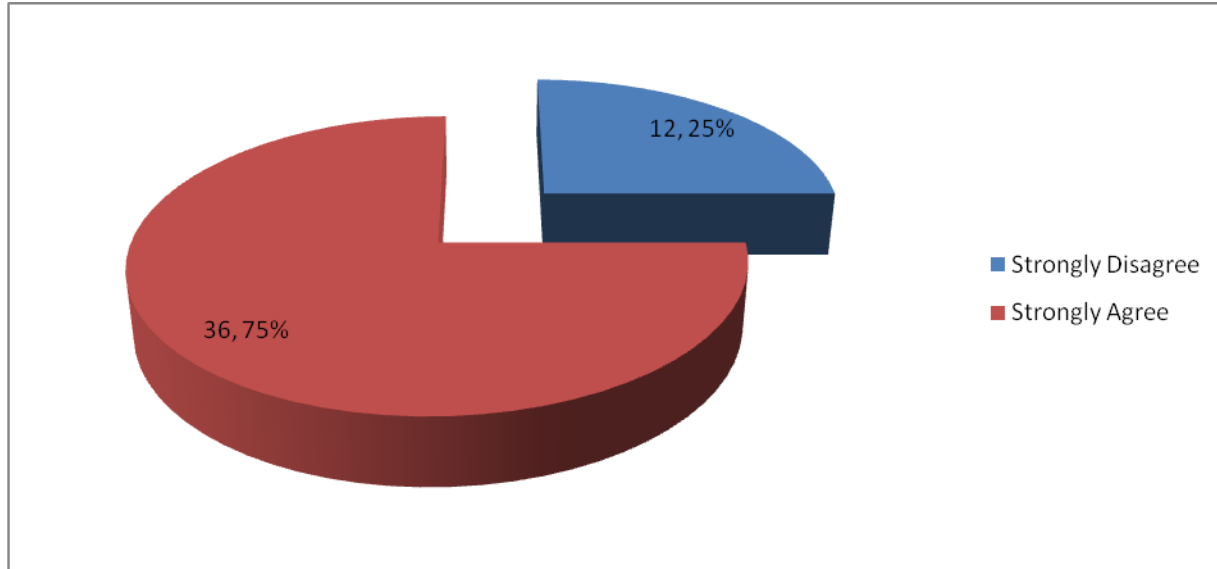
**Chart 5: Beneficiaries of GSFP**



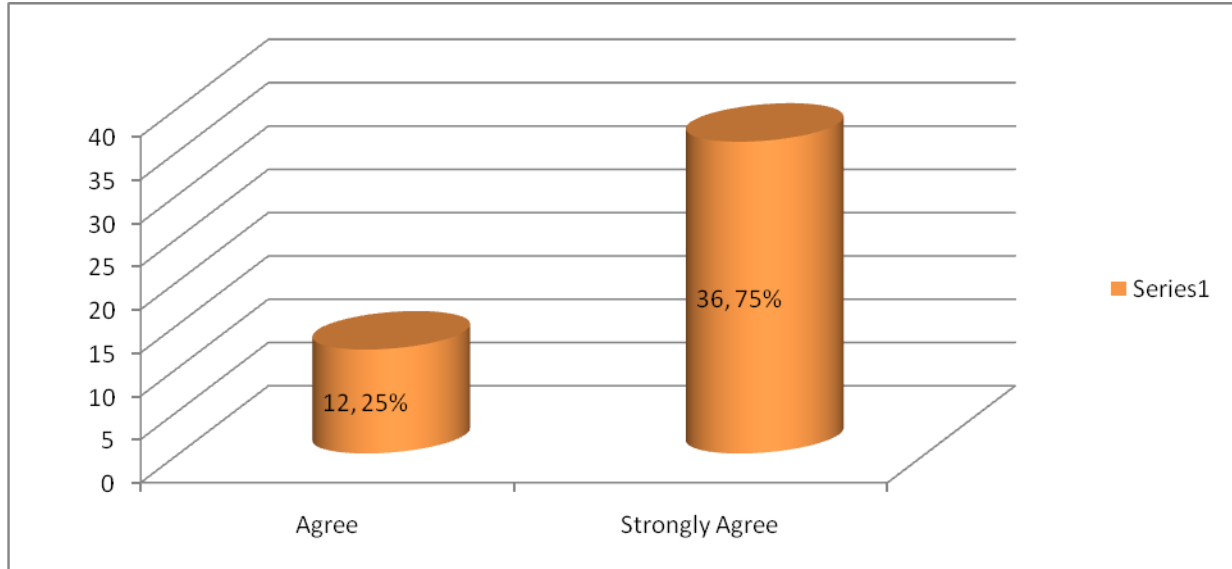
#### **4.7 Effects of Policies on Children with disability**

The main pro – poor policies examined in the study were the School feeding programme, the National Health Insurance Scheme and the Free Exercise and Uniform policy. The researcher in this section sought to find out whether by their own experience , these policies have any relevance to the need of children with disability and if so have these contributed to their overall well-being? A number of questions were asked and the discussion provides the results and the analysis.

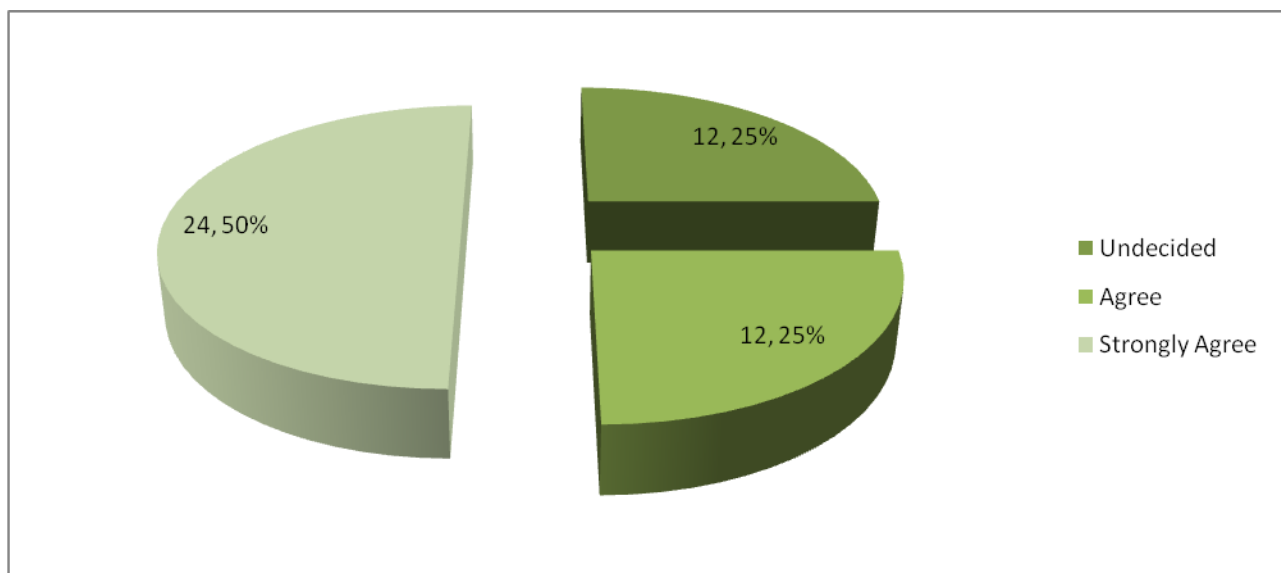
In the first place, the respondents were asked to indicate their level of agreement or disagreement to the question ‘these programmes are relevant to the needs of children with disability’. The result as presented in Chart 6 showed that majority (75%) strongly agreed that the policies have been relevant to their needs while the rest disagreed. This means that by their own experience, these programmes have really contributed to their well-being since they now enjoy the most basic facilities within their communities without much discrimination. The number disagreeing could be those who did not benefit from the policies or could be ones who still suffer some form of discrimination from the educational and health facilities. This is not surprising because Director CHRAJ, in a key informant interview revealed that the department occasionally receive complaints from some parents with children with disability about some health professionals and teachers whose actions and /or inactions amounts to discrimination against the innocent children. On the relevance of the programme to their live, one participant at the focus group discussion mentioned that the social intervention programmes have brought some relief to her child because it has provided the solutions to her child’s problem.

**Chart 6: These programmes are relevant to the needs of children with disability**

The contribution of the policies to the lives of the children with disability was also investigated. The respondents were asked to respond to the question '*these programmes positively affect the lives of children with disability*' and the results indicated that the policies indeed affected the children with disability positively. From Chart 7, 75% of the respondents strongly agree to the statement and the rest 25% just agreed. At this point, there is no doubt at all concerning the overall contribution the programme has made to the well-being of children with disability since the children themselves have revealed that their livelihood have improved as a result of the programme. This is an indication that the parents, children and authorities at CHRAJ and the Department of Social Welfare and Community Development share similar opinion on the contribution of the programme to the well-being of children with disability because all the parents at the focus group discussion recounted how the programmes have helped their children. In sum all the respondents affirmed that the policies are good and beneficial to them (children with disability).

**Chart 7: These programmes positively affect the lives of children with disability**

Finally, the researcher specifically asked the respondents to tell whether the policies have contributed to their well-being as children with disability. The result showed that 50% strongly agreed, and 25% agreed while the rest remained undecided. In sum 75% of the respondents agreed that the policies have improved their well-being. The result is presented in Chart 8.

**Chart 8: These programmes have contributed to my well-being as a child with disability**

#### 4.8 Children with Disability and their Family's Contribution

In this section, the researcher sought to find out from the respondents how their respective families provide their needs – material and social support. In the first place, the respondents were asked to indicate their level of agreement and disagreement with the statement '*I am treated with respect just like any other child in my family*'. The result suggests that equal (50%) number of children agreed and disagreed with the statement. Specifically, 50% disagreed, while 25% ordinarily agreed and 25% strongly agreed to the statement. This to a wider extent implied that majority of the children with disability are discriminated against by their own parents, guardians or significant others in their family. See Table 5 for Results.

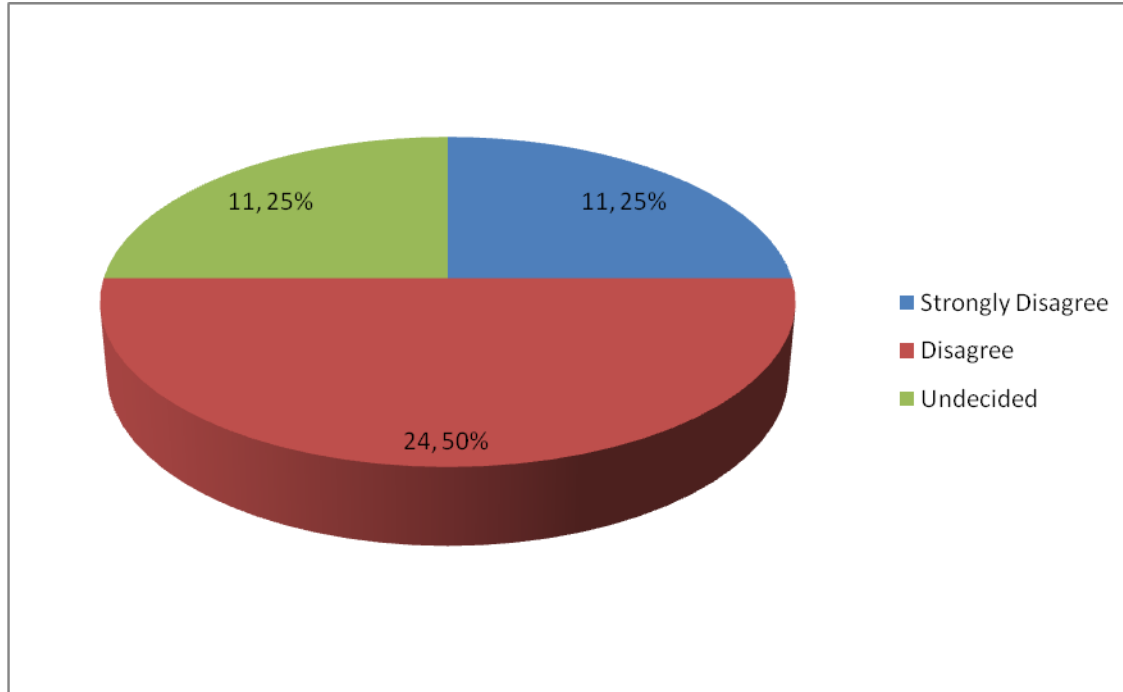
**Table 5: I am Treated with respect just like any other child in my family**

	Frequency	Percent
Disagree	24	50.0
Agree	12	25.0
Strongly Agree	12	25.0
Total	48	100.0

This is in sharp contrast with the case in the schools and health centres where it was reported that there is little or no discrimination at all. This may be due to the fact that some of the parents or significant others might still be holding on to traditional views about causes of disability and the implication of having a disabled child in one's family. This is not surprising because the study area is highly traditional and averagely primitive. It is also obvious that the educational standards of the parents are not high enough for them to appreciate the real causes of disability from the

community sensitization programme undertaken by CHRAJ, Department of Social Welfare and Community Development, the Kadjebi District Assembly and other social partners. See Table 5 for the results.

Next, the researcher asked the respondents whether their family provides their needs. Needs in this study refers to provision of educational and health needs as well as other social supports. The result as shown in Chart 9 shows that the respondents completely disagreed with the suggestion that their families provide their needs. Interestingly, 25% of the respondents remained neutral. They could not tell whether their needs were catered for by their families. Clearly, the respondents showed that the families of children with disability shirk their obligations as families and relegate these to the government. Because one woman revealed at the focus group discussion that they do not provide breakfast to their children at home since the feeding programme takes care of that. She was quick to add that this does not pertain only to children with disability in the household. This behaviour by some parents supports the widely held view by economist that social protection promotes laziness among recipients and it is therefore disincentive for development. Chart 9 presents the results.

**Chart 9: My family provides my needs**

Lastly, the researcher wanted to know if the families of the children with disability discriminate against them in the provision of their needs. The respondents were thus requested to indicate their level of agreement or otherwise to the statement ‘*my family does not discriminate against me because of my disability*’. The result presented in the table below showed that majority (75%) disagreed with the statement implying that families discriminate against them (children with disability). This result is consistent with earlier responses regarding the provision of basic needs for the children by their families. Table 6 presents the results.

**Table 6: My family does not discriminate against me because of my disability**

	Frequency	Percent
Strongly Disagree	24	50.0
Disagree	12	25.0
Undecided	12	25.0
Total	48	100.0

#### **4.3 Informal Support Services for Promoting the Well-being of Children with Disability.**

One of the critical issues examined in this study is the presence of informal social support services and how these have contributed to shaping the well-being of children with disability in the Kadjebi District. Informal social support has been conceptualised to relate to food, shelter and clothing. Data for this section was mainly derived from three focus group discussions held with Assembly members, traditional leaders religious leaders and parents with children with disability.

In all, Thirty (30) community leaders made up of Four (4) Assembly Members from the following Ahamansu, Dodo-Tamale, Todome and Yadzo Electoral Areas, Three (3) Community Chiefs one of whom is also the Presiding Member of the Kadjebi Assembly District, three (3) Religious Leaders including the Representative of the Chief Imam and (20) Parents with children with disability availed themselves for the discussion.

The discussion centered on the knowledge of social intervention policies of government, the relevance of the policies in enhancing the well-being of children with disability and the support they as parents and opinion leaders provide these children and how this contributes to their well-

being. The researcher moderated the discussion and a research assistant jotted down notes reflecting the general views expressed by the discussants at all the three venues.

### **Knowledge and usage of Social Intervention Policies**

The participants expressed knowledge of the policies - NHIS, School Feeding Programme, Free School Uniform and Exercise Books. Regarding the source of knowledge, majority mentioned that they learnt of these policies on radio and on national television stations and from their school going children.

Specifically, concerning NHIS policy, the participants mentioned that they are registered members of the scheme. However, two parents confessed that the card of their wards has expired. For free exercise books, uniform and school feeding, the parents expressed satisfaction about the policy.

Probing further, they mentioned the policies had reduced their expenditure on the education and health of their wards. All the parents expressed fair knowledge on the available social protection /intervention programme such as Ghana School Feeding Programme, Free School Uniform and Exercise Book Policy and NHIS.

### **Relevance of Programme**

The profile of the participants revealed that, in exception of the Assembly members all others were peasant farmers with no other regular income source and on the average, many have five (5) children. This has implication in funding the education and meeting the health needs of the children. The introduction of these policies has thus been received with open arms. As a result they reported that their wards were able to access health care, have descent school uniforms and

writing materials to use in school. Some parent however, mentioned they still have to purchase exercise books for their wards to supplement what was supplied. This is because, at the JHS level, the number of exercise books provided is not enough given the number of subjects treated at that level.

### **Provision of family support**

The Assembly members and some parents mentioned that they are strongly aware that 2% of the District Assemblies Common Fund (DACF) is to be disbursed to persons with disability for educational, economic and medical purposes. And as such the law enjoins District Assemblies to freely release this money to persons with disability. They mentioned also that some children with disability including disabled children in their electoral areas have really benefitted from this grants. Therefore, the burden of providing for children with disability in the District does not lie only at the door of the parents.

The parents on their part mentioned their income levels and the number of children they are to provide for seem to be a contributory factor to their inability to properly provide for the needs of their disabled children. Notwithstanding, they agreed ‘they are doing their best’.

### **Community Support for Children with Disability**

One critical objective of this study is to investigate whether the communities in the study area have any support for these children apart from governmental social intervention programmes. Responding to these questions at the focus group discussion, the Chiefs and Assembly Members revealed that their communities do not have any support for either children with disability or families with children with disability. They said they all depend on the Department of Social

Welfare and Community Development, District Assembly and other civil society organizations to help the parents provide for the needs of these children. One Assembly Member said that they only help parents with child (ren) with disability to write and submit applications to the Disability Funds Management Committee of the Assembly and subsequently lobby for its approval. What is surprising is that there is no support from the religious groups for children with disability in the study area.

#### **4.4 Legislations and Programmes for Promotion of the Well-being of Children with Disability**

The third objective of this study is to examine the provisions within existing, legislations, programmes and policies that promote the well-being of children with disability. There are number of legislations, programmes and policies that seek to protect, promote and ensure the well-being of children with disability. These provisions exist at the global, regional, national and sometimes even District and community levels. Over the years, disability policy developed from elementary care at institutions to education for children with disabilities and rehabilitation for persons who became disabled during adult life. Through education and rehabilitation, persons with disabilities became more active and a driving force in the further development of disability policy.

This section takes a cursory look at some international and national legislations/policies/programmes that seek to improve and protect the well-being of children with disability in Ghana. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, Universal Declaration of Human Right (UDHR), the United Nations Convention on the Rights of the Child (UNCRC), the African Chapter on Human and People's Right, the 1992 Constitution of the

Republic of Ghana, the Children's Act (Act 560/1998), the Persons with Disability Act (Act 715/2006) are reviewed to ascertain whether these legislations really promote the well-being of children with disability.

### **Universal Declaration of Human Rights (UDHR)**

This is undoubtedly one of the important and key declarations that brought tremendous attention to human right issues on the world stage after the first and second world wars. The declaration is non-binding resolution was adopted by some countries in 1948. The thirty (30) article declaration widely recognizes human rights as a prerequisite for peace, justice, and democracy and development.

The Declaration states that “the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world (UDHR, 1948). The human right of all persons including that of children with disability is built on the principles and provisions of this important declaration.

Article One(1) of the declaration which states that all human beings are born free and equal in dignity and rights and are endowed with reason and conscience and should act towards one another in a spirit of brotherhood point to the fact that no child should be condemned because of disability.

Article Two(2) states that everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Of major significance to

this study is Article 25(1) which states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Although the declaration in Articles 1, 2 and 25(1) made special provisions in the interest of children with disability, the UDHR failed to emphasize the need for community care and support for these children and their parents. Again, the declaration did not prescribe any sanction which should be imposed on any family who denies their child or children with disability the basic necessities of life.

Therefore, the UDHR though widely claimed to be the foundation of human rights of all persons, it did not take into account the special needs of children with disability and their families as well as communal support for them.

### **Standard Rules on the Equalization of Opportunities for Persons with Disabilities**

This is a single most important attempt by the United Nations to advocate for fair treatment for persons with disability in the world. Before these Rules there were no standards against which progress in terms of providing equal rights and opportunity to disabled people could be measured.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities have been developed on the basis of the experience gained during the United Nations Decade of Disabled Persons (1983-1992). The International Bill of Human Rights, comprising the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the World Programme of Action concerning Disabled Persons, constitute the political and moral foundation for the Rules.

Although the Rules are not compulsory, they have become international customary rules when they are applied by a great number of States with the intention of respecting a rule in international law. They imply a strong moral and political commitment on behalf of States to take action for the equalization of opportunities for persons with disabilities. Important principles for responsibility, action and cooperation are indicated. Areas of decisive importance for the quality of life and for the achievement of full participation and equality are also pointed out.

The Rules offer an instrument for policy-making and action to persons with disabilities and their organizations. They provide a basis for technical and economic cooperation among States, the United Nations and other international organizations.

The overarching purpose of the Rules is to ensure that girls, boys, women and men with disabilities, as members of their societies, may exercise the same rights and obligations as others. Persons with disabilities are members of society and have the right to remain within their local

communities. They should receive the support they need within the ordinary structures of education, health, employment and other vital social services

### **United Nations Convention on the Rights of the Child (UNCRC)**

This Convention was adopted by the United Nations General Assembly in November 1989 after decades of negotiation (Blanchfield, 2009). The UNCRC has 54 Articles. Articles 43-54 are about how adults and governments should work together to make sure that all children enjoy their rights. It is a tremendous step taken by the United Nations to protect and ensure the well-being of all persons below eighteen (18) years including those with disability. Article 1 of the convention states that everyone under 18 years of age has all the rights in this Convention and Article 2 added that the convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from. Article 23 states that children who have any kind of disability should receive special care and support so that they can live a full and independent life.

Being the first country to ratify the convention, Ghana has made several attempts to promote the well-being of children in general but much need to be done for children with disabilities specifically because of their vulnerability and special needs.

### **1992 Constitution of the Republic of Ghana**

This constitution serves as the framework of all legal enactments in Ghana. It states that the constitution shall be the supreme law of Ghana and any other law found to be inconsistent with any provision of this constitution shall, to the extent of the inconsistency, be void and null. In Chapter 5, under the title 'Fundamental Human Rights and Freedom', the document provides for

the protection of rights of all persons including children with disability without regard to race, place of origin, political opinion, colour, religion, creed or gender.

Again, Article 28 of the constitution provides for the right of child. Article 28(1) state that every child has the right to the same measure of special care, assistance and maintenance as is necessary for his/her development from his/her natural parents, except where those parents have effectively surrendered their rights and responsibilities in respect of the child in accordance with law among others. Article 29(1) also provides that disabled children have the right to live with their families or with foster parents and to participate in social, creative or recreational activities. Again, Article 29(4) states that disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

Although the constitution provides for the protection of human rights of all persons including children with disability, it does not provide enough legal frameworks to develop disability legislation, programmes and policies specifically to protect children with disability.

### **Persons with Disability Act (Act 715)**

Being the only legislation that seeks to promote the interest of persons with disability in Ghana, the Persons with Disability Act came into force and received Presidential Assent in August 2006. With eight (8) Sections, the Act provides for the rights of persons with disability, education of person with disability, transportation, health care and facilities for persons with disability, the establishment and functions of national council on persons with disability, administrative and financial provisions among others.

Article 16(1&2) of the Act provided for education of children with disability. It said that a parent, guardian or custodian of a child with disability of school going age shall enrol the child in school.

Again, parent, guardian or custodian who contravenes subsection (1) commits an offence and is liable on summary conviction to a fine not exceeding ten penalty units, or to a term of imprisonment not exceeding fourteen days.

### **Children's Act, 1998(Act 560)**

Being the first country to ratify the United Nations Convention on the Rights of the Child, Ghana in 1998 came out with this legislation to protect children.

Titled 'Children's Act of 1998', the overarching goal of the Act is *“to reform and consolidate the law relating to children, to provide for the rights of the child, maintenance and adoption, regulate child labour and apprenticeship, for ancillary matters concerning children generally and to provide for related matters”* The Act received presidential assent on 30<sup>th</sup> December, 1998. Its guiding principle is contained in Part 1 titled “The Right of the Child”. It states that *“the best interest of the child shall be paramount in any matter concerning a child”*. Furthermore, it provided that the best interest of the child shall be the primary consideration by any court, person, institution or other body in any matter concerned with a child.

Sub-Part 3 of the Act provided for non-discrimination. It states that “no person shall discriminate against a child on the grounds of gender, race, age, religion, disability, health status, custom, ethnic origin, rural or urban background, birth or other status, socio-economic status or because

the child is a refugee”. Under ‘Parental Duty and Responsibility’, the Act provides that no parent shall deprive a child his welfare whether –

(a) The parents of the child are married or not at the time of the child’s birth; or (b) The parents of the child continue to live together or not. (2) Every child has the right to life, dignity, respect, leisure, liberty, health, education and shelter from his parents.

(3) Every parent has rights and responsibilities whether imposed by law or otherwise towards his child which include the duty to (a) protect the child from neglect, discrimination, violence, abuse, exposure to physical and moral hazards and oppression; (b) provide good guidance, care, assistance and maintenance for the child and assurance of the child’s survival and development; (c) ensure that in the temporary absence of a parent, the child shall be cared for by a competent person and that a child under eighteen months of age shall only be cared for by a person of fifteen years and above. These provisions apply to all children including disabled ones. This Act also provided for education, immunization, adequate, diet, clothing, shelter, medical attention for all children. Section 10, sub-section 1 and 2 of the Act provided specifically for children with disability. It states that no person shall treat a disabled child in an undignified manner. It further stated that disabled child has right to special care, education and training wherever possible to develop his maximum potential and be self-reliant.

Furthermore, Sub-Part 1 under the title “Care and Protection”, Metropolitan, Municipal and District Assemblies have been tasked to protect all children within their area of jurisdiction and ensure that relevant governmental agencies in the District collaborate effectively to ensure that the rights of all children are protected. More so, the Department of Social Welfare and

Community Development has been mandated to investigate cases of child rights abuses in every in Ghana.

From this brief overview of the Children's Act, it is undoubtedly clear that it is a single most important legislation that protects the right of all children in Ghana.

### **LIVELIHOOD EMPOWERMENT AGAINST POVERTY (LEAP)**

One of the prominent social intervention programmes that seek to promote the well-being of children in Ghana is the LEAP programme. The LEAP was developed by the Government of Ghana as one of its flagship programmes of the National Social Protection Strategy. The programme aims at empowering extremely poor, disadvantaged and vulnerable populations including children with disability in the country. The programme was initiated by the Ministry of Employment and Social Welfare (MESW) in 2008 and the implementation is done through the Department of Social Welfare (DSW). The LEAP programme provides conditional and unconditional cash transfer to extremely poor households who have no alternative means of meeting their subsistence needs and have limited productive capacity e.g. the elderly poor, persons with severe disabilities and children in difficult circumstances.

The cash transfers are intended to empower those households and help them provide for their basic needs and also support them to access existing social protection and other poverty reduction interventions so as to contribute to the socio-economic development of the country. The grant under the programme ranges from GH¢15-GH¢45 every month depending on the number of eligible members in a particular household.

The main objective of the LEAP programme is to reduce poverty by increasing consumption and promoting access to services and opportunities among the extreme poor and vulnerable.

1. To improve basic household consumption and nutrition among children below 2 years of age, the aged (65 years and above without productive capacity) and people with severe disability who cannot work.
2. To increase access to health care services among children below 5 years of age, the aged (65 years and above without productive capacity) and people with severe disability.
3. To increase basic school enrolment, attendance and retention of beneficiary children between 5 and 15 years of age.

LEAP is seen as a compliment to the government's existing social protection initiatives including among others including the Agricultural Input Support Programme, the Micro Finance Scheme, the National Health Insurance Scheme, Ghana School Feeding Programme etc (LEAP Operational Manual, 2008).

Other programmes such as Ghana School Feeding Programme and the National Health Insurance which are subjects of this study does not have any specific focus for disabled children, but rather for children in general.

### **Key Informant Interview (KII)**

To know the extent to which these legislations have influenced programmes and activities and how this promoted the well-being of children with disability in the study area, the researcher conducted some key informant interviews. Typically, Directors of CHRAJ, Department of Social Welfare and Community Development and the Scheme Manager of the National Health Insurance Scheme were interviewed.

The Director of CHRAJ, reveals that the Commission is the official human right organization established by government in 1992 and its mandates are derived from the UDHR and as such conducts regular human rights education in all schools and communities in the District to ensure that every child including the disabled child is at least aware of his/her rights and responsibilities as a citizen of Ghana. He added that the Commission conducts annual human rights investigations to come out with human rights abuses in the District.

He concluded that both national and international legislations have influenced programmes and activities which really contributed to the well-being of children with disability in general.

The Director of the Department of Social Welfare and Community Development also revealed that the UDHR forms the basis of the department's work, especially under its Child Rights Protection and Promotion and Justice Administration Programmes. He cited instance where the department investigated cases pertaining to neglect of disabled children in the study area. He said in accordance with governmental directive that 2% of the District Assemblies Common Fund should be allocated to disability-related, persons with disability have benefitted tremendously from this grant. He said children with disability are not left out of this special package. This assertion has confirmed revelations by some Assembly Members during the focus group discussion that disabled children have benefitted from the grant and their well-being improved.

On the LEAP programme, the Director said the programme aims at providing livelihood support to extremely poor households with disabled children but unfortunately the District is not yet on

the programme. In the opinion of the Department, the legislations and policies have really contributed to the well-being of the disabled child in the study area.

At the District Secretariat of the NHIS, the researcher interacted with the Scheme Manager and the Public Relations Officer (PRO). The Scheme Manager disclosed that health insurance is one of the fundamental human rights of every person in Ghana and should remain as such, especially for the vulnerable ones like children with disability. He said the programme is expected to provide basic primary health care to all persons resident in Ghana. The mandate of the scheme is based on the provisions and principles of national and international laws.

The PRO disclosed that vulnerable people who do not have the financial capacity to pay the premium are covered under the indigene policy of the scheme. He said *“some parents even bring their disabled children here for registration and we don’t collect money from them”*.

In expressing his opinion on whether or not international and national laws have contributed to the well-being of children with disability, the Scheme Manager said the health sector was transformed drastically by these legislations and policies and this has contributed positively to the well-being of children with disability in Ghana.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS.

#### 5.0 Introduction

**This study investigates the contribution some governmental pro-poor programmes have made on the well-being children with disability.** Again, the knowledge of parents and guardians of children with disability about these programmes and the community's informal support mechanisms that protect and promote the well-being of children with disability in the Kadjebi District. This chapter highlights the main issues in the study, the conclusion and policy-focused recommendations.

#### 5.1 Summary

The vulnerability of persons with disability, especially the children with disability is of major concern to state governments, human rights organizations, civil society organizations and other child-focused institutions all over the world. Accordingly, governments all over the world beside legislations have implemented some social intervention programmes aimed at reducing this vulnerability and thus improving the well-being of vulnerable people.

This study measures the effect of some of these social intervention programmes on the well-being of children with disability in the Kadjebi District in the Volta Region. Organised around three major objectives, the study seeks to examine awareness on formal support services and their effect on children with disability.

Secondly, to investigate informal support services in the Kadjebi District for promoting the well-being (food, clothes and shelter) of children with disability and lastly to examine the provisions within existing policies and programmes for the well-being of children with disability in Ghana.

The study was conducted within the social or human right model of disability. This model therefore constitutes the theoretical or conceptual framework of the study. The necessary literature on the topic was reviewed.

The study was conducted in the Kadjebi District, specifically in three (3) traditional areas and nine (9) communities, children with disability were then purposively selected from schools that are on Ghana School Feeding Programme and have from benefitted Free School Uniform and Exercise Book programme. The design of the study was both qualitative and quantitative. The communities were purposively selected based on the high incidence of disability recorded by the Department of Social Welfare and Community Development in the District. Data was collected by five trained research assistants.

The study was limited to only children with physical disability and sight impairment due to the fact that neither the researcher nor the research assistants could communicate with children with hearing impairment. Again, children with mental disability could not be easily identified by the research team without a medical examination. They were therefore not included in the sample for the study, although some were seen on the field. And only those ranging from 7 to 17 years were interviewed. In all, a total sample size of 48 was used.

One focused group discussion was held to gather data on the community members' knowledge on the existing informal support services and how they affect the well-being of children with disability. The data was processed and analysed by the Statistical Package for Social Science (SPSS) software.

The findings of the study revealed that all the 48 children with disability were in school and all of them were registered with the National Health Insurance Scheme (NHIS) and have active membership card with majority of them even knowing the NHIS local agent in their community.

All the respondents seek medical attention in health facilities when they are ill and are attended to without discrimination. Majority of the respondents revealed that the basket of social protection programmes contained in the study were relevant to their well-being and has positively affected their lives. Some however disclosed that the programmes did not contribute anything to their welfare at all.

## **5.2 Conclusion**

The study aims at investigating how social intervention programmes have contributed to the welfare/well-being of children with disability. The findings points to the fact that there is a strong relationship between these basket of social protection mechanisms, namely Ghana School Feeding Programme, National Health Insurance Scheme and Free School Uniform and Exercise Book Policy and the well-being of disabled children in the Kadjebi District.

Again, the findings emphasized the point that children with disability in the Kadjebi District are not totally discriminated against in terms of the provision of education, health and other basic necessities of life as pointed out in some literatures. The findings also suggest that the social or human right model of disability is ensured in the provision of these vital social protection packages in the District. This really concludes the fact that Kadjebi District is a place where the right and well-being of children with disability is assured and respected.

### **5.3 Recommendations**

Being social policy driven study, the following recommendations are made to further improve the well-being of the disabled child.

Although the findings suggest that children with disability have really benefitted from the social intervention programmes from government so far, more attention should be placed on their well-being in the District since some of them are left out.

Though international legislations, conventions etc have greatly influenced the national disability legislation of Ghana and the law came into force in 2006, the Act is still not operationalised because it does not have a Legislative Instrument (L.I). It is therefore the candid opinion of the researcher to suggest to government to as a matter of urgency take the appropriate step to address this issue in order to make the provisions in the Act enforceable in order to promote the well-being of persons with disability, especially the children. Because it is only when the Act is operationalised that the provisions contained therein could be used to advocate for their right and well-being.

The Ghana School Feeding Programme and the Free School Uniform and Exercise Book Policy should be expanded to cover more schools in the District so that children with disability in those schools could also benefit from the programme. Again, other pro-poor services like the LEAP should be extended to the District so that every child with disability, especially those in the rural communities where poverty levels are astronomically high would benefit.

Parents with disabled children should be economically empowered by the Medium and Small Loans Centre (MASLOC) to boost their income generating activities so that they could take care of these children.

Apart from that, children with disability should have specific legislation to protect them. This is necessary because their special needs demands that special attention should be given to their needs. And this legislation should incorporate all the relevant principles and provisions contained in the United Nations Convention on the Right of Persons with Disability.

In order to generate more knowledge and information on disability issues to inform policy, programme and effective advocacy, social science researchers should consider focusing on disability issues, especially the children.

The Kadjebi District Assembly in collaboration with the District Directorate of Education, the Department of Social Welfare and Community Development (DSWCD), the Commission on Human Rights and Administrative Justice (CHRAJ), the National Commission on Civic Education (NCCE) should intensify their community sensitization programmes on the need to protect and promote the right and well-being of disabled children in the District. Parents should be educated on the causes of child disability.

The disabled children themselves should be educated on daily living skills by the Rehabilitation Officer of the Assembly. Community sensitization on harmful traditional practices relating to issues of disability should be intensified by governmental organizations to enforce behaviour change on the part of community members in relation to disability.

In the same direction, the Disability Funds Management Committee of the Kadjebi District should always treat applications submitted on behalf of children with disability with urgency in order to promote their well-being. Secondly, civil society organizations such as World Vision Ghana, Actionaid Ghana, Network of Communities in Development (NOCID), Women's Rights Advocacy Network (WRAN) operating in the District should consider incorporating issues of disability into their programming at all times.

Again, Assembly Members, Unit Committees, Traditional Authorities and Religious Leaders should be properly educated on disability issues so that in preparing the Medium Term Development Plans of the Assembly, disability issues would be factored in. Community-Based Rehabilitation programme should be encouraged to enhanced integration of persons with disability.

The District Assembly should as a matter of urgency come out with bye-laws to make discrimination against children with disability a criminal offence for which the culprit could be fined or even imprisoned. This measure would enforce behavioural change among community members on disability issues. The government and the assembly should ensure that all school infrastructures conform to the laid down standards to promote inclusion education and the District Directorate of Education should take disciplinary against any teacher who discriminate against a disabled child in class. The school children should be regularly educated about disability issues and be encouraged to take good care of their disabled peers.

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## APPENDICES

### Sample of Questionnaire

UNIVERSITY OF GHANA

CENTRE FOR SOCIAL POLICY STUDIES

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Dear Respondent,

The researcher is a final year student of Centre for Social Policy Studies, University of Ghana, Legon who is undertaking this study in partial fulfilment of the requirements for the award of Master of Arts Degree in Social Policy Studies.

This is a brief questionnaire, investigating social protection facilities in your community and its effect on the well-being of children with disability. Please respond truthfully and give as much information as possible and note that no answer is wrong or right.

Please be assured that all information provided would be treated with absolute confidentiality.

Thank you.

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### SECTION A Demographic Variables

1. Sex                      a. Male [ ]                      b. Female [ ]

2. How old are you? (Age in years) .....

3. With whom are you staying?

a. Mother [ ] b. Father [ ] c. Both Parents [ ] d. Other [ ]

4. Are you attending school? Yes [  ] No [  ]

If yes, what class are you? .....

If no, why?.....

.....

.....

5. What type of disability do you have?

• Sight impairment [  ]

• Moving difficulty [  ]

• Mental disability [  ]

• Speech disability [  ]

• Hearing impairment [  ]

• Others [  ]

## SECTION B:

### Knowledge on Social Protection Programmes in Communities/School.

This segment of the questionnaire seeks to capture information on how informed children with disability are concerning some social protection programmes /facilities in their communities and schools. To be completed by children with disability with the help of research assistant.

- **National Health Insurance Scheme(NHIS)**

6. Have you heard of NHIS? Yes [  ] No [  ]

7. Do you know the NHIS local agent in your community? Yes [  ] No [  ]

8. Are you registered with the scheme? Yes [ ] No [ ]
9. Is your NHIS card active? Yes [ ] No [ ]
10. If card is active, do you attend hospital/clinic with it? Yes [ ] No [ ]
11. If yes, do you get treatment? Yes [ ] No [ ]
12. If no, why? Give reason.....  
 .....  
 .....  
 .....

• **Free School Uniform and Exercise Book Policy.**

13. Are you aware of this policy/programme Yes [ ] No [ ]
14. Does your school benefitted from this policy? Yes [ ] No [ ]
- a. If yes, are you a beneficiary of this programme Yes [ ] No [ ]
15. If yes, were you given the same quantity as others? Yes [ ] No [ ]
- a. If no, why? Give Reason .....  
 .....  
 .....

**Health Facilities**

16. Is there a health facility in your community? Yes [ ] No [ ]
17. Do you seek treatment there when you are sick? Yes [ ] No [ ]
18. Do you get good treatment like others? Yes [ ] No [ ]
19. Are you treated without discrimination? Yes [ ] No [ ]

- **Ghana School Feeding Programme (GSFP)**

This section should be completed only by respondents who have GSFP in their school.

20. Are you a beneficiary of this programme Yes [ ] No [ ]

21. Are you served the same quantity and quality of food just like other children without disability Yes [ ] No [ ]

### **SECTION C: The Effect of all Programmes on Children with Disability**

This section measures the positive effect the programmes, that is, *National Health Insurance Scheme, Ghana School Feeding Programme, Free School Uniform and Exercise Book Policy and Health care services* on your well-being as a child with disability.

Be as truthful as possible in your response to enable the researcher get the real and actual situation concerning children with disability and these social protection programmes.

Use the codes provided below to answer the questions as truthful as possible. Circle the code that applies to your response.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
5	4	3	2	1

---

22. These programmes are relevant to the needs of children with disability

1 2 3 4 5

23. These programmes positively affect the lives of children with disability.

1 2 3 4 5

24. These programmes have contributed to my well-being as a child with disability.

1 2 3 4 5

**SECTION D: FAMILY SUPPORT**

This section aims at getting responses from the respondents on the level of support extended to them by their family. Use the codes as used earlier.

**25.** I am treated with respect just like any other child in my family

1      2      3      4      5

**26.** My family provides my needs (education, clothes, food, shelter and healthcare)

1      2      3      4      5

**27.** My family does not discriminate against me because of my disability.

1      2      3      4      5

**How old are you**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 10.00	1	2.1	2.1	2.1
12.00	7	14.6	14.6	16.7
13.00	15	31.3	31.3	47.9
14.00	5	10.4	10.4	58.3
15.00	13	27.1	27.1	85.4
16.00	3	6.3	6.3	91.7
17.00	4	8.3	8.3	100.0
Total	48	100.0	100.0	

**Are you attending school?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Have you heard of NHIS?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Do you know the NHIS local agent in your community?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	12	25.0	25.0	25.0
No	36	75.0	75.0	100.0
Total	48	100.0	100.0	

**Are you registered with the scheme?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Is your NHIS card active?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**If card is active, do you attend hospital / clinic with it?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**If yes, do you get treatment?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Are you aware of Free school uniform and exercise book policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	36	75.0	75.0	75.0
No	12	25.0	25.0	100.0
Total	48	100.0	100.0	

**Does your school benefit from the free school uniform and exercise book policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**If yes, are you a beneficiary of the free school uniform and free exercise book policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	36	75.0	75.0	75.0
No	12	25.0	25.0	100.0

**Does your school benefit from the free school uniform and exercise book policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Total	48	100.0	100.0	

**If yes, were you given the same quantity as others?**

	Frequency	Percent
Yes	48	100.0
Total	48	100.0

**Is there a health facility in your community?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Do you seek treatment there when you are sick?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Do you get good treatment like others?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Are you a beneficiary of the GSFP?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0

**Are you served the same quantity and quality of food just like other children without disability?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	48	100.0	100.0	100.0