



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
GHANA

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

GHANA



COUNTRY REPORT



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COUNTRY REPORT

November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

COUNTRY SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES -
GHANA

FINAL REPORT

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List of Abbreviations

CARES	Covid-19 Alleviation and Revitalization of Enterprises Support
CBR	Community Based Rehabilitation
CCA	Common Country Analysis
CDD	Centre for Democratic Development
CEO	Chief Executive Officer
CHRAJ	CHRAJ
CLCD	Centre for Learning and Childhood Development
CRPD	Convention On the Rights Of Persons With Disabilities.
CSOs	Civil Society Organisations
DACF	Disability Common Fund
DANIDA	Danish Development Assistance
Dep	Deputy
DFID	Department for International Development
DPOs	Disabled People Organisations
DRR	Disaster Risk Reduction
ED	Executive Director
ES	Executive Secretary
GASB	Ghana Accessibility Standards for the Built Environment
GDS	Global Disability Summit
GDS	Global Disability Summit
GetFund	Ghana Education Trust Fund
GFD	Ghana Federation of Disability Organisations
GNAD	Ghana National Association of the Deaf
GSS	Ghana Statistical Service
IE	Inclusive Education
IEP	Inclusive Education Policy
KNUST	Kwame Nkrumah University of Science and Technology

LEAP	Livelihood Empowerment Against Poverty Programme
LGBTQ+	Lesbians, Gay, Bi-sexual, Transgender, Queer Plus
MMDAs	Metropolitan, Municipal and District Assemblies
MoGCSP	Ministry of Gender Children and Social Protection
MoGCSP	Ministry of Gender Children and Social Protection
NABCO	Nation Builders Corp
NADMO	National Disaster Management Organisation
NAP	National Action Plan
NCPD	National Council on Persons with Disabilities
NDIS	National Disability Insurance Scheme
NGOs	Non-governmental Organisations
NHIS	National Health Insurance Scheme
OPDs	Organisations of Persons with Disabilities
PWDs	Persons with Disabilities
SDGs	Sustainable Development Goals
SERRP	Socio-economic Response and Recovery Plan
UK	United Kingdom
UN	United Nations
UNCT	UN Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNPRPD	UN Partnership on the Rights of Persons with Disabilities
USAID	United States Agency for International Development
VNR	Voluntary National Review
WG	Washington Group
WHO	World Health Organisations

EXECUTIVE SUMMARY

Ghana signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and ratified it in 2012. In line with Article 35, a state report was submitted in 2018, after a four-year delay. Its current population is over 30 million people, including 8% who have various forms of disabilities. In line with the national constitution, the Disability Act 2006 (Act 715) was passed to promote and protect the rights of persons with disabilities and is currently being revised or re-enacted to conform to the CRPD provisions. Progress in this regard has however been very slow.

Regarding the CRPD implementation, the National Council of Persons with Disabilities (NCPD) is the designated focal point, but some stakeholders have advocated its elevation to the status of an independent commission rather than the current arrangement where it operates under the Ministry of Gender, Children and Social Protection. However, questions have been raised about the essence of this proposal since there is already a human rights commission (the CHRAJ) which the Constitutional Review Commission (CRC) report has recommended should have a commissioner to be responsible for disability and other vulnerable populations (as pertains in other countries such as Australia¹). Regarding Article 33 of the CRPD, “...the state is yet to designate an independent state institution to monitor and report on the implementation of the convention” (Government of Ghana, State Report to the CRPD Committee, 2018).

There is a strong disability movement in Ghana which ensures that the voices of people with disabilities are heard, and their aspirations captured in strategic national policy decisions and discussions. However, the participation of groups such as women with disabilities (particularly in rural communities), Deafblind Persons, Little People, elderly PWDs, those with little or no formal education, people with intellectual and psychosocial disabilities, etc is low when compared to the dominant disability groups who are more organised at the national and sub-national levels. Sexual minority groups face extreme forms of discrimination, violent abuse and social rejection due to the generally hostile attitudes of the Ghanaian society towards the LGBTQ+ community. The need to protect their rights has not been contemplated in the current disability Act 715 or the proposed re-enactment bill.

The participation of people with disabilities in the political process is low compared to those without disabilities due to “stigmatization and negative public attitudes towards people with disabilities; lack of access to the material (financial resources); accessibility-related hindrances for people with mobility impairments; communication difficulties especially for Deaf people; and low educational levels of most PWDs”. Ghana currently does not have an affirmative policy to increase the representation of people with disabilities in governance either through elections or executive appointments. Very few individual persons with disabilities have been appointed to political positions but the disability community has viewed such appointments as tokenistic and not based on explicit public policy.

¹ <https://humanrights.gov.au/about/commissioners>

Regarding mainstreaming of disability-inclusive goals, outcomes and indicators into the various national development plans, the National Development Planning Commission (NDPC) has noted that “there is limited disaggregated data on PWDs for the formulation, implementation (including targeting) and monitoring and evaluation of policies and plans”. Sustainable financing of disability inclusion remains a critical gap and an Inter-Ministerial Coordinating Committee on decentralisation and the Office of the Head of Local Government Service have therefore been tasked to ensure that funds are earmarked in the budgets of MDAs and MMDAs to achieve disability inclusion.

In the UN Sustainable Development Cooperation Framework for Ghana (2022-2025), the Common Country Analysis (CCA) and Socio-economic Response and Recovery Plan (SERRP) references have been made to disability inclusion. Disability-inclusive indicators have been included at the outcome level and in the theory of change. However, among the 7 key M&E indicators of the applicable outcome 1, there is no specific indicator on disability, a situation which will make conscious data collection and data disaggregation challenging

Regarding the essential preconditions for progress, many of the critical areas have challenges, despite significant advances made to improve the legislative and policy frameworks for disability inclusion.

- On **equality and non-discrimination**, the constitution of Ghana section 4 of Act 715, section 14 of Ghana’s labour Law (Act 651), and section 3 of the Children’s Act (Act 650) all seek to protect the rights of persons with disabilities. These notwithstanding, inequality and discrimination against PWDs continue to be pervasive and experienced across the different levels of Ghanaian society.
- **Accessibility** remains critically low in terms of access to the built environment, inaccessible information sources and materials, and nonavailability and unaffordable communication materials for most persons with disabilities.
- On **inclusive service delivery**, there are no systems in place to link access to disability assessments to service delivery. For instance, there is only one disability assessment centre located in Accra which is poorly equipped, understaffed and does not carry out assessments for most categories of disabilities. A national Community-Based Rehabilitation (CBR) programme which was implemented from the 1990s onwards targeted a few pilot districts and was largely funded by external organisations and agencies of the UN. Its continuous implementation could not be sustained beyond the external funding regimes.
- On efforts to deinstitutionalise care and support, particularly for persons with psychosocial disabilities have faced challenges such as a lack of adequate mental health professionals in the communities and a general lack of adequate knowledge about mental health among the public.
- Access to social protection programmes and means of livelihood is a huge challenge with most persons with disabilities struggling to meet their livelihood needs. The government's flagship pro-disability policy, which is the 3% disability common fund is a bold initiative, but its implementation is fraught with challenges such as inadequate funds disbursed per beneficiary, lack of proper disability assessment to determine the needs and capabilities of beneficiaries, lack

of transparency in the distribution and needs politicisations. In the area of employment, Ghana does not have an affirmative policy on open employment and no supported employment programmes for persons with disabilities. Most PWDs, therefore, face a greater risk of unemployment, underemployment and engaging in low-pay jobs when compared to the rest of the population.

- In the area of humanitarian and climate change adaptation, attempts have been made to target persons with disabilities through the subtle mention of persons with disabilities among vulnerable groups in some specific initiatives such as the Ghana Plan of Action for Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA). The state's report to the CRPD committee also states that "there is no policy framework" and the "Act 715 has no provisions on disaster management".

Priority Issues, Thematic Focus Areas and Recommendations

At a national validation workshop, participants identified nine (9) issues highlighted in this report, out of which five (5) have been ranked as requiring urgent action. The nine priorities include:

- 1) Low political commitment to undertake speedy legislative and policy reforms including:
 - a. Lack of expedited action for the re-enactment of the Disability Act 715 to conform to the CRPD.
 - b. The need to set up an independent national institution for the monitoring and reporting of progress made in the CRPD implementation in line with obligations spelt out under Article 33 of the CRPD. The CHRAJ, being an independent human rights institution should be considered in this regard.
 - c. Lack of effective coordination of ongoing efforts by key institutions and organisations working in the sector. Particularly, it has been noted that 'the NCPD, CHRAJ and OPDs appear to be working in their silos' without effective mechanisms in place for coordination of efforts and leveraging of strengths and (limited) resources.
- 2) The adoption of human rights approaches in the design and implementation of programmes, in line with the spirit of the Convention (which is a human rights document).
- 3) Lack of access to state-funded disability support services including:
 - a. The absence of a functional inclusive disability assessment system to enable the linking of assessments to the accessing of support services, goods, and assistive materials or technology.
 - b. Lack of mechanism for state-funded support services and the supply of goods and assistive devices which are critical to making life meaningful for persons with disabilities.
- 4) The need for a review of ongoing government social protection programmes or flagship programmes to expand access to resources for the economic empowerment of people with disabilities who are in critical need.
- 5) The need to strengthen disability data collection, analysis, and availability through the mainstreaming of the Washington Group Short Set of Questions into ongoing administrative data collection processes across all sectors.

- 6) Lack of access to the built environment is a key priority area requiring urgent and comprehensive governmental action.
- 7) Lack of access to information in accessible forms is a priority area for the state to address. Related to this, the need to make available crucial national disability strategy documents on government web portals has been highlighted as a priority.
- 8) The lack of full implementation of the Inclusive Education Policy (IEP) and the need to address challenges of implementation in the pilot areas deserve priority attention to improve access to formal education for children with disabilities.
- 9) The lack of affirmative open employment policy and supported disability employment schemes was included as a priority area for urgent action. An Employment Equity Policy is therefore needed to create an enabling policy environment and opportunities for people with disabilities to actively contribute to the ongoing national development efforts.

Given the above, stakeholders have selected the priority issues under 1(a), 1(b), 5, 3(a) and 3(b) as the top five areas that require urgent action.

Recommendations

Based on the outcomes of the two levels of prioritizations the following specific recommendations are hereby made

Recommendations to the UN

- a. support the government to expedite action on the ongoing review processes toward reforms in the domestic disability legislation, particularly the re-enactment of the disability Act 715 to conform to the CRPD.
- b. provide technical support to the Ghana Statistical Service and other state institutions to improve disability data through the mainstreaming of the WG short set of questions on disability into administrative data collection and analysis processes.
- c. Support the government to prioritise the setting up of inclusive disability assessment centres in the country to enable the linking of the outcomes of assessments and access to assistive devices and support services for people with disabilities.
- d. Prioritise informal primary caregivers and support workers, particularly, mothers who have children with severe forms of disabilities, as key target groups in all ongoing and future programmes as a way of empowering them to improve the quality of informal care and support for persons with disabilities under their care
- e. Strengthen the national CSOs platform on SGDs to expand its focus on disability-inclusive development, monitor the CRPD implementation and include underrepresented disability groups in its activities.

Recommendations for Government actions

- The government needs to expedite ongoing actions to reform the legislative and policy frameworks for the effective implementation of the CRPD. The re-enacted bill to replace the Disability Act 715 needs to move beyond its current stage of consideration as a matter of urgency.
- Improve coordination among NCPD, CHRAJ and ODPs/CSOs in the implementation of the CRPD or a national disability strategy for greater outcomes and leveraging of expertise and resources.
- Government should initiate policy dialogue and national discussions about the urgent need to have a sustainable scheme to finance a national disability strategy.
- Government should prioritise the setting up of inclusive disability assessment centres across the country to aid the linking of assessments to access to goods, support services, and assistive technologies.
- In the absence of a funding mechanism for the implementation of a national disability strategy, the government needs to adequately resource the NCPD and CHRAJ to implement and monitor key provisions of the CRPD in line with their respective mandates.
- The government should formally recognise the role of informal disability support workers and caregivers through state-funding schemes and training, including state funding for the CBR programme.
- The government needs to strengthen national institutions to enforce the implementation of the Ghana Accessibility Standards for the Built Environment (GASB) to improve access to the built environment.
- Government should prioritise the creation of senior-management level disability/diversity and inclusion units within public sector organisations and strengthen existing ones for internal coordination and mainstreaming of national disability strategy into the plans of Ministries, Departments, and Agencies (MDAs).

Recommendations for Rights Holders and CSOs

- Rights holders, particularly OPDs need to develop adequate skills and strengthen their advocacy capacities to enable them to monitor and provide alternative views/reports on progress regarding the government's commitments to implement the CRPD and the 2022 Global Disability Summit (GDS 22) commitments. This should include the tracking of the implementation of national development planning frameworks and the medium-term development plans of MMDAs.
- OPDs, NGOs and government need to collaborate to identify, mobilise, and strengthen underrepresented disability groups of people with disabilities to effectively participate in the national policy decision-making processes.
- CSOs, through the existing SDGs monitoring platforms, need to be strengthened to increase their focus on issues of disability inclusion and CRPD implementation, including the increase in the participation of underrepresented groups of persons with disabilities.

1.0 INTRODUCTION

This report examines the country's situational analysis regarding the implementation of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the SDGs for Ghana. It is an outcome of an assessment based on the review of official government reports, programme documents, review of information from several websites, and interviews conducted with key informants, leaders of Organisations of Persons with Disabilities (OPDs) and Civil Society Organisations, and persons with disabilities in Ghana. The report establishes a basis for understanding the critical areas where capacity needs to be strengthened to enable stakeholders in the sector (government, international development partners, the UN and OPDs) to work towards establishing essential pre-conditions for progress towards the CRPD implementation as well as the disability-inclusive SDGs. This is part of implementing the UN Partnership on the Rights of Persons with Disabilities (UNPRPD), which is a joint programme involving the UN Country Team (UNCT), the government of Ghana and key stakeholders, particularly organisations of persons with disabilities (OPDs). The report provides information for the establishment of a baseline for future progress assessments. It also exposes the opportunities for the formulation of outcomes to help in the design of programmes to address identified systemic challenges and capacity gaps among the key stakeholders in the CRPD implementation.

The report has been structured as follows, in accordance with guidelines approved by the UN.

- An executive summary of the report which touches on the main issues it addresses: a description of the situation regarding disability-inclusive development, programming, policy and governance
- A critical assessment and an analysis of the essential pre-conditions for disability inclusion particularly assessments by key stakeholders in the disability sector including OPDs and persons with disabilities.
- Analysis of the critical gaps in the capacity and priority areas/issues that need urgent action and devoted attention.
- General conclusions and summary recommendations for the critical policy actors: UNCT, government, DPOs, CSOs and other development partners.

2.0 BACKGROUND

Purpose of analysis

The UNPRPD provides a country-specific and context-relevant framework that brings the UN entities and stakeholders together for joint programming, strengthening existing relationships and establishing future partnerships and collaborations that will enable duty bearers to expand their capacities to achieve results and make progress towards the CRPD implementation. It is a framework that seeks to foster relationships among entities of the UN in the country, the government, organisations of people with disabilities (OPDs), CSOs, the academic community, and private sector institutions to co-create and co-design policy interventions/programs for the CRPD implementation.

As part of working towards achieving this objective, a country situational analysis is seen as a crucial part of the process which is expected to address information/data needs for the establishment of a baseline by assembling evidence from different sources, including interviews with key stakeholders. Additionally,

the analysis will identify enablers for the creation of an environment for stakeholders to act in addressing the most critical and transformative needs of people with disabilities in Ghana by suggesting areas where adjustments are needed in the ongoing UN programs and processes, strengthening advocacy toward inclusive development, and promote good governance and accountability in the implementation of the UN CRPD.

Overview of Disability in Ghana: history, milestones, and key statistics

Ghana, as in all over the world, has a significant proportion of its total population being persons with disabilities. Regarding the definition of disability, the Persons with Disability Act, 2006 (Act 715) states that “[a]Person with Disability” is “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 or more of the major life activities of that individual”. Compared to the CRPD which defines disability as a “...long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder [the] full and effective participation [of a person] in society on an equal basis with others”, the law in Ghana fails to emphasise that disability is a long-term condition and also does not emphasize the role that barriers in society play in creating disabling conditions for people with disabilities.

According to the last population and housing census report published by the Ghana Statistical Service (GSS), there are about 30.8 million people in the country of which 8 % have a disability in various forms and categories (GSS, 2021). This percentage represents a significant increase compared to previous data. For instance, in the 2010 population and housing census report, an estimated 3% of Ghana’s population of about 26 million was said to have a disability (GSS, 2010).

The 2010 census was the first time that the GSS did introduce an instrument to collect and analyse data on disability, following years of advocacy by OPDs, CSOs and other development stakeholders in the disability sector.

History of Disability and Inclusive Policymaking

At the dawn of Ghana’s independence, the government had made some commitments to pursuing policies that were aimed at integrating persons with disabilities into society through rehabilitation, skills training, and special education. This was in line with a policy to equip Ghanaians with skills and build a human resource base for the government’s policy of industrialisation. Thus, according to Grischow (2011), who examined the disability policies of the first republican government, the philosophy of the government then represented a drift away from welfarism to encouraging active citizenship by the empowerment of Ghanaians to play a meaningful role in the government’s industrialisation policy and this included persons with disabilities. This policy saw the setting up of rehabilitation centres across the country, some of which continue to operate to this day as rehabilitation and skills training facilities for people with disabilities in Ghana.

Subsequent governments after the first republic continued to pursue disability-inclusive policies through community-based rehabilitation programmes and expanding the capacities of special schools to provide

formal education and training for children with disabilities². With the UN declaration of the 1980s as a decade for the disabled, issues of disability and the condition of people with disabilities received much attention in Ghanaian society along with activism for greater recognition of the rights of persons with disabilities. For instance, the national umbrella organisation of persons with disabilities (the GFD) was established during this period to give a voice to disability issues in governance. The next decade after the 1980s marked Ghana's return to democratic rule and created opportunities for citizens' participation in the affairs of government. Subsequently, the fourth republican constitution, the 1992 constitution, recognised the need to safeguard the fundamental human rights of people with disabilities in Article 29 of which section 8 states that "... Parliament shall enact such laws as are necessary to ensure the enforcement of the provisions of this article".

From the early 1990s up to about a decade, Ghana implemented a national Community-Based Rehabilitation (CBR) programme to improve the quality of life of persons with disabilities, albeit in a few piloted districts. The programme was supported by International Non-governmental Organisations (INGOs) and the agencies of the UN, notably the Swedish Organizations of Disabled Persons International Aid Association (SHIA), the Norwegian Association of the Disabled (NAD), AIFO, the World Health Organisation (WHO), International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), and the United Nations Development Programme (UNDP)³. The implementation of the CBR was an important milestone development which resulted in lessons that were to later inform most of the legislative and policy reforms from 2000 onwards. However, sustaining the programme beyond external funding support became a challenge ⁴.

In 2000, the government developed a national disability policy, 'which was largely informed by lessons drawn from the implementation of the CBR programme'⁵. However, because the policy lacked the needed legal backing, it failed to achieve most of its objectives (GSS, 2010). In 2006, parliament, responding to the demand of Article 29 of the 1992 constitution, passed the disability Act of 2006, Act 715 which was subsequently signed into law.

Ghana became a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and parliament subsequently ratified it in 2012. During the ratification process, on the floor of parliament, the chairman of the select committee on employment, social welfare and state enterprises who moved the motion observed that Ghana's domestic laws - Act 715 and the 1992 constitution conformed to the convention. However, parliament observed that the Disability Act 715

² Emmanuel Sackey. (2021). Disability Policy, Movement Activism, and the Nonenforcement of a Disability Act: The Case of Ghana. In *Disability in Africa* (NED - New edition, p. 343–). Boydell & Brewer. <https://doi.org/10.2307/j.ctv136bz27.18>

³ WHO, 2002. Part 2 Country Reports. CBR as we experienced it, Voices of persons with disabilities in Ghana, Guyana and Nepal.

⁴ Ahmed Bawa Kuyini, Abdul-Razak K. Alhassan & Fati K. Mahama (2011) The Ghana Community-Based Rehabilitation Program for People With Disabilities: What Happened at the End of Donor Support?, *Journal of Social Work in Disability & Rehabilitation*, 10:4, 247-267, DOI: [10.1080/1536710X.2011.622981](https://doi.org/10.1080/1536710X.2011.622981)

⁵ KI interview with Gertrude Oforiwa Fefoame, a disability rights advocate and a member of the UN Experts committee member on disability.

lacked a legislative Instrument (LI) to operationalise it and in the ensuing debate which was captured in the parliamentary Hansard of 12th March 2012, members of the legislature requested the speaker of the house to direct the sector minister to be given up to the end of 2012 to present a legislative instrument for Act 715 after a member informed that house that there was a draft LI and therefore should not take a longer time for the ministry to comply with such a directive. However, after many years since 2012, the government is yet to act on that. This delay is also partly due to the disability movement having to raise issues about the existence of gaps in Act 715 which makes it not fully in conformity with the CRPD and therefore needed to be revised before passing the L.I. this underpins the crucial role of the Ghanaian disability movement in demanding reforms.

As a signatory to the CRPD and the optional protocol, Ghana submitted its first state report to the CRPD committee in 2014 after a 4-year delay. Since then, OPDs, in consultation with other stakeholders have also submitted an alternative report.

Economic empowerment

Regarding access to economic opportunities, the situation of persons with disabilities in Ghana is no different from most other developing countries. That persons with disabilities in Ghana face disproportionate access to economic opportunities is evident from the results of several studies and interactions with people with disabilities across Ghanaian society, news reports and narrations of the lived experiences of people with disabilities. The levels of poverty among people with disabilities in Ghana are reportedly higher compared to non-disabled people⁶. They are at higher risk of unemployment and underemployment and receive lower wages as compared to their counterparts who are non-disabled. Several factors account for this, such as low skills levels, lack of formal education, negative societal perceptions, stereotyping, and discrimination based on their disabilities (Maxwell P. Opoku, et al. 2018)⁷. Due to their poor economic situation, most disabled people in Ghana are easily qualified to be placed under the government's social protection programmes where they come under the classification of "vulnerable" and "excluded" groups. These policies fail to address the systemic challenges that sustain such conditions for persons with disabilities, thereby keeping them in dependency cycles/situations rather than empowering them to take advantage of the available opportunities in society and the economy. For example, under the Livelihood Empowerment Against Poverty (LEAP) programme, persons with disabilities who qualify are categorised as "Persons with severe disability without any productive capacity" (MoGCSP website)⁸. Also, under the National Health Insurance Scheme, they are listed among those who qualify for exemption from paying payment premiums as "persons with mental disorders" and "differently-abled" persons (NHIS Act 2012)⁹.

⁶ Filmer, D. (2008). Disability, poverty, and schooling in developing countries: Results from 14 household surveys. *The World Bank Economic Review*, 22(1), 141–163.

⁷ Poverty alleviation among persons with disabilities via United Nations' sustainable development goals in Ghana: Voices of stakeholders with disabilities

⁸ <https://www.mogcsp.gov.gh/livelihood-empowerment-against-poverty-leap/>

⁹ <https://www.nhis.gov.gh/files/ACT852.pdf>

Political Participation

The participation of people with disabilities in the political process is low compared to those without disabilities. Ghana's democratic experiment spans a long period and even though the 1992 constitution does provide a legislative framework for the participation of all citizens in the process, it has also been critically examined to be excluding people with intellectual disabilities and psychosocial forms of disabilities from participating in the democratic process. This is apparent in sections of Articles 42 and 94 which disqualify them from either voting or standing for public office to be voted for.

Political participation takes any of the following forms: participation in the process to either elect representative leaders or be elected as leaders; participation through appointments into public office using the executive powers vested in the president; and participation in public decision-making processes. In all these, there is generally low participation of people with disabilities when compared to the general population. However, regarding the participation of people with disabilities in the process to elect leaders, the electoral commission of Ghana has made provisions to facilitate easy access to the voting processes for people with disabilities. This is an outcome of advocacy by stakeholders led by DPOs and the disability movement in Ghana.

Compared to the general population without disabilities, people with disabilities are hardly successful in being selected to lead their communities through the competitive election process and the number of elected representatives both at the national and district levels is significantly low compared to the non-disabled population. Several factors account for this, including "Stigmatization and negative public attitudes towards people with disabilities; Lack of material (financial resources); accessibility-related hindrances for people with mobility impairments; communication difficulties especially for deaf people; and low educational levels of most PWDs"¹⁰. Even though this affects all categories of persons with disability in Ghana, the most affected include, women, people with severe mobility challenges, Blind persons, Deafblind persons, people with intellectual disabilities, and the little stature people.

Ghana currently does not have an affirmative policy for increasing the participation of people with disabilities in elected and appointed political positions to ensure they are fairly represented at the critical decision-making levels. For instance, the appointment of people with disabilities into public positions is left to the discretion of the executive president and over the years different presidents have exercised this power differently. The need to increase the participation of people with disabilities in political decision-making processes is, therefore, a critical affirmative action that needs to be considered in the Affirmative Action Bill being proposed. Some stakeholders have therefore suggested that a quota of the representation of the people at both the national level and district assembly levels be reserved for people with disabilities.

¹⁰ Sackey, E., 2015. Disability and political participation in Ghana: an alternative perspective. *Scandinavian Journal of Disability Research*, 17(4), pp.366–381. DOI: <http://doi.org/10.1080/15017419.2014.941925>

3.0 APPROACH AND METHODOLOGY

The approach used to conduct this country situational analysis followed the UNPRDP guidelines¹¹. This involved the use of an individual contractor/consultant who worked closely with the UNCT and stakeholders to assemble evidence and data through desk/literature reviews and conducted key informants' interviews and Focus Group Discussions. The UN developed terms of reference which specified the scope of work and served as a guide for the consultant (see a copy attached in the annexe). There was a brief guidance meeting/workshop organised by the UN, which involved the participation of some selected stakeholders, to explain the "Situational Analysis Framework". The meeting also provided an opportunity for clarifications and comments to be made by the stakeholders and the consultant leading the process.

As part of the process, the consultant developed and presented an inception report which was reviewed and approved by the UN in Ghana. The report outlined a detailed plan and methodology for undertaking the analysis. This included carrying out literature reviews, desk study and analysis of reports, interviews conducted with key informants (from government, DPOs and CSOs), and focus group discussions involving males, females, and youth with disabilities using an interview guide/ checklist of question (see details attached in the appendix section). Respondents were purposefully selected to obtain critical information which would aid the analysis in key thematic areas of the report in line with the framework provided by the UN in Ghana and the consultant's inception report.

The participants interviewed were purposefully selected to get information on the different perspectives and assessments from stakeholders about the existence of preconditions for progress towards the CRPD implementation and the disability-inclusive SGDs. The detailed list of participants consulted has been attached in the annexe section of this report. The analysis process involved an assessment of the country's situation within the context of Ghana's existing policies, legislations, institutional arrangements, and programmes.

Guiding principles

The key underlying principles in the situational analysis are participation, gender representation, intersectional analysis and the representation of issues and lived experiences of marginalized and underrepresented disability groups. The analysis was focused on the description and identification of capacity gaps among the duty bearers and right holders, analysis of the essential preconditions for progress including the functional assessment of the country's coordination mechanisms and the contribution of key stakeholders, and OPDs. There were three crosscutting issues which were considered: participation, gender, and (in)equality. In executing the task, the consultant was minded to follow ethical principles of research since the exercise involved data collection through research. Thus, the principles of

¹¹ https://unprpd.org/sites/default/files/library/2022-02/UNPRPD_Guidance_for_Conducting_a_Situational_Country_Analysis_of_the_Rights_of_Persons_with_Disabilities.pdf

confidentiality, informed consent, data protection, acknowledgement of data sources, and respect for the rights of participants with disabilities were followed through. As much as possible, efforts were made to fairly balance the information gathered from the different sources. To inform the future courses of action by the UN in Ghana, the situational analysis has highlighted current gaps in policies, legislation, the capacity of government to deliver results, and rights holders/DPOs and CSOs' capacity to hold duty bearers accountable in the empowerment of persons with disabilities to be independent and be equal with others in society.

At the end of the data collection and analysis, a draft report was presented for review and comments by stakeholders. After that, a one-day validation workshop involving about 70 participants selected from a cross-section of stakeholder groups was organised on the 25th of August 2022 to present the draft report, get their comments and inputs and prioritise the list of issues that will inform future policy and programme design. The inputs made by stakeholders were incorporated in this final report.

The Scope and Limitations of the Analysis

The scope of the analysis has been defined in the Terms of Reference for the contractor (see a copy attached as an annexe). It involved an examination of Ghana's situation regarding the CRPD implementation, focusing particularly on the areas of capacity gaps in the essential pre-conditions for progress. Specifically, the analysis looked at:

- A description of the functioning of the country's coordination mechanisms and the contributions already made by stakeholders.
- Description of the legislative and policy context regarding persons with disabilities and non-discrimination. This involved the identification of possible gaps in these areas and the reasons for the lack of (or slow) practical implementation.
- Description of discrimination and inequality between persons with and without disabilities across a range of areas and levels of society. Challenges for women, girls and marginalized groups were specifically described including the identification of the main reasons for the continued discrimination observed.
- An assessment of the level of availability, accessibility and affordability of support services for various disability groups, including community-based support and de-institutionalization efforts (targeted efforts).
- Assessed the level of accessibility and inclusiveness of mainstream services such as education, health, social services, livelihood and employment (inclusive efforts) and the most urgent gaps.
- Described policy and practice in terms of accessibility to information (easy-to-read, sign language interpretation, braille etc) and public spaces.
- Mapped how past and ongoing development and humanitarian initiatives funded by the UN and other international donors fare in terms of disability inclusion in program design and budgets (existence of explicit goals, indicators, measures, budget lines and monitoring data)
- Assessed the availability and functioning of national monitoring mechanisms, systems, and tools, including the existence and quality of statistics and disaggregated disability monitoring data.
- Summarised the main findings, key gaps, and priorities for joint program outcomes

The main limitation of this analysis related to the data gathering process (interviews) not being geographically wide-reaching enough in terms of the selection of interview participants. This was however addressed by the selection of key informants who had sufficient knowledge and experience about the key issues across the country, due to their length of years in working and advocating disability-inclusive issues. As much as possible, the consultant reviewed diverse sources of information to ensure that the analyses were well-informed and balanced, touching on the key or critical issues that can inform policymaking and programmes design and implementation.

4.0 KEY FINDINGS

Stakeholder Analysis

Many stakeholders are working in the disability sector and responding to various aspects of the CRPD implementation. These stakeholders, which cut across various sectors of the country include key departments and agencies of government, Non-governmental Organisations, Organisations of Persons with Disabilities, services providers, health care institutions, civil society organisations, international development partners, academia, religious organisations, philanthropic individuals/organisations, media organisations and the private sector. Disability, having become a topical developmental issue, especially in the last decade, has given rise to several organisations and institutions that have taken up the interest to advocate change in policy and legislative reforms, and inclusive service delivery for Persons with Disabilities. These stakeholders implement programmes that are targeted at the disabled community, highlighting the developmental challenges that face persons with disabilities and also raising resources to undertake activities in that regard.

Non-state Actors and Development Partners.

There are many organisations which support programmes and government initiatives to implement the CRPD and bring about changes in the disability sector. They include International Non-Governmental Organisations (INGOs), the United Nation in Ghana, the World Bank country office, the United States Agency for International Development (USAID), UK Aid, DANIDA, World Vision International, local Non-governmental Organisations (NGOs), and Ghanaian Civil Society Organisations (CSOs).

There are several local or community-based organisations which operate across the country and provide support services to people with disabilities and their families or carers. These organisations also do community sensitisations through durbars and mass media engagements, provide skills training to people with disabilities, provide infrastructure support to local OPDs and monitor and share findings on government's interventions/policies targeted at persons with disabilities including the common fund for persons with disabilities which is a financial support scheme for people with disabilities that is administered by the MMDAs.

Critically, there is a lack of coordination among NGOs working in the disability sector. Apart from the government certifying them to operate as NGOs, the sector is not regulated by standards which set limits regarding what they are allowed to do or not do when working with people with disabilities. For instance, in an interview with a key informant, it was stated that most of these organisations operate despite not

having safeguarding policies and the state does not monitor them to ensure they operated with principles that promote rather than diminish the rights of persons with disabilities. Generally, the country does not have national standards for disability services, and this makes it difficult to monitor the quality of care and services that are provided to people with disabilities in the communities and other public service institutions. This is an area that requires urgent policy intervention to achieve coordination and standardisation.

The Media

The media in Ghana is a key stakeholder group which has played a significant role in creating awareness and sensitising the public on issues that affect people with disabilities. They mostly report about issues which touch on the plight of persons with disabilities thus helping to draw duty bearers' attention to the need to address them. DPOs have particularly used the media to engage the public and duty-bearers on a wide range of issues affecting persons with disabilities. No particular media organisation can be singled out as having dedicated programmes for exposing the issues of disability inclusion. Whatever is newsworthy concerning persons with disabilities that can draw wider audiences, these are the ones that become of interest to most media organisations in Ghana. However, state-owned media organisations like the Ghana Broadcasting Corporation and some newspaper organisations like the Daily Graphic have been consistent in creating content and space for issues of disability to be reported on or discussed. There are also private organisations like the Excellence in Broadcasting (EIB) Network which have unwritten policies to provide free media spaces for the national OPDs to communicate their issues as part of their support for advocacy on disability inclusion.

OPDs

Organisations of Persons with Disabilities (OPDs) are a strong stakeholder group which helps to bring the voices of the people with disabilities in the country to the attention of policymakers and duty-bearers on a wide range of issues that affect them. There is a national umbrella OPD, the Ghana Federation of Disability Organisations (GFDO) whose members comprise 9 OPDs representing different disability groups like those with hearing impairments, visually impaired persons, physically disabled persons, persons with psychosocial disabilities, etc. It has operated in the country for over three decades and was associated with most of the milestone achievements of disability policymaking and legislation in the country, including the passage of the Disability Act 2006, Act 715, the ratification of the CRPD and the optional protocol, advocacy for the mainstreaming of disability into national programmes, etc. During one of the key informant interviews, the National Council on Persons with Disabilities (NCPD) mentioned that they have documented about 96 organisations of and for persons with disabilities currently operating in the country.

Government Agencies

Stakeholders in the public sector include the Ministry of Gender Children and Social Protection under which the NCPD operates as an agency created by an Act of Parliament, Act 715 to coordinate programmes and implement policies of the government regarding the rights of persons with disabilities

as enshrined in the 1992 constitutions, the Disability Act 2006, and other applicable laws. The NCPD has been designated as the focal point for the CRPD implementation and has since its creation been involved in trying to set up its institutional structures to coordinate public policies on disabilities albeit under difficult challenges that include the lack of decentralised structures to influence activities at the sub-national levels, inadequate personnel, inadequate budgetary allocation, inadequate legislative framework to enable them to enforce compliance to key provisions of the laws regarding the rights of persons with disabilities in Ghana, etc.

Parliament

Parliament's Select Committee on Employment, Social Welfare and State Enterprises have oversight responsibility over the ministry that oversees disability issues in the country. The committee works in collaboration with the ministry and other stakeholders on matters of policy deliberations, particularly regarding inclusive matters that affect the lives of persons with disabilities. However, DPOs and some key informants who spoke about the role of this committee have said they are yet to fully exploit the opportunities available to work with this committee in moving the state into action on the implementation of the CRPD. The GFD has in the past worked to establish a disability caucus in parliaments to champion disability issues. This strategy is also currently being supported by Ghana Somubi Dwumadie to formalise to work of the caucus. The work with parliament has therefore been identified as one of the critical areas where OPDs need to build adequate capacities to engage and create meaningful changes in policy and effective implementation.

Education sector stakeholders

The ministry of education is a key ministry, particularly regarding the implementation of the national inclusive education policy which has been developed and implemented in 2015 with support from development partners like UNICEF, STAR-Ghana, and Other OPDs. Education is one of the catalytic sectors for the full realisation of the goals of improving the lives of people with disabilities. This makes the ministry of education a crucial stakeholder in the progress toward providing educational services for persons with disabilities. The Ghana National Education Campaign Coalition¹² is one of the key CSOs advocating the implementation of the inclusive education policy and other policies in that sector which impact the lives of persons with disabilities.

Regulatory bodies

There are other state regulatory bodies which have a stake in the disability sector, particularly relating to standards, regulations and compliance with some provisions of the laws that protect the rights of persons with disabilities. Among them is the Ghana Standards Authority which developed the Ghana Accessibility Standards for the Built Environment, often referred to as the Ghana Accessibility Standards Documents.

Academia

¹² <https://gnecc.org/>

The academic community is another key stakeholder whose contributions to research, inputs into national inclusive policy discussions and training of human resources for key national institutions and organisations working with and for people with disabilities need highlighting. Disability policy and practice, and service delivery require people with training and a certain level of skills to work in institutions/organisations in the disability sector. At the tertiary level, the Kwame Nkrumah University of Science and Technology (KNUST) has a department that runs courses in disability and produces critical manpower for the sector. There have been several publications about the situation of people with disabilities, policies and services which form a vital part of the information needed to inform policy and implementation. The ministry of health's training institutions also helps to produce manpower to deliver critical services to people with disabilities in the communities, especially in the rural areas where nurses and medical personnel provided services, undertake some form of disability assessments and make referrals to appropriate institutions for support and services.

Health Facilities

Health facilities in the country, even though not all of them are equipped with resources to carry out disability assessments, do serve as the first point of call for most people who experience symptoms of disabilities. They are therefore crucial stakeholder groups to consider in the country's CRPD implementation strategies and planning.

Metropolitan, Municipal and District Assemblies (MMDAs)

The local government system, with its network of district, municipal and metropolitan assemblies are a critical stakeholder group for the implementation of government policies regarding persons with disabilities. They are responsible for instance, for the management of the government support fund, the 3% common fund for persons with disabilities, by ensuring the funds are fairly distributed to persons with disabilities based on their assessed needs and also monitoring the utilisation of the funds they disburse. The assemblies also monitor the implementation of other national social protection policies like the Livelihood Empowerment Against Poverty (LEAP), and others. At each of the MMDAs issues about disability are dealt with by the department of social welfare, which is a department that oversees the welfare of the vulnerable in the districts. This institutional arrangement makes up for the absence of decentralised structures of the NCPD and issues about disability, including planning or making inputs to the district's medium-term development plans are captured as plans of the social welfare department. With limited authority and influence over the planning and budgeting processes, the social welfare departments are challenged and not effective in ensuring the mainstreaming of disability into the medium-term development plans of the MMDAs. Their other roles include making referrals to disability assessment centres when such cases are presented at their outfits since the departments themselves lack the logistical set-up, equipment and capacity to carry out disability assessments.

The Nature and Functioning of The Country's Coordination Mechanisms

Plans for the implementation of the CRPD are scattered across various development frameworks/plans and programmes. The country does not have a unified strategy or implementation framework to ensure coordination. The country operates a single focal point system for the implementation of the CRPD with

the designation of the NCPD as the focal point within the government for the implementation of the CRPD. This was mentioned on the floor of Ghana's parliament in March 2012 during the ratification of the CRPD¹³.

Stakeholders, particularly DPOs have advocated that, given the weaknesses associated with the performance of the Council's role as a focal point for the CRPD implementation, it needs to be upgraded into an authority status to give it sufficient authority and resources to effectively play that role.

In a "Background document prepared for the international conference "Work Forum for the Implementation of the UN Convention on the Rights of People with Disabilities" by Hoefmans, A., & De Beco, G. (2010), they explained that the purpose of establishing focal points is to ensure "...a legitimate place for disability rights on the political agenda, making it visible enough to compel governments to take this issue up". This is a crucial point to examine, in light of Ghana's NCPD's role as the sole designated focal point. In practice, the council operates under a ministry and stakeholders have raised the point that such a structural arrangement is not enabling enough for the NCPD to exercise greater power and influence over other ministries regarding the coordination and mainstreaming of disability issues into the various plans of the sector ministries other than their parent ministry which is the Gender, Children and Social Protection Ministry.

Some stakeholders have argued that other options such as having multiple focal points where certain key ministries or institutions would be designated to coordinate the implementation of aspects of the CRPD in line with their assigned constitutional mandates should be explored. For instance, it has been suggested that, per the mandate given to the Commission for Human Rights and Administrative Justice (CHRAJ), they, rather than the NCPD, should have been designated as the focal to coordinate and report on the human rights provisions of the CRPD. In furthering this argument, it has also been suggested that to achieve effective coordination, each sector ministry within the government system ought to have disability inclusion units established with senior-level technical officers who have the requisite knowledge and educational training in disability policy and related professional experiences employed to manage such units. These units will work collaboratively with the NCPD to ensure that issues about disability are effectively mainstreamed and reported on. This suggestion seems to be in line with a research conclusion regarding the functional capacity of national disability councils in East Africa which noted that the national councils can only be made effective when they work with a network of persons or disability desks that have been designated within each sector ministry, rather than centralising the responsibility for disability policy implementation and coordination in a council which is under a sector ministry (Akiko Yokoyama, 2012)¹⁴.

Concerns have thus been raised about the capacity and legislative authority of the NCPD to influence the setting of disability inclusive agenda within government and influence sector ministries and agencies to adequately budget for disability inclusion. This is a concern which has been raised by the CRP committee

¹³ Parliamentary Hansard of 03-08-2012, pp. 2397 & 2398.

¹⁴ Akiko Yokoyama (2012). A Comparative Analysis of Institutional Capacities for Implementing Disability Policies in East African Countries: Functions of National Councils for Disability

in the past when it observed that the focal points, which must be within the government, should be high-ranking enough to influence government policy decisions that will aid the implementation of the convention through mainstreaming into government policies¹⁵

Article 33 of the CRPD also requires state parties to have an independent monitoring mechanism outside of government to monitor implementation. In this regard, Ghana is yet to act, as was reported in its first report to the CRPD committee. In that report, it was reported that

There is no independent state institution designated to monitor and report on the implementation of the UNCRPD. Despite the roles being played by CHRAJ and the NCPD, the state is yet to designate an independent state institution to monitor and report on the implementation of the convention (Government of Ghana, 2018).

This assessment reveals a systemic challenge regarding the reporting roles of some state institutions like the CHRAJ. There should be no question about the role of CHRAJ having to take on the responsibility of reporting on all the human rights provisions of the CRPD, particularly Article 5, giving their mandate as the human rights commission established under the 1992 constitution of Ghana and Act 456.

Disability-inclusion in National Development Planning

National development planning has been a strategy which successive governments have adopted to translate their visions into actionable activities for the realisation of results. The national medium-term development plans have become tools for allocating resources for development across Ministries, Departments and Agencies (MDAs) as well as the MMDAs. The National Development Planning Commission (NDPC) which was established as part of the executive arm of government under Articles 86 and 87 of 1992, leads and directs the development planning process through the development of short to long-term development plans and the formulation of strategies to ensure effective implementation and achievement of results.

Analysis of the various development plans, particularly the National Medium-term Development Framework (2022-2025) and a sample of Medium-term Development Plans of some MMDAs show that some attempts to capture disability inclusion under the social development outcomes have been made. In reviewing the previous development plans, the NPDC has highlighted several challenges and problems relating to the inclusion of disability issues in the national development efforts including:

- “There is limited disaggregated data on PWDs for the formulation, implementation (including targeting) and monitoring and evaluation of policies and plans”
- A poorly resourced national council on persons with disabilities (NCPD) is unable to function effectively to address this problem.
- Inadequate budget allocation to sectors has not ensured that inclusive services are provided for persons with disabilities.

¹⁵ CRPD Committee(2012, ¶ 51): ‘Concluding Observations on the Initial Report of Argentina’

- "...an Inter-Ministerial Coordinating Committee on decentralisation and the Office of the Head of Local Government Service have been charged to ensure that disability issues are mainstreamed into MMDAs' budgets".

Per these statements of analysis above, it is obvious that disability issues have not received adequate treatment in the national development plans due to systemic challenges relating to inadequate data for planning and targeting, the lack of resources to make the NCPD function, and the lack of mainstreamed disability services for which reason an interministerial committee has been "tasked" to ensure it is done in subsequent planning processes.

At the sub-national level of development planning, particularly at the MMDAs, their development plans contain activities that address the challenges faced by people with disabilities. However, most of these activities appear to be standalone and do not show a pattern of policies being implemented in that respect. Also, there are a few instances where it was obvious the activities were just being put there to satisfy the national directive about including disability issues and projects in the medium-term development plans. For instance, in one district, they have put in their plan that they were going to ratify the Marrakesh treaty on access to copyright materials for visually impaired persons. This should rather be an activity done by the parliament of Ghana and not at the district level. Speaking to a question about the capacity of DPOs to effectively engage the development planning process at the sub-national level, a key informant, observed that at that level OPDs lack capacity and experience to engage the process for the effective integration of disability-inclusive projects into the medium-term development plans of the MMDAs.

Essential Pre-Conditions for Disability Inclusion Across Policies, Services, And Other Interventions.

Equality and Non-discrimination

In the 2018 state report to the CRPD committee, Ghana reported that it has enacted laws which address non-discrimination and equal treatment of persons with disabilities consistent with the provisions of the CRPD and cited the 1992 constitution (in articles 17 and 29) and the Disability Act 2006, Act 715. Article 17 of the 1992 constitution is a general provision against non-discrimination which can be applied to persons with disabilities. Article 29 deals with the rights of persons with disabilities in specific terms. Other legal provisions include section 4 of Act 715, section 14 of Ghana's labour Law (Act 651), and section 3 of the Children's Act (Act 650). The state report acknowledges that people with disabilities in Ghana face challenges of discrimination and unequal treatment before the law. For instance, information and services remain largely inaccessible, they face stigma and negative perceptions, etc.

Critically, issues have been raised about the equality clauses in the Disability Act 2006, and Act 715 as not adequately addressing the equality question. For instance,

Act 715 does not address the equality of PWDs before and under the law as the CRPD provides. The non-discrimination provision in Act 715 is not detailed enough. The provision does not address the need for prohibiting all kinds of discrimination based on equality as addressed by the CRPD. Such a provision is vital in determining the significance of the legislation, particularly because Ghana's constitutional non-discrimination clauses do not

provide for disability. Act 715 needs to address non-discrimination in detail to effectively do away with the negative attitude of society against PWDs¹⁶.

Other studies have pointed out weaknesses in Act 715. For instance:

- “...the laws have not completely eroded the discrimination and in some instances appear to even institutionalise the discrimination that disabled people experience. It is important that the state pays more attention to amending aspects of these laws and putting them into practice”¹⁷
- Despite several “politically recognised” policies, “...the level of inclusion of PWDs in policy development and objectives is very low; some have a limited definition of disability and “..the monitoring and evaluation aspect of some of the policies also failed to consider PWDs”¹⁸.

From the interviews conducted during this analysis, it has widely been stated that people with disabilities continue to face significant forms of discrimination which limit their effective participation in all aspects of life: economic, social, cultural, leisure, arts and sports, leadership decision making, political appointments, access to mainstream services, etc. This is despite significant strides made over the last 2 decades to promote the rights of people with disabilities through the instruments of legislation, public education, and involvement of people with disabilities in public discussions. The problem persists on account of the system and socio-cultural factors including, inadequate enforcement of laws promoting the rights of persons with disabilities, lack of access to professional support services, socio-cultural practices and negative attitudes which are engrained in the minds of people because of inadequate knowledge about the forms and nature of disabilities. For instance, people with albinism continue to be banished from some Ghanaian communities on account of socio-cultural traditions. Also, women with disabilities have raised issues about discrimination in marriage relationships emanating from the stigma attached to disability and the perceived lack of ability to be successful marriage partners. The situation in Ghana is consistent with the general situations globally and the results of some specific studies¹⁹. Women with disabilities face risks of gender-based violence (GBVs), which are perpetuated by systemic factors, including cultural practices, stigma and discrimination, inadequate social protection measures to minimise their vulnerabilities, lack of inclusive systems for reporting abuses, and the justice system not easily accessible to women and girls with disabilities, particularly in remote and inaccessible communities²⁰.

¹⁶ Esther Gyamfi (2013). Ghana – Country Report. <http://www.rodra.co.za/index.php/ghana>

¹⁷ Ocran, J. (2019). Exposing the protected: Ghana’s disability laws and the rights of disabled people. *Disability & Society*, 34(4), 663–668. <https://doi.org/10.1080/09687599.2018.1556491>

¹⁸ Seidu, A.-A.; Malau-Aduli, B.S.; McBain-Rigg, K.; Malau-Aduli, A.E.O.; Emeto, T.I. Level of Inclusiveness of People with Disabilities in Ghanaian Health Policies and Reports: A Scoping Review. *Disabilities* **2021**, *1*, 257–277. <https://doi.org/10.3390/disabilities1030019>

¹⁹ Michael Baffoe (2019). Stigma, Discrimination & Marginalization: Gateways to Oppression of Persons with Disabilities in Ghana, West Africa. <https://www.wathi.org/stigma-discrimination-marginalization-gateways-to-oppression-of-persons-with-disabilities-in-ghana-west-africa-michael-baffoe/>

²⁰ Women Enabled International’s Written Submission on Ghana: Gender-based Violence against Women with Disabilities.

<http://rodra.co.za/images/countries/ghana/research/GENDER%20BASED%20VIOLENCE%20AGAINST%20WOMEN%20WITH%20DISABILITIES%20GHANA.pdf>

Finally, the situation regarding discrimination against persons with disabilities is worse for people with severe forms of disability who remain confined to their homes, the aged, deafblind, people with severe forms of mental illness, and those who have no formal education. Data is hard to come by concerning the situation of sexual minority groups. However, interviews with key informants point to them being placed in the category of those who are extremely in the minority and more likely to be stigmatised and discriminated against as compared to other groups of persons with disabilities.

Accessibility

Article 9 of the CRPD addresses the need for state parties to devise strategies to promote accessibility to the built environment for people with disabilities and other areas of services such as information and communication. Countries are thus required to make accessible their physical environment, transportation, information and communication and other services or facilities that are open to the public. The article further clarifies that when reference is made to “buildings”, they include schools, medical facilities and workplaces. It is also required in emergencies that service providers adhere to the provision by making the services accessible to persons who have a disability.

Accessibility is crucial to promoting the active participation of persons with disabilities in society by helping to facilitate their easy, unhindered access to goods and services on an equal basis with others. It is thus a catalytic clause or provision whose achievement will create an enabling environment for other critical services to be achieved. For instance, inaccessible school buildings will have an impact on children with disabilities accessing education services. Similarly, the lack of access to employment spaces will affect employment outcomes and inaccessible health facilities will no doubt impact how persons with disabilities can access health services.

Article 9 (2) of the CRPD enjoins the ratifying countries not only to promulgate laws and policies on minimum standards of accessibility but also to monitor how these standards are being enforced or implemented. The CRPD committee did recognise that states may adopt a two-prong approach to addressing the accessibility problem: promulgate laws and set standards for new buildings and public places to be made accessible in line with the provisions of the CRPD and with recourse to existing domestic legislations. The second approach was for the states to have a plan for existing inaccessible public buildings/places to be given reasonable time to make the necessary modifications.

Assessment of Ghana’s compliance with provisions on Physical accessibility

During the focus group discussions and the key informants’ interviews, it was consistently mentioned that a greater proportion of public places and facilities are still inaccessible to persons with disabilities after 15 years of implementing the CRPD and the national disability Act 715. In a recent media publication, a member of the national council on persons with disabilities, who is also a person with a disability and a disability rights advocate gave a low rating of the country regarding access to public places. She noted that “Fifteen years after the enactment of the Persons with Disability (PWD) Act, 2006 (Act 715), which

seeks to end discrimination against PWDs, they continue to go through harrowing experiences in accessing public spaces and services”²¹.

In the state’s report to the CRPD Committee, the following assessments were made:

- That there is a policy framework, which comprises the Disability Act 2006, Act 715 and the Ghana Accessibility standards document which addresses the problem.
- The report mentioned some government ministries and institutions that make up the institutional framework for the CRPD implementation including the Ghana Standards Authority, the Ministry of Works and Housing, the Ministry of Transport, the Ministry of Roads and Highways, and the Land Use and Spatial Planning Authority.

Rather than give a national picture of the state of accessibility of public places for persons with disabilities, the report rather cited “a few places” that have been made accessible. These are the Ministry of Employment and Labour Relations building, Accra Law Court Complex, Ho Technical University Assembly Hall, Accra College of Education Demonstration School, Ghana Education Trust Fund (GetFund) Secretariat, and West African Examination Council (WAEC) new complex, Accra City Hotel, Movenpick etc.

The state report concluded on the implementation of article 9 of the CRPD as follows:

“To ensure the effective participation of persons with disabilities in mainstream society, the state must prioritize issues of accessibility for such persons”.

The above conclusion is particularly instructive. It fails to name a strategy for closing the accessibility gap but rather sounds like the state was advising itself to “prioritize” accessibility issues. What is critically needed, according to most rights holders who were interviewed, is for the state to undertake a comprehensive national accessibility audit of all public places/buildings, enforce the law and monitor compliance. Currently, the NCPD does not seem to have adequate capacity to enforce the law on accessibility. There are very few instances where the law has been tested in the law courts and so there appears to be a normalisation of the violations of Act 715 regarding accessibility. This observation is consistent with a study which concluded that the non-implementation of the disability Act 715 is partly on account of the rights holders lacking the capacity to contest some violations of the Act in the law courts²².

Access to Information in Accessible Formats

²¹ Daily Graphic, 9th April 2022. Access to public facilities: PWDs suffer discrimination - It's 15 years after Act 715. <https://www.graphic.com.gh/news/general-news/access-to-public-facilities-pwds-suffer-discrimination-it-s-16-years-after-act-715.html>

²² Emmanuel Sackey. (2021). Disability Policy, Movement Activism, and the Nonenforcement of a Disability Act: The Case of Ghana. In Disability in Africa (NED - New edition, p. 343–). Boydell & Brewer. <https://doi.org/10.2307/j.ctv136bz27.18>

Apart from the barriers experienced by people with hearing difficulties, there is a general lack of access to information in accessible formats for some categories of people with disabilities in Ghana. Information presented on the websites of public institutions, including ministries, media houses, and other private sector organisations in Ghana are not fully accessible. The most affected group are people with intellectual disabilities, people with low vision and those with severe seeing difficulties. These mediums of information lack magnifying features, published images are not described with alternative texts, and audio-visual materials lack sign language inserts and transcriptions. Easy-read versions of documents are not provided for people with intellectual disabilities.

With an increasing number of people with disabilities getting into higher levels of education, accessible web-based information is critical to facilitate their learning. However, an assessment of the website of Ghanaian universities has noted that most of them “... are not accessible to the visually impaired. Several of the websites use images and graphics which most screen readers are unable to read”²³.

Thus, the most affected group by the lack of accessible information are people with seeing difficulties, people with intellectual disabilities, and people with hearing difficulties.

In the state’s report to the CRPD committee, the lack of access to information in accessible forms has been acknowledged with ongoing efforts to “...collaborate with OPWDs and other Civil Society Organisations (CSOs) to develop draft guidelines on the use of appropriate technology and accessible forms of communication”²⁴.

A significant factor in improving access to information relates to the non-availability and high cost of goods and services for providing accessible information. Particularly regarding persons with visual impairments, they mentioned the high cost of acquiring products/assistive technologies and materials as a key constraining factor. The government’s intervention in supplying these materials has therefore been strongly suggested. ‘Elsewhere, people only need to go through an assessment to determine the type of technology/materials they need and the government intervenes to provide them under schemes that have been designed for that’ (a key informant with visual impairment). These materials and technologies include software which comes with costs.

Inclusive Service Delivery

Disability assessment centres and services

Section 35 of the Disability Act 2006, Act 715 states that

The Ministry of Health in collaboration with District Assemblies and the Ministry responsible [for] Social Welfare shall establish and operate health assessment and resource

²³ Agangiba, M. A., Nketiah, E. B., & Agangiba, W. A. (2017). Web Accessibility for the Visually Impaired: A Case of Higher Education Institutions’ Websites in Ghana. *Advances in Web-Based Learning – ICWL 2017*, 147–153. https://doi.org/10.1007/978-3-319-66733-1_16

²⁴ Government of Ghana (2018). Initial Report to the CRPD Committee.

centres in each district and provide early diagnostic medical attention to mothers and infants to determine the existence or onset of disability²⁵.

Data on the number and state of disability assessment centres in the country is hard to come by. Information about the existence and location of these assessment centres is also not available or inaccessible. In a focus group discussion with a group of women with disabilities, they responded that they have very limited knowledge and information about the existence of disability assessment centres in the country. This vital piece of information is also missing on the websites of the ministries of health, education, and Gender, Children and Social Protection. These three ministries should have information about the existence of disability assessment centres because of their respective roles in providing that service. The ministry of health, through the Ghana health service and its network of health centres across the country, provides disability assessments (dwelling mostly on the medical conditions or providing diagnosis). The ministry of education is also critical because, from the available information about the existence of some assessment centres (which are few though) in the country, operate a centre in the nation's capital which provides services to parents whose children need disability assessment to determine, as one key informant puts it, the "educability of the child". Finally, the ministry responsible for disability affairs or the council on disability should have this information which should be accessible to members of the public who may be seeking such services.

Even though Act 715 makes provision for the establishment of disability assessment centres, interactions with people with disabilities who are service users do seem to reveal that this provision is yet to be implemented. The few existing centres are concentrated in the southern enclave of the country making them inaccessible to most persons with disabilities, their families and carers who may like to have access to such services.

In carrying out this analysis, an internet search was conducted to find out about the number and geographical distribution of disability assessment centres in the country. The following were the results:

- A search on the websites of the key ministries mentioned above yielded zero results, even though a few such centres are known to exist. This means that people must ask around to be told where to go for assessments. 'I have never known about the existence of any assessment centre in my area'- a response from a youth with visual impairment who was a discussant in a focus group discussion.
- A simple google search about "Disability Assessment Centres in Ghana" returned the following results.
 - o There is one national disability assessment centre located at Achimota in Accra which is run or operated by the Ghana education service. In a 2018 media publication, the centre was reported to be in urgent need of infrastructure, despite receiving some support from UNICEF²⁶. It is operated as a referral centre for children who require assessment reports

²⁵ National Disability Act 2006, Act 715 (section 35)

²⁶ <https://www.modernghana.com/news/873370/national-assessment-and-resource-centre-for-children-with-di.html>

to be placed in special schools. The Achimota centre is said to be the only one of its kind serving the entire country.

- Mental health assessments are carried out by the psychiatric hospitals in Accra, Pantang, and Ankaful. They are complemented by services provided by psychiatric nurses across districts and regional health facilities which provide primary health care services. However, for major assessments, members of the public are often referred to the three psychiatric centres mentioned above. Some stakeholders, including, Ghana Somubi Dwumadie have argued that these assessments are not really up to the standards.
- The Centre for Learning and Childhood Development (CLCD)²⁷, which is a private non-governmental organisation working with children with disabilities, has documented a few health facilities and private assessment centres which provide disability assessment services in the country. Analysis of the list shows that these centres are concentrated in the southern enclave of the country, making them spatially inaccessible to many from the northern part of the country and in rural communities across the country. They include the Centre for learning disability assessment (Accra); Human Development Services (central region); Korle Bu Teaching Hospital (Accra); Krispat Ear Centre (Tema); Mission Pediatrics (Accra); and The Trust Hospital,(Osu Accra).

Given the critical role that assessments play in determining the level of support needed for persons with disabilities, especially children with disabilities, the limited number of assessment centres and the nature of their geographic distribution need to be critically looked at through targeted policy interventions.

The establishment of disability assessment centres in the country was mentioned in a focus group discussion involving women with disabilities as a priority area that government should focus its attention on. ‘Even if the resources can set up only three (one each in Accra, Kumasi and Tamale) which will be equipped with state-of-the-art facilities and have qualified multidisciplinary team of experts, it will help the country’ - a recommendation from the women during the focus group discussion. This suggestion was also re-echoed by a key informant who is a disability rights activist/advocate. He argued that because of the absence of assessment centres or the lack of information about their existence, many people with disabilities have never been assessed and therefore do not get the needed information about their condition to be supported appropriately. Furthermore, these assessment centres, when established, will play a crucial role in the successful implementation of Ghana’s inclusive education policy. It is therefore one of the catalytic interventions that government and development partners need to focus attention on.

In Ghana’s state report to the CRPD Committee, the issue of assessment centres was not addressed as a critical issue and the OPDs/CSOs’ alternative report also did not comment on it. This makes it difficult to assess where the government or stakeholders’ priority lies on the issue of disability assessment centres. But the comments made by the persons with disabilities themselves during the interviews suggest it is a priority area for policy consideration.

²⁷ <https://www.clcdghana.org/google-map-resources>

Access to Disability Support Services.

Disability support services for persons with disabilities are a critical enabler in empowering them to be independent, access mainstream services and actively participate in society. Support services can broadly be categorised into personal care involving Activities of Daily Living (ADL), medical and appointment escorts, respite care, staying active through social and community participation, etc.

In Ghana, disability support services have largely been carried out as an informal activity provided by family members, friends, and relatives. There are no state-funded schemes to formally recognise and support the provision of disability support services for persons with disabilities as pertains in other countries. For instance, in countries like Australia, the government through a National Disability Insurance Scheme (NDIS) makes support services to persons with disabilities both accessible and affordable to persons with disabilities who are called participants²⁸. In Ghana, caregiving for instance has mainly been conducted in the informal sector where carers with little or no training provide such services for their relatives who have a disability. Such carers struggle on daily basis to combine their caring roles with their economic activities. Under such situations, the quality of care that people with disabilities receive suffers, with a consequential impact on their well-being. The struggles that these informal support workers go through are known to have an impact on their mental health. This was mentioned by the women in the focus group discussion.

Community-based support systems

As mentioned above, community-based support systems are mostly informal where the responsibilities for caring for and supporting persons with disabilities rest with family members and close relatives of persons with disabilities. The most affected group are children with autism and their mothers (mostly) who must balance their time and resources in providing care and attention for their children. The inclusive education system does not fully cover all children with disabilities and some mothers have said life has become difficult for them because of their children's disabilities.

The implementation of the CBR programme in the 1990s and the greater part of the 2000s was an important milestone development which sought to address the issue of support for persons with disabilities through the involvement of community-based stakeholders. However, the impact it created was limited in geographic coverage and also sustaining the processes without external funding became a challenge ²⁹.

Some studies have revealed that women with disabilities have limited support and access to maternal health care services due to the lack of quality support (and in some cases non-support) from family or community members. Rather than being supported, some have reported being abused with negative comments that suggest that should not have gotten themselves into a situation where they will be

²⁸ <https://www.ndis.gov.au/>

²⁹ Ahmed Bawa Kuyini, Abdul-Razak K. Alhassan & Fati K. Mahama (2011) The Ghana Community-Based Rehabilitation Program for People With Disabilities: What Happened at the End of Donor Support?, *Journal of Social Work in Disability & Rehabilitation*, 10:4, 247-267, DOI: [10.1080/1536710X.2011.622981](https://doi.org/10.1080/1536710X.2011.622981)

requesting support. This mostly happens to women with disabilities in pregnancy conditions who have experienced being told that if they knew they couldn't walk to the clinic then, then they shouldn't have gotten pregnant³⁰

Efforts at Deinstitutionalisation care and Support for people with disabilities.

The CRPD, under Article 19, does advocate for state parties to promote the independent living of persons with disabilities and be included in their communities. Section (a) of the said article state that “Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement”. In the Disability Act 2006, Act 715 of Ghana, section 2 states that “Except as otherwise required by the condition or the need for improvement of a person with a disability, a person shall not subject a person with a disability to differential treatment in respect of residence. It goes on to state in section 2 that “Where a person with a disability has to be put in a specialised establishment, the environment and living conditions of the establishment shall, except as otherwise required by the condition of the person with a disability, be as close as possible to those of a person without disability of the same age as the person with a disability”.

Put into their proper context, these provisions go to support efforts at deinstitutionalisation and promote the full integration of persons with disabilities into society. In the case of mental health care and the rights of people with psychosocial forms of disability, there has been a shift in paradigm and practice away from the institutionalisation of care and support to deinstitutionalisation, which is an alternative policy to the confinement of persons with disabilities to psychiatric institutions by emphasising community mental health care³¹

In Ghana, efforts to deemphasise institutionalisation of care date back to the 1970s through to the 90s when efforts were made to establish mental health care institutions in other parts of the country apart from Accra. These policies however failed to achieve the goals of deinstitutionalisation with mental health care remaining largely institutionalised³².

With the enactment of the Mental Health Act 2012 (Act 846) a framework for the establishment of community mental health care was created but these are yet to be fully implemented. However, “On account of inadequate spread and lack of accessibility to formal mental health services, a bigger proportion of patients are seen in the community by traditional and faith-based healers”³³. Many persons with psychosocial disabilities do not have access to quality care and services and institutionalisation is

³⁰ Ganle, J. K., Otipiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges Women with Disability Face in Accessing and Using Maternal Healthcare Services in Ghana: A Qualitative Study. PloS One, 11(6), e0158361–e0158361. <https://doi.org/10.1371/journal.pone.0158361>

³¹ Chow, W. S., & Priebe, S. (2013). Understanding psychiatric institutionalization: A conceptual review. BMC Psychiatry, 13(1), 169. doi: 10.1186/1471-244X-13-169

³² Akwasi O. Osei (2019). Community Mental Health Care. Ghana Medical Journal. doi: <http://dx.doi.org/10.4314/gmj.v53i2.1>

³³ Mental Health Policy 2019 -2030 Ensuring A Mentally Healthy Population (2018)

still a common practice. In a recent report to the UN CRPD Committee, Human Rights Watch (2022) reported that many people who suffer from mental illness are still being mistreated in their communities and held against their will in informal institutions like churches and the so-called “prayer camps”³⁴. In a commentary by the CEO of Ghana’s Mental Health Authority, he argues that the ideal direction in which mental health care in Ghana (and across the world) should be heading is

the integration of mental health into general health care where every health facility should be able to see patients with mental health conditions just as they see general health or physical health conditions. This is more convenient for patients and their caregivers as they can get the same attention for their physical health needs on the same premises³⁵

Thus, the five-tier health care system in Ghana which involves health facilities being established at the national, regional, district, sub-district and community levels is yet to give practical effect to the implementation of Ghana’s mental health policy towards de-institutionalisation. For instance,

the provision of mental health services is mainly concentrated at the regional or national levels. There are currently three public psychiatric hospitals in Ghana, two of which are located in the capital city, Accra (i.e., Psychiatric Hospital and Pantang Mental Hospital) and one in the Central region (i.e., Ankaful Psychiatric Hospital). The northern and other parts of the country have been neglected with respect to the provision of mental health services³⁶

The efforts to provide community-based mental health services are not limited to only public sector health institutions. The involvement of non-governmental organisations which operate in the communities has been documented in some studies³⁷. Some of these organisations include the Mental Health Society of Ghana (MEHSOG)³⁸, Basic Needs Ghana³⁹, MindFreedom Ghana⁴⁰, as well as other promotional programmes like the “Ghana Somubi Dwumadie”⁴¹

The Most Critical Gaps

The most critical gaps in the deinstitutionalisation effort relate to the lack of decentralisation of mental health care services to the communities and an informal sector which is not well organised and care and support services by people who lack formal training in how to give care and support for people with

³⁴ HRW(2022). Ghana: HRW Submission to the UN Committee on the Rights of Persons with Disabilities. <https://www.hrw.org/news/2022/03/02/ghana-hrw-submission-un-committee-rights-persons-disabilities>

³⁵ Akwasi O. Osei (2019). Community Mental Health Care. <http://dx.doi.org/10.4314/gmj.v53i2.1>

³⁶ *Ibid*

³⁷ Adjorlolo, S., Abdul-Nasiru, I., Chan, H. C. (Oliver), & Bambi, L. E. (2018). Mental Health Professionals’ Attitudes Toward Offenders With Mental Illness (Insanity Acquittes) in Ghana. *International Journal of Offender Therapy and Comparative Criminology*, 62(3), 629–654. <https://doi.org/10.1177/0306624X16666802>

³⁸ <https://www.mehsog.org/>

³⁹ <https://basicneedsghana.org/>

⁴⁰ <https://www.gna.org.gh/1.21484655>

⁴¹ <https://www.ghanasomubi.com/about-us-1>

psychosocial disabilities. There are not many professionals to provide care and support in the communities. The mental health system in Ghana (including infrastructure, personnel availability, financial resources allocation and geographic distribution of facilities and services) is severely constrained as noted in the government of Ghana's policy document on mental health⁴² which noted that

For a population of 29 million, there are only 25 psychiatrists, 30 clinical psychologists, seven Occupational Therapists and 2,500 psychiatric nurses. There are only three public psychiatric hospitals, all located in the southern part of the country. These hospitals face infrastructural challenges with no major renovation since their establishment.

Given the limitations mentioned above, it has been projected that "...only 2% of Ghanaians requiring mental health care had access to the needed help"⁴³. However, efforts have been made in the recent past, under the auspices of the Mental Health Authority of Ghana, to provide guidelines to improve the activities of informal centres like prayer camps. This is part of the bigger move to reconcile the formal and informal sector actors to promote the human rights and well-being of persons with psychosocial disabilities. The challenge however is that "...while prayer camp staff are willing to engage..., deeply held beliefs and routine practices of faith and biomedical healers are difficult to reconcile"⁴⁴.

The lack of capacity to operate with standards has been mentioned by stakeholders as largely accounting for reported cases of abuse that people with psychosocial disabilities have suffered in the communities. In addition, there is a critical lack of information to the public about the nature of mental health which gives rise to negative perceptions and the erecting of attitudinal barricades that prevent people with such conditions from being supported to live independently in their communities.

Many in Ghana still regard people with psychosocial disabilities, including those with challenging behaviours, as a danger to society and therefore see their place of residence to be the psychiatric institutions and not in the communities. These challenges, therefore, need addressing to achieve the goals of deinstitutionalisation and end the abuses that people with disabilities experience in their communities. The situation that is presented is an ethical dilemma, where institutionalisation is being deemphasised but at the same time, the barriers in society are making it unsafe for people with disabilities to fully live independent lives. The lack of support services for people in such conditions is fuelling perceptions that perhaps the institutions would be safer for them. Efforts to deinstitutionalise should therefore involve the setting up of effective community-level support schemes.

⁴² Mental Health Policy 2019 -2030 Ensuring A Mentally Healthy Population (2018)

⁴³ Kpobi, L., & Swartz, L. (2019). Indigenous and faith healing for mental health in Ghana: An examination of the literature on reported beliefs, practices and use of alternative mental health care in Ghana. *African Journal of Primary Health Care & Family Medicine*, 11(1), e1–e5. <https://doi.org/10.4102/phcfm.v11i1.1941>

⁴⁴ Arias, D., Taylor, L., Ofori-Atta, A., & Bradley, E. H. (2016). Prayer Camps and Biomedical Care in Ghana: Is Collaboration in Mental Health Care Possible? *PloS One*, 11(9), e0162305–e0162305. <https://doi.org/10.1371/journal.pone.0162305>

Accessibility to Mainstream Services

Access to education

Access to education is open to all Ghanaians but due to the physical inaccessibility of the built environment, access has become difficult for some students/pupils with disabilities. The government's attempt to solve the problem of access through the introduction of the Inclusive Education (IE) policy is yet to fully achieve its intended objective. The policy is yet to be rolled out on a national scale and its review, based on the pilot phase implementation is still ongoing. It is estimated that "...one child in every five aged six to 24 years with a disability has never attended school and those who are in school are often stigmatized and face discrimination⁴⁵"; and "are seldom counted as out-of-school or school going children⁴⁶".

During the interviews, some respondents who have had interactions with parents of children with disabilities narrated their experiences concerning access to mainstream education for their children. It was mentioned that disability assessments are often required to be carried out before children with disabilities are admitted into special schools. However, some parents, particularly those in rural areas, are not able to afford or gain access to these services and therefore they keep the children at home.

The government has instituted the Inclusive Education (IE) policy which is aimed at integration rather than segregation of educational services at the basic school level for students with disabilities. The policy was rolled out in 2015, following its successful piloting in some 529 schools in 34 districts⁴⁷. The existing special schools which have provided educational services for children with severe forms of disability since the post-colonial period in Ghana⁴⁸ continued to run as parallel non-integrationist facilities. Persons with disabilities and stakeholders who were interviewed during the preparation of this report have assessed that even though the concept of IE was advocated for by stakeholders in the disability sector, there are implementation challenges that need to be addressed to make it fully operational in those schools which have been selected to pilot it. These challenges relate to the inadequate training of teachers to fully handle the different cases of disabilities that are being presented at the schools. A teacher, who is also a person with a physical disability, observed during one of the focus group discussions that they don't get access to the assessment reports of the children who are admitted to their school. Due to that, the teachers do not fully appreciate the condition or nature of their disability to adopt the right teaching approach. Another challenge relates to inadequate teaching and learning materials which are needed by teachers in the IE piloted schools.

Access to Health Services

In the health sector, barriers are preventing some categories of persons with disabilities from accessing services. For example, some stakeholders like Deaf people have mentioned that communication barriers

⁴⁵ UNCEF Ghana. <https://www.unicef.org/ghana/inclusive-education>

⁴⁶ <https://www.unicef.org/ghana/education>

⁴⁷ Ministry of Education(2015). Inclusive Education Policy.

<https://www.unicef.org/ghana/media/1351/file/UN257287.pdf>

⁴⁸ Ametepee, L. K., & Anastasiou, D. (2015). Special and inclusive education in Ghana: Status and progress, challenges and implications. *International Journal of Educational Development*, 41, 143–152.

<https://doi.org/10.1016/j.ijedudev.2015.02.007>

exist between them and health providers⁴⁹. However, some efforts have been reported to have been made to improve the situation. In an interview, a member of the Ghana National Association of the Deaf (GNAD) confirmed that there have been pieces of training organised for health service providers to make them functionally literate in the use of sign language. Also, the GNAD has been collaborating with the University of Cape Coast to train sign language interpreters, in addition to advocating for the ministry of health to train health workers in basic sign language communication. The Association has also developed a directory of sign language interpreters which has been distributed to service providers to provide them with information about where and how to contact sign language interpreters in case of emergencies.

Apart from communication barriers, all the issues raised about inaccessible built environments affecting access to services also apply to health care.

Access to Means of Social Protection Programmes

Access to livelihood improvement services for people with disabilities across the different sectors of society has been assessed to be limited, with many persons with disabilities still living in difficult life situations that have been described by stakeholders as deplorable. The state has three programmes that seem to address the livelihood improvement and service needs of persons with disabilities. However, due to implementation challenges, these services or programmes have failed to meet their intended expectations. These state interventions/programmes include the 3% Disability Common Fund (DACF) which is a grant administered to persons with disabilities at the various MMDAs. The second is the Livelihood Empowerment Against Poverty (LEAP) programme. It was designed to target people in the poorest category of Ghanaian society including some categories of persons who have disabilities. The programme does not provide a blanket order criterion for every person with a disability. The third programme relates to the National Health insurance scheme which was designed to make health care accessible to every Ghanaian including persons with disabilities. Under the scheme, some persons with disabilities have been exempted from paying the subscription premium as “Indigents”, “people with mental disorders “ or “differently-abled persons”.

In their assessments, the right holders who were interviewed acknowledged the crucial role of these programmes/policies but noted that they have so far failed to empower most persons with disabilities to be independent economically and to achieve sustainability or financial security. Questions have therefore been raised about the adequacy of the funds which each person with a disability receives. Also, the distribution process is said to be fraught with problems of unfairness where the funds are not distributed according to the needs of beneficiaries and do not take their peculiar disability needs into account during the disbursements. There are also instances where some groups have been excluded from accessing the fund, particularly persons with psychosocial forms of disabilities. Finally, allegations were raised during

⁴⁹ Acheampong, E., Nadutey, A., Anokye, R., Agyei-Baffour, P., & Edusei, A. K. (2022). The perception of healthcare workers of People with Disabilities presenting for care at peri-urban health facilities in Ghana. *Health & Social Care in the Community*, 30(4), e944–e952. <https://doi.org/10.1111/hsc.13496>

one of the focus group discussions that the DACF distribution is largely influenced by one's political leanings/affiliations. However, the consultant could not verify this statement or allegation, but it does appear that most persons with disabilities hold that view.

Regarding the LEAP, the objective of targeting persons with disabilities "...with severe disability without any productive capacity" (MoGCSP website)⁵⁰ makes it obvious that it was not designed to empower persons with disabilities to be financially or economically independent. The suggestion that some persons with disabilities could be classified as those "...without any productive capacity" sounds stereotypical and unfair labelling. This may be the result of inadequate or improper assessments carried out on the applicants and also smacks of ableism. Haben Girma, a Lawyer, disability rights advocate and the first deafblind person to graduate from Harvard Law School, once made a profound statement about social and attitudinal barriers when she said "...the biggest challenge is ableism, not my disability."⁵¹

There is a lack of disability employment support schemes in Ghana. Most people with disabilities who are considered as having productive capacity are mostly those from the dominant disability groups (Deaf persons, persons with physical disabilities, persons who are blind, etc). For some groups such as those with acquired brain injury, people with psychosocial disabilities and people with intellectual disabilities, there are very few opportunities for them to be actively engaged as productive participants. They are rather treated as passive recipients of handouts and tokenistic programmes that do not seek to develop their productive capacities.

Access to employment

Access to employment services was mentioned during the interviews as a priority area where the state is lagging in policymaking and implementation. Employment is said to be in two categories. There is formal employment in either the public or private sector. The concern of many persons with disabilities is that they find it difficult to access formal sector employment due to the absence of clear affirmative policies to help them break the inherent physical and attitudinal barriers faced by persons with disabilities. The second type of employment is "self-employment" where most persons with disabilities are employed as artisans and craftsmen (or women), petty traders, small business owners or entrepreneurs, and unskilled workers.

In the formal employment sector, there is no clear government policy on how, in the implementation of the CRPD, the employment gap between persons with disabilities and those without disabilities would be bridged. For example, there is no affirmative policy on open employment and no supported employment programmes. People with disabilities who were interviewed did express the expectation that the government would develop such a policy to give direct employment services to people with disabilities who possess the requisite capacity and qualifications to work in open employment spaces. 'The government need to reserve a quota of public sector jobs for people with disabilities who have the requisite qualifications but are struggling to overcome barriers to get employment'. Secondly, it has been suggested

⁵⁰ <https://www.mogcsp.gov.gh/livelihood-empowerment-against-poverty-leap/>

⁵¹ <https://www.un.org/africarenewal/magazine/august-2021/%E2%80%98biggest-challenge-ableism-not-my-disability%E2%80%99>

that inclusive employment creation should be a mandatory requirement or criterion for the award of government contracts so that firms that are bidding for government contracts should be made to attach a proposal showing how they would create direct and indirect employment for the marginalised groups of people like persons with disabilities.

In some public sectors like education and health, the situation is said to be different as persons with disabilities who qualify from training institutions run by the ministries of education and health, such as the colleges of education and colleges of health, have better chances of being posted to fill job vacancies in those sectors. For example, many blind people have been employed as teachers and other educational workers.

Globally, data on the employment of persons with disabilities are hard to come by, according to a UN fact sheet⁵² and Ghana is no different. Efforts have therefore been made by the GSS to improve data collection and analysis on the employment of persons with disabilities in the last two census exercises. The Voluntary National Review (VNR)⁵³ report of Ghana estimates that “ 13.5 per cent of the labour force with disability are unemployed potentially making them susceptible to multiple forms of deprivation”. Improved data on employment will be a key enabler for effective planning and policy design.

Disability-inclusive Budgeting and Financial Management

Disability in Ongoing development initiatives

Many of Ghana’s development initiatives and programmes present opportunities to empower persons with disabilities and for their needs to be addressed through careful deliberate planning. An analysis of the government’s economic and development policy statements to parliament over the past five years shows that there have been several programmes where disability inclusion has indeed been addressed by targeting and meeting the needs of persons with disabilities. However, a careful analysis of these policy statements shows that they are not based on a national disability strategy, hence they do not show a consistent pattern of thoughts. The table below shows how the government’s annual budget and economic development policy statements from 2018 to 2022 have dealt with disability inclusion.

Government Economic Development and Fiscal Policy Statement/year	Analysis of statement about disability-inclusive programmes⁵⁴
The 2018 Budget Statement and Economic Policy of Government	<ul style="list-style-type: none"> - The government announced a policy to have 30% of government procurement contracts go to women and people with disabilities. - The government announced it was going to register PWDs across some districts

⁵² <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities/disability-and-employment.html>

⁵³ National Development Planning Commission (2022). Ghana 2022 VNR Report

⁵⁴ Note: These policy statements do not always translate into earmarked budgets.

	<ul style="list-style-type: none"> - The government announced it was developing a framework to mainstream disability into national development.
The Budget Statement and Economic Policy of the Government of Ghana 2019	<ul style="list-style-type: none"> - The government announced it has increased the DACF by 50% (i.e from 2 % to 3%)⁵⁵ - The government announced it was going to develop IE&C materials on the Disability Act 715 and the CRPD. This is coming after over 10 years of having these laws. At the same time, the government was going to “review the disability Act 715”. It is not clear if the IE&C materials were in connection with the review of Act 715. - The government announced a programme to “reduce disability”. This is rather a public health programme which doesn’t address challenges that confront persons who have a disability.
The Budget Statement and Economic Policy of the Government of Ghana 2020	<ul style="list-style-type: none"> - The government announced it has empowered 100 women with disabilities to start businesses. - The government announced it has consulted PWDs on election processes to promote their participation in an upcoming referendum. - The government reported that it has trained 1000 women entrepreneurs with disabilities and given them funding to scale up their businesses. - Students with disabilities in tertiary institutions received assistive communication technology-enabled devices and training to promote their digital inclusion (the number of beneficiaries was not specified). - A repeat of the 2019 statement that the DACF has been increased by 50%. - The government reported it has employed PWDs as tollbooth attendants.
Statement To Parliament on the Covid 19 Expenditure 2020/ 2021	No mention was made of disability or related policies

⁵⁵ As part of the decentralisation process, 6% of the national GDP is disbursed to all MMDAs as “District Assemblies Common Fund or DACF”. A percentage of that DACF (it started with 2% and now increased to 3%) is exclusively earmarked for persons with disabilities across the country.

<p>The Budget Statement and Economic Policy of the Government of Ghana for the 2022 Financial Year</p>	<ul style="list-style-type: none"> - The government reported it would be constructing 120 sanitation facilities to benefit PWDs. - Government repeats the statement made in 2019 that it was going to review Act 715. - The government reported that it has monitored the DACF in some selected districts. - A repeat was made of previous statements that the government had increased the DACF by 50 %. - The government reported it has kept its pledge to employ PWDs as tollbooth attendants. - The ministry of employment has listed as an eligible expense area, programmes that support “insertion of youth and persons with disabilities”.
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From the above analysis, it is difficult to identify a pattern that points to the government’s clear policy direction on disability inclusion or CRPD implementation. The programmes which are mentioned in the government’s policy statements do not get to the core of addressing the needs of persons with disabilities. This analysis was confirmed by the rights holders and key informants who commented on a question about the government’s policy direction and the extent to which those policies (if they exist) are clarified and understood by stakeholders. ‘Sometimes all that we get are token projects and statements that mention disability or PWDs as recipients of government programmes’ - a statement from a woman with a disability during the focus group discussion.

In addition to the regular policy statements of the government, there are several other flagship programmes which present opportunities for the empowerment of people with disabilities in Ghana. Some of these programmes are the Planting for Food and Jobs programme, the Nation Builders Corps, and the GHS100 billion Covid-19 Alleviation and Revitalization of Enterprises Support (CARES) programme.

However, an analysis of these programmes shows that, apart from the Nations Builders Corp (NABCO) which did employ people with disabilities who were qualified at the time of rolling it out, the rest are silent on disability and no mention of strategies in the policy documents on how a disability would be included. The mainstreaming of disability into every national policy initiative is crucial if the goals of the CRPD and the disability-inclusive SDGs are to be met. In an interview with persons with disabilities and particularly leaders of the OPDs, they raised the issue of lack of capacity to effectively engage the government in the formulation of such policies and also set up monitoring systems to track the implementation of programmes that to ensure they are addressing the needs of persons with disabilities. Regarding this, some have mentioned that the OPDs who are key stakeholders must be supported to develop skills and capacities to set up budget tracking systems to monitor the government’s budget and inclusive programmes. Also, they have limited capacity to make technical submissions to the government’s budget and planning committees, which is crucial to getting disability-inclusive

programmes addressed in the budget statements. The capacity of the national council of persons with disabilities to engage, coordinate and collate inputs from civil society organisations, DPOs and persons with disabilities into the national budget preparation processes was seen to be below the expectations of most key informants and persons with disabilities who responded to the related interview questions.

During the debate to ratify the CRPD, a member of the committee on employment social welfare and state enterprises who move the motion stated that

Finally, the Committee is of the opinion that ratification of the Convention and the Optional Protocol will not impose any financial burden on the country. Rather, it will create the enabling environment to access technical and financial support from the international community to enhance the human rights of PWDs.

The view that ratifying the CRPD was not going to impose any financial burden on the state but rather create opportunity for external resource inflows has been described by one key informant as “an uninformed position”. At the heart of the lack of progress in implementing the CRPD is the problem of inadequate resources. The government needs to develop a framework for the CRPD implementation and undertake a proper cost-benefit analysis to determine how much it will cost the state to have such a framework implemented. In other countries where progress has been substantial, the state has not only developed such a national disability strategy or framework but has also made budgetary commitments to implement such plans over time. This, according to some key informants, is lacking in Ghana’s situation. Thus, the 2022 VNR report among other things, acknowledged the need for “...sustainable financing of disability-related activities...”⁵⁶.

Government Commitments at the Global Disability Summit (GDS 2022)

In February 2022, Ghana co-hosted the second edition of the Global Disability Summit with Norway. The UN country office played a significant role by working closely with the government of Ghana, and OPDs to successfully co-host the event. Ghana, through the SDGs Advisory Unit at the Office of the President, committed to “Reduce discrimination and stigmatisation by promoting attitudinal change in communities and across all development cooperation, and addressing intersectionalities”.

The capacity strengthening of key stakeholders, including OPDs, to track the implementation of these commitments will be crucial to achieving progress because, reducing inequality and discrimination based on disability is a cross-cutting issue which has been advocated in several of the CRPD articles such as Article 3 (General Principles), 4 (General Obligations), 5 (Equality and Non-discrimination), 6 (Women with Disabilities), and significant others. The combating of negative attitudes to reduce discrimination and stigma would require systemic changes in Ghana’s social structure, particularly concerning aspects of the Ghanaian culture which perpetuate these discriminations and widen the inequality gaps between persons with disabilities and the rest of the population who are non-disabled. For example, in some communities, elderly women who have been branded as witches are being expelled from their communities and confined to living in so-called “witches camps” in the Northern and North-East regions.

⁵⁶ National Development Planning Commission (2022). Ghana 2022 VNR

Some studies have shown that most of them are depressed or are having psychosocial forms of disabilities⁵⁷.

During the focus group discussions and interviews with some key informants, attitudinal barriers and discrimination were confirmed to be a problem and are still being experienced by persons with disabilities. For example, a discussant in the Eastern Region narrated how her ambition to become a political activist in her community was being frustrated by ‘some leading members of the party, including the member of parliament for the area, who have said to her that as a person with albinism, the community would not accept her leadership role.

The government’s commitments at the 2022 GDS will need to be translated into programmes and policy initiatives at the local level (the districts and communities). OPDs and stakeholders will require technical and capacity-building support to enable them to track those commitments and work collaboratively with the government to ensure implementation. The MoGCSP, in collaboration with NCPD and GFD, has developed a cross-sectoral roadmap for implementing the 20+ commitments made at the Global Disability Summit. Some stakeholders have suggested that, as part of the implementation, the government needs to develop and roll out a comprehensive behaviour change communication plan to combat stigma and discrimination in the communities. This is currently lacking in key government information and communication programmes. For example, critical scrutiny of the list of programmes by the information ministry of Ghana⁵⁸ shows that there are no specific programmes targeted at addressing this problem of stigma and discrimination faced by persons with disabilities. During one of the focus group discussions, a respondent suggested that ‘there should be adverts on national TV, radio networks and giant billboards with anti-discrimination and anti-stigma messages, in addition to organising community level programmes such as durbars to address the problem’.

Disability Inclusion in Humanitarian Emergencies and Climate Change Initiatives

The inclusion of persons with disabilities in the processes of national disaster management, climate change adaptation frameworks/plans and other humanitarian initiatives is a vital part of the CRPD implementation. Article 11 of the CRPD deals with the need for state parties to take “...all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”. Analysis has been conducted of some important national disaster management plans of Ghana, including climate change adaptation plans and the results show that there has been some attempt to address the needs of vulnerable populations, including persons with disabilities. These plans and frameworks have been listed below with the analysis to show how issues about disability inclusion have been addressed.

⁵⁷ Ghana Somubi Dwumadie(undated). “Ghana’s witches’ camps: A situation of unmet mental health needs”. <https://www.ghanasomubi.com/blog/ghanas-witches-camps-a-situation-of-unmet-mental-health-needs>

⁵⁸ <https://moi.gov.gh/about-us/programmes/>

- In the “Ghana National Adaptation Plan Framework (2018)”⁵⁹ which was developed by the Environmental Protection Agency in collaboration with the National Development Planning Commission, the state has recognised the need to address inequality among the various population groups, including inequality which affects groups that include persons with disabilities. It notes for instance that “...climate change impacts will differ across social groups: women and men, rich and poor, specific ethnic and age groups, people with disabilities, etc”. This recognition is in line with the framework’s principle of “Improving Social Equality and Ensuring a Gender Responsive NAP”. Beyond this explicit expression of the need to adhere to a principle of equality and gender responsiveness, the NAP framework also mentioned that through the Ministry of Gender, Children and Social Protection, “.... the needs of the disabled and the elderly should also be addressed in the NAP process”.
- In a yet-to-be-reviewed “Ghana Plan of Action for Disaster Risk Reduction (DRR) And Climate Change Adaptation (CCA) - 2011-2015”⁶⁰ which was developed by the National Disaster Management Organisation (NADMO), no specific mention was made of disability or persons with disability. However, the organisation does recognise the need to “organise durbars and outreach programmes for vulnerable groups and civil society organisations” as part of their public awareness programmes on DRR, and CCA. It can only be assumed that these “vulnerable groups” would include persons with disabilities as well.
- In the “National Climate Change Adaptation Strategy for Ghana (2015-2020)”⁶¹, no specific mention is made of disability or persons with disabilities. The strategy only makes general references to addressing the needs of vulnerable groups, which presumably, would include persons with disabilities.

Thus, the above analysis shows that no explicit indicators are addressing the needs of persons with disabilities or specific provisions in the CRPD. In the country’s National Medium-Term Development Policy Framework 2022-2025⁶², it has been stated that “...efforts to mainstream climate change into government development agenda have not been as successful as expected due to limited political commitment, and inadequate public financial mechanisms to address climate change as a development challenge; limited awareness and weak capacity among MDAs and MMDAs”. These general challenges which have been mentioned in the medium-term development framework can be part of the reasons why there is a lack of clear policies on disaster risk management targeting the specific needs of persons with disabilities.

⁵⁹ <https://leap.unep.org/countries/gh/national-legislation/ghanas-national-adaptation-plan-framework-2018>

⁶⁰ https://www.cadri.net/system/files/2021-06/Ghana-National-Plan-of-Action-for-DRR-and-Climate-Change-Adaptation_0.pdf

⁶¹ https://www.adaptation-undp.org/sites/default/files/downloads/ghana_national_climate_change_adaptation_strategy_nccas.pdf

⁶² https://ndpc.gov.gh/media/MTNDPF_2022-2025_Dec-2021.pdf

In Ghana's state report to the CRPD Committee (2018), the state reported on article 11 as follows:

- "There is no policy framework" for the implementation of this article
- The National Disaster Management Organisation is the institutional framework to see this provision being implemented and the NCPD "...has started engagement with NADMO to address these concerns".
- That the "Act 715 has no provisions on disaster management"
- Persons with disabilities have not been involved in the development of plans to address disaster management.

The lack of adequate provisions and indicators to address the needs of persons with disabilities was mentioned by many persons with disabilities who responded to interview questions. 'If such plans exist at all, we are not aware of what they are. This was a concluding remark made by a youth group during focus group discussions held in the eastern region.

However, in an interview held with some leaders of OPDs, including the national umbrella body, the GFD, it was mentioned that in the past they have been invited to some meetings where national disaster risk management issues were discussed. But the absence of a national framework or the inadequate representation of disability inclusion in existing frameworks was mentioned as a weakness in these initiatives which needs to be addressed.

Disability inclusion within the UN Country Programmes

The United Nation in Ghana has been a key development partner promoting the implementation of the CRPD and the disability-inclusive SDGs through various support programmes and in partnership with key stakeholders including government, civil society organisations and OPDs. From analysis, disability inclusion can also be seen to have been reflected in the UN Sustainable Development Cooperation Framework for Ghana (2022-2025) and reference has been made to include it in the Common Country Analysis (CCA) and Socio-economic Response and Recovery Plan (SERRP). The table below summarizes areas where disability inclusion has been captured in the cooperation framework. As the analysis show, inclusion is captured as part of the goal of outcome 1 as well as in the theory of change. However, there is no specific indicator addressing disability inclusion among the 7 selected monitoring and evaluation indicators for outcome 1. It is therefore important not to overlook the need to have such an indicator to guide conscious data collection and disaggregation when reporting on outcome 1.

Indicators	Analysis
Theory of change and UN development support	<ul style="list-style-type: none">- The theory of change recognises that the pathway of change needs to address the empowerment of persons with disability and other vulnerable groups. It also makes this a high-priority area.

Cooperation Framework Outcome 1 - By 2025, people in Ghana, particularly women, youth persons with disabilities and those furthest behinds will enjoy an inclusive and transformed economy that creates decent jobs and sustainable livelihoods reducing inequality	- Outcome 1 of the cooperation framework targets persons with disabilities among other vulnerable groups to “...enjoy an inclusive and transformed economy that creates decent jobs and sustainable livelihoods reducing inequality”. However, none of the 7 indicators selected for the outcome specifically addresses disability inclusion. The lack of specific indicators will make it difficult to track progress through conscious data collection and disaggregation.
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Furthermore, analysis of UNCT Results Reports⁶³ for instance shows a commitment to undertake programmes with significant bearings on the achievement of disability-inclusive results and the CRPD. For instance, the UNCT Results Reports 2020 for Ghana has stated that among the seven outcomes which reflect ‘high level’ national changes that identify the UN agencies’ strategic interventions, outcome 4 is focused on “marginalized and vulnerable populations demand and utilization of social services”. It further reported that:

- “The Ministry of Education was supported to develop teaching and learning support materials for HIV education and awareness campaigns in schools targeting young people with special needs and various forms of disability”; and
- “21,566 persons with disabilities, including the visually impaired, physically challenged, and hearing impaired in 165 districts, received disability-friendly COVID-19 information”.

The various entities of the UN in Ghana have been involved in undertaking programmes that seek to target persons with disabilities. Among them are (and these are by no means exhaustive):

- UNICEF in Ghana has played a key supporting role in the development and implementation of Ghana’s Inclusive Education policy (2015 -2020) and in supporting its ongoing review processes.
- The UNFPA has also been involved in some work with stakeholders, including OPDs in promoting access to information and services on sexual rights and reproductive health for persons with disabilities.

Most Critical Areas to Address

⁶³ UNCT Results Reports 2020 for Ghana. <https://ghana.un.org/sites/default/files/2021-08/UNCT%20Ghana%202020%20Results%20Report%20Final.pdf>

The various initiatives/programmes which are implemented by the UN entities concerning disability inclusion are significant in addressing the needs of people with disabilities in different geographic locations. However, there is the need to coordinate the efforts by supporting the country to develop a comprehensive national CRPD implementation strategy/framework which should be targeted at addressing the systemic challenges and increasing the capacities of duty bearers, rights holders, OPDs and CSOs to demand good governance and accountability in the implementation of the CRPD and the SDGs.

Governance and Accountability

Assessment of Data Disaggregation Efforts and Quality Issues

Disability data disaggregation is a challenge which has been acknowledged by stakeholders working to address issues affecting persons with disabilities in Ghana. The state report to the CRPD committee noted in Article 31 that “There is no accurate data and statistics on persons with disabilities”. This has been one of the critical problems which have been acknowledged by all stakeholders in the disability sector and has also been acknowledged by the UN and other international development institutions like the World bank. Ghana’s attempt to address this problem has not been too successful, according to some key informants who spoke concerning the problem.

Before the 2010 population and housing census, there was no attempt made to assemble national data on disability and disability-inclusive data disaggregation did not also feature in the numerous surveys and studies which were carried out by the GSS such as the Ghana Living Standard Survey series. As stated in section 2.2 of this report, the disability data collection instrument was first introduced in the 2010 census exercise in response to many years of advocacy by stakeholders, including OPDs and CSOs in the country. However, the instrument which was used did focus only on people with “serious disabilities”, leading to concerns being raised about the effectiveness of the tool and the accuracy of the results it produced. The 2010 population census data on disability was thought to have underestimated the number of people with disabilities in Ghana due to the weakness in the tool which did not collect data on those with mild to moderate forms of disability. Despite the weakness, it was a significant step toward incorporating inclusive data collection tools into national statistics.

In 2021, the GSS attempted to address the problem of the previous census data on disability by resorting to the use of the Washington Group's short set of questions on disability. However, this has also been assessed by stakeholders, particularly DPOs, to also present some weaknesses. For example, there was no data collected on children with disabilities and the tool also fails to make a distinction between people with permanent conditions and those with temporary conditions. The GSS has so far done a partial analysis of the data collected in the 2021 census and the highlights show that the population of PWDs is estimated to be around 8% of the total country population.

The following are highlights of the 2021 data on disability, as published by the GSS (2021)⁶⁴:

- “About 8 % (2,098,138) of the population have varying degrees of difficulty in performing activities and is higher among females (8.8%) than males (6.7%)”.

⁶⁴ GSS(2021). [General Report Highlights 3A - 3N](#)

- “ The proportion of the population with varying degrees of difficulty in performing activities in rural areas (9.5%) is higher than in urban areas (6.5%)”
- “ The share of females among persons with varying degrees of difficulty in performing various activities is higher than for males in both rural (56.2% vs 43.8%) and urban (59.7% vs 40.3%) areas, but the difference is larger in urban areas”.
- “Difficulty in seeing (4.0%) has the highest prevalence among all six domains with communicating having the lowest (1.0%)”.
- “ Self-care domain (8.5%) has the highest proportion of persons who cannot perform that activity at all while the lowest is remembering or concentrating (2.8%); with males having a higher proportion than females in all domains.”
- “ Almost half a million (477,543) representing 1.8 per cent of persons 5 years and older have a lot of difficulty in performing an activity or cannot do any activity at all in at least one domain, with the proportion of females (56.6%) being higher than males (43.4%)”.

Despite the 2021 census statistics being described as an improvement over the previous, there are critical gaps that can affect the quality of the data for planning and policymaking purposes. First, the data collection instrument excludes some categories of persons with disabilities. For instance, the instrument/data did not capture disabilities below the age of 5 years and so children with disabilities in that age group are excluded from the national statistics. Secondly, the data exclude persons with Albinism and burn survivors whose disability relates to their skin. For persons with albinism, most of them have vision-related difficulties and so it will be reasonable to assume that they may have been captured as part of the group with seeing difficulties. The third critical gap in the data relates to the lack of distinction between permanent disability and temporary conditions such that people who may be unable to perform a function at the time of the data collection due to a temporary illness or condition were countered as having a disability. This distinction would have been significant to make in line with the definition of disability in the CRPD.

Critical Needs Areas

The critical needs regarding disability data disaggregation have been highlighted by some focus group respondents and key informants, including:

- The need to have a national database on disability which should be made accessible in appropriate formats.
- In addition to the current forms of data disaggregation, there should be data provided on children with disabilities to help with the planning and design of services to address their critical needs.
- Data on access to mainstream services and social support by people with disabilities should be included as one of the priority areas where data disaggregation should be focused.
- All public institutions that provide services and undertake some form of data collection as part of their processes should mainstream disability data into their instruments and these should be consciously analysed, and the results made accessible to stakeholders who need them to make critical policy decisions. In this regard, some studies have pointed out that it is feasible, and the opportunity exists, to integrate the Washington Group Short Set of questions into the data

collection instruments of community health service providers (Sightsavers, 2018)⁶⁵.

5.0 ANALYSIS OF THE KEY GAPS IN POLICY AND IMPLEMENTATION

There are systemic challenges affecting progress towards the CRPD implementation which need to be approached from the political economy point of view. These require actions to be initiated at the highest level of policy decision-making. The analysis in this report shows that the domestic legislative framework needs to be amended or re-enacted to conform to the CRPD. Some of the weaknesses that have been pointed out by stakeholders are that the definition of disability in Act 715 is narrower and also lacks specific provisions that address the needs of children with disabilities, humanitarian initiatives and disaster management, among other weaknesses.

Stakeholders have also advocated the elevation of the NCPD to a commission to enable it to function more effectively. Currently, the council operates as an agency under a ministry and some stakeholders have argued that it cannot, therefore, function effectively as the focal point within the government for the CRPD implementation. This is because, by the spirit of Article 33 of the CRPD, the focal points are supposed to be high-ranking to coordinate and influence the setting of the disability agenda at the highest level of governance and the NCPD seems to lack that capacity.

Another critical area is the lack of implementation of the Disability Act 715 due to what stakeholders believe is the absence of a Legislative Instrument (LI) to give it operational effect. It has been 15 years and over since the law was passed and the state is still struggling with having to pass an LI for it to be made operational. This long delay in passing the LI has been viewed as a mark of low political commitment. As stated in parts of this analysis report, during the motion to ratify the CRPD in 2012, parliament was informed that there was a draft LI and it was down to the ministry to sit down with the Attorney General to finalise its preparation and subsequent presentation to parliament for debate and approval.

The absence of a roadmap national disability strategy/framework for the CRPD implementation leaves room for uncoordinated actions to spring up. The national disability policy of 2000 has been quoted in most official documents as a basis for some actions that have taken place in the disability sector in the past. The policy however needs to be reviewed if indeed the state wishes to rely on it for any future policy actions. As pertains in most countries, national disability strategies/frameworks, when developed, should guide the preparation of disability-inclusive programmes and projects in the national development planning process. In line with their mandate, the NDPC provides guidelines for the preparation of national medium-term development plans for MDAs and MMDAs. These plans should reflect the goals and objectives set in a national disability strategy/framework. To ensure the effective engagement and participation of people with disabilities in the planning processes, some key informants have suggested

⁶⁵ Badu, Eric & Murphy, Rachel & Agyemang, David & Jolley, Emma. (2018). Ghana Disability Data Disaggregation Pilot Project: Results of Integrating Disability into Routine Data Collection Systems. 10.13140/RG.2.2.18994.35520.

that OPDs need to develop adequate capacities and acquire skills to enable them effectively engage the MMDAs in the preparation and implementation of their medium-term development plans.

One of the biggest challenges or gaps in the CRPD implementation is the inadequate budgetary allocations for the implementation of its provisions across the different levels of the development planning process: national, sectoral and MMDA levels. Implementation of the convention will require committed resources and the state has not been too successful in doing that.

Accessibility is also key and it is an area where there is a gap in implementation. From the start, the government could have committed resources to undertake a countrywide accessibility audit for comprehensive data about the extent of the problem and the resources required to achieve progress. This would have indicated how much it would cost the state to comply with the provisions of Act 715 and the CRPD on accessibility. Most state institutions still operate from inaccessible buildings, and this does not present a good example or motivation for others in the private sector to follow. The idea that Ghana ratifying the CRPD was not going to impose any financial burden on the state, which statement was made on the floor of parliament, seems to have subsequently impacted the government's commitment to its implementation and investments in inclusive projects, especially accessible infrastructure.

The government's flagship programme of allocating 3% of every MMDAs common fund as a disability common fund was a bold policy initiative. The implementation challenges must be addressed to make it viable and sustainable and as a catalyst for empowering people with disabilities at the community level to achieve independence and actively participate in society. As a progressing society, and with the increasing need to address the needs of persons with disabilities through an effective and efficient sustainable disability support system, the country needs to collaborate with development partners and the private sector to design a sustainable funding scheme for disability support systems in the country, particularly at the community level. This will require collaboration, careful planning, and political commitment from the highest level of policy decision-making. The government will need to commission a study into the viability of setting up such a scheme and progressively implementing it. Such a funding scheme will serve as a mechanism for the attainment of many of the life-enhancing goals expressed in the CRPD.

In terms of access to services, the accessibility question remains a catalytic area where urgent actions are required because the presence of inaccessible buildings or public places has an impact on how some people with disabilities can access mainstream services. In line with this, there is the need to clarify roles as to which state institutions are clothed with authority to enforce the laws on accessibility to public places. Currently, there is some ambiguity in the minds of some stakeholders about which institutions are responsible to enforce the GASB.

The role of OPDs in the CRPD implementation process is critical. Many of these organisations are funded from unsustainable sources and have become vulnerable financially. They face operational challenges that make them less effective in their work. For instance, during some of the interviews, it became apparent that some national OPDs do not currently operate at full capacity due to dwindling funds and

are therefore not able to respond fully to the needs of their constituent members or represent effectively the issues that affect them.

The issues presented above present opportunities for all stakeholders to work together collaboratively to address them. The issues can be summarised into two: the need for legislative and policy reforms to empower institutions of state like the NCPD and the CJRAJ to work in promoting the rights of people with disabilities in Ghana through effective coordination of their actions and reporting on progress. The second relates to a need to design programmes to address the needs of persons with disabilities. This does not necessarily require major legislative reforms to achieve. For example, service providers do not need to wait for the state to review Act 715 before they can provide services to persons with disabilities. It must take the proactiveness and commitment of people who are in charge of institutions to cause changes to happen. Dealing with stigma and prejudices toward people with disabilities sometimes takes individuals to change their attitudes about people with disabilities and develop a positive appreciation of their inherent capabilities. For instance, it will take an employer with a positive attitude to want to offer a person with a disability the opportunity to develop his/her skills and achieve employment outcomes, something which does not always have to be the outcome of enforcing a law or piece of legislation on employment quota. Thus, the commitment made by the president of the country at the GDS to address inequality and discrimination through attitudinal changes should be seen as catalytic and development actors must work collaboratively, as suggested in this analysis report, to translate that commitment into concrete actions.

6.0 VALIDATED PRIORITY ISSUES.

At the national validation workshop, participants identified and prioritised the issues which have been highlighted in the report and ranked the top five for urgent action. The outcome, as summarised below shows that nine (9) issues were picked as being the priority issues that need urgent action. These are:

- 1) Low political commitment to undertake speedy legislative and policy reforms including:
 - a. Lack of expedited action for the re-enactment of the Disability Act 715 to conform to the CRPD. The NCPD has reported that 'there is now a draft bill before the executive'. The Bill, when passed into law, will bring greater reforms in the legislative and policy environment for the effective implementation of the CRPD. The accompanying Legislative Instrument (LI) for the proposed bill also needs to be considered as a matter of urgency.
 - b. The need to set up an independent national institution for the monitoring and reporting of progress made in the CRPD implementation in line with obligations spelt out under Article 33 of the CRPD. The CHRAJ, being an independent human rights institution should be considered in this regard.
 - c. Lack of effective coordination of ongoing efforts by key institutions and organisations working in the sector or those whose constitutional mandates have explicit implications for the CRPD implementation. Some stakeholders have noted with concern that 'the NCPD, CHRAJ and OPDs appear to be working in their silos' without effective mechanisms in place for coordination of

- efforts and leveraging of strengths and (limited) resources. Coordination at the level of organisations of and for people with disabilities was also highlighted as a priority.
- 2) The adoption of human rights approaches in the design and implementation of programmes, in line with the spirit of the Convention (which is a human rights document).
 - 3) Lack of access to state-funded disability support services. There is a lack of formal recognition of the important roles played by informal support workers and caregivers (particularly mothers of children with severe forms of disability) in promoting the effective and meaningful participation of people who critically need such support services. In line with this, two issues have particularly been highlighted as follows:
 - a. The absence of a functional inclusive disability assessment system to enable the linking of assessments to the accessing of support services, goods, and assistive materials or technology. The need to urgently prioritise the setting up of inclusive disability assessment centres, well equipped and geographically spread to facilitate easy access has strongly been prioritised.
 - b. Lack of mechanism for state-funded support services and the supply of goods and assistive devices critically needed to make life meaningful for people with disabilities.
 - 4) The review of ongoing government social protection programmes or flagship programmes to expand access to resources for the economic empowerment of people with disabilities who are in critical need.
 - 5) The need to strengthen disability data collection, analysis, and availability. Promoting the use of the Washington Group Short Set of Questions through mainstreaming into ongoing administrative data collection processes across all sectors has been identified as a priority. This is to ensure continuously updated data between the 10-year national census cycles. The absence of data on children with disabilities below the age of 5 years has particularly been highlighted as an area requiring urgent action.
 - 6) Lack of access to the built environment as highlighted in the situational analysis report is a key priority area requiring urgent and comprehensive governmental action.
 - 7) Lack of access to information in accessible forms is a priority area for the state to address. Related to this, the need to make available crucial national disability strategy documents on government web portals has been highlighted as a priority.
 - 8) The lack of full implementation of the Inclusive Education Policy (IEP) and the need to address challenges of implementation in the pilot areas need priority attention to improve access to formal education for children with disabilities.
 - 9) The lack of affirmative open employment policy and supported disability employment schemes was included as a priority area for urgent action. An Employment Equity Policy is therefore needed to create the enabling policy environment and establish opportunities for people with disabilities to be active participants in contributing to the ongoing national development efforts.

Of the nine (9) identified issues, stakeholders have selected five as top priority areas that require urgent action, including:

1. The need for speedy governmental action to review and implement the Disability Act 715 through the re-enacted Bill and accompanying Legislative Instrument (L.I). This notwithstanding, urgent steps need to be taken to set up an independent national monitoring institution for CRPD implementation in line with Article 33.
2. The need to improve the quality and continuously updated data on disability (including data on children below 5 years) for evidence-based policymaking and implementation, through mainstreaming of the Washington Group Short set of questions into ongoing administrative data collection processes across all sectors.
3. The need to formalise disability support services through government funding for the services of informal caregivers, particularly parents of children with severe forms of disabilities as highlighted in the analysis report.
4. The need to improve coordination among NCPD, CHRAJ, and ODPs/CSOs in the implementation of the CRPD or a national disability strategy for greater outcomes and leveraging of expertise and resources.
5. The need to set up more functional and inclusive disability assessment centres which should be evenly spread across the country to enable access to goods and services to be linked to outcomes of assessments.

7.0 KEY RECOMMENDATIONS

Based on the outcomes of the two levels of prioritizations the following specific recommendations are hereby made

Recommendations to the UN

- a. Support the government to expedite action on the ongoing review processes toward reforms in the domestic disability legislation, particularly the re-enactment of the disability Act 715 to conform to the CRPD.
- b. Provide technical support to the Ghana Statistical Service and other state institutions to improve disability data through the mainstreaming of the WG short set of questions on disability into administrative data collection and analysis processes.
- c. Support the government to prioritise the setting up of inclusive disability assessment centres in the country to enable the linking of the outcomes of assessments and access to assistive devices and support services for people with disabilities.
- d. Prioritise informal primary caregivers and support workers, particularly, mothers who have children with severe forms of disabilities, as key target groups in all ongoing and future programmes as a way of empowering them to improve the quality of informal care and support for persons with disabilities in critical need of such services.
- e. Strengthen the national CSOs platform on SGDs to expand its focus on disability-inclusive development, monitor the CRPD implementation and include underrepresented disability groups in its activities.

Recommendations for Government actions

- The government needs to expedite ongoing actions to reform the legislative and policy frameworks for the effective implementation of the CRPD. The re-enacted bill to replace the Disability Act 715 needs to move beyond its current stage of consideration as a matter of urgency.
- Improve coordination among NCPD, CHRAJ and ODPs/CSOs in the implementation of the CRPD or a national disability strategy for greater outcomes and leveraging of expertise and resources.
- Government should initiate policy dialogue and national discussions about the urgent need to have a sustainable scheme to finance a national disability strategy.
- Government should prioritise the setting up of inclusive disability assessment centres across the country to aid the linking of assessments to access to goods, support services, and assistive technologies.
- In the absence of a funding mechanism for the implementation of a national disability strategy, the government needs to adequately resource the NCPD and CHRAJ to implement and monitor key provisions of the CRPD in line with their mandates as the national focal point within the government for CRPD implementation and the national independent human rights commission respectively.
- The government should formally recognise the role of informal disability support workers and caregivers through state-funding schemes and training.
- The government needs to strengthen national institutions to enforce the implementation of the Ghana Accessibility Standards for the Built Environment (GASB) which has been developed by the Ghana Standards Authority to improve access to the built environment.
- Government should prioritise the creation of senior-management level disability/diversity and inclusion units within public sector organisations and strengthen existing ones for internal coordination and mainstreaming of national disability strategy into the plans of Ministries, Departments, and Agencies (MDAs).

Recommendations for Rights Holders and CSOs

- Rights holders, particularly OPDs need to develop adequate skills and strengthen their advocacy capacities to enable them to monitor and provide alternative views/reports on progress regarding the government's commitments to implement the CRPD and the 2022 Global Disability Summit (GDS 22) commitments. This should include the tracking of implementation of national development planning frameworks and the medium-term development plans of MMDAs.
- OPDs, NGOs and government need to collaborate to identify, mobilise, and strengthen underrepresented disability groups of people with disabilities to effectively participate in the national policy decision-making processes.
- CSOs, through the existing SDGs monitoring platforms, need to be strengthened to increase their focus on issues of disability inclusion and CRPD implementation, including the increase in the participation of underrepresented groups of persons with disabilities.

8.0 ANNEXES

Terms Of Reference (Tor) For the Recruitment Of Individual Contractor (IC)

GENERAL INFORMATION

Services/Work Description: National Consultant to support the conduct of a situational country analysis of the rights of persons with disabilities

Consultant Level: Senior Consultant

Duty Station: Home-based

Expected Places of Travel: N/A

Duration: 30 working days (within 1.5 months)

Expected Start Date: 1 April 2022

I. BACKGROUND

A. Background

The UN Partnership on the Rights of Persons with Disabilities (PRPD) is dedicated to the implementation of the CRPD. Bringing together different UN entities, governments, persons with disabilities, and civil society for joint programming and partnerships, it works through three strategic approaches: catalytic program funding, knowledge management, and context relevant capacity building to support inclusive systems and policies.

The PRPD recognizes a rights-based approach to disability, as detailed in the Convention on the Rights of Persons with Disabilities (CRPD) and its associated guidance. This means that sustainable change will require empowerment and meaningful participation of persons with disabilities and their representative organizations (rights holders) and acceptance and capacity of duty bearers to fulfill their obligations and to be accountable.

However, many countries still struggle to transform the CRPD into concrete policies, systems, programs and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions.

To support the attainment of Ghana's SDG commitments related to disability, it is important that the main bottlenecks and priorities in relation to the fulfilment of the CRPD is clearly understood. It is also important to understand who the key stakeholders are and what capacity gaps they might have, which needs to be addressed for the effective implementation of the CRPD and other national disability provisions.

It is thus against this backdrop that UNDP is recruiting a consultant to support the conduct of a situational

country analysis of the rights of persons with disabilities. Findings from the analysis will be used to to inform UN country teams of gaps in terms of disability inclusion in on-going national processes and programs, build a base of mutual understanding and working relationships between UN entities, government, OPDs and other civil society organizations and strengthen the capacity of stakeholders to include and address the rights of persons with disabilities

SCOPE OF THE WORK

The consultant will be responsible for conducting the country situational analysis which will focus on the essential pre-conditions for disability inclusion¹. Additionally, the analysis will build on a human rights-based understanding of change processes, where empowerment and collective action of rights holders (persons with disabilities and their families) is a key pre-condition along with sufficient capacity and authority (human, systemic and financial) of duty bearers to fulfil their obligations as outlined in national legislation and international conventions. The methodology for the analysis will include but not limited to desk review/literature review, focus group discussions, Interviews with key informants and Stakeholder mapping

Under the overall supervision of Governance lead (UNDP) and utilizing the guidance from UNPRD for conducting a Situation Analysis of the rights of persons with disabilities

1. The consultant will conduct a country situational analysis that
 - a. Describes functioning of coordination mechanisms and contributions already made by stakeholders (in government, disability movement, international cooperation, DDR, and civil society, academia etc) and identify possible capacity gaps of key duty bearers and OPDs. Obstacles to participation of persons with disabilities and OPDs in decision making and national life should be specifically analyzed.
 - b. Describes the legislative and policy context regarding persons with disabilities and non-discrimination, identify possible gaps in these and identify the reasons for lack of (or slow) practical implementation by the responsible stakeholders.
 - c. Describes discrimination and inequality between persons with and without disabilities across a range of areas and levels of society (from family and community level to areas such as health, education, livelihoods, employment and political life). Challenges for women, girls and marginalized groups should be specifically described. Identify main reasons for the continued discrimination observed.
 - d. Assesses the level of availability, accessibility and affordability of support services for various disability groups, including community-based support and de-institutionalization efforts (targeted efforts) and identify the most urgent gaps.
 - e. Assesses the level of accessibility and inclusiveness of mainstream services such as education, health, social services, livelihood and employment (inclusive efforts) and identify the most urgent gaps.

- f. Describes policy and practice in terms of accessibility to information (easy-to read, sign language interpretation, braille etc) and to public spaces (including official buildings and UN offices).
2. Maps how ongoing development and humanitarian initiatives funded by the UN and other international donors fare in terms of disability inclusion in program design and budgets (existence of explicit goals, indicators, measures, budget lines and monitoring data)
3. Assesses the availability and functioning of national monitoring mechanisms, systems and tools, including existence and quality of statistics and disaggregated disability monitoring data. Identify possible gaps and and obstacles.
4. Organize a multi-stakeholder workshop and facilitate discussions to validate findings of the situational analysis
5. Finalize the situation analysis report based on inputs received and according to the UNPRD outline to be provided
6. Provide a summary of the main findings, key gaps, and priorities and agree with concerned stakeholders (UN and other development partners, government, ODPs) on joint program outcomes and outputs

III. EXPECTED OUTPUTS AND DELIVERABLES

Deliverables	Duration	Review and approval
Inception report detailing how the analysis would be conducted	3	Governance team lead
Draft situational analysis	12	Governance team lead
Stakeholder consultation and finalized situational analysis report	15	Governance team lead

IV. INSTITUTIONAL ARRANGEMENT / REPORTING RELATIONSHIPS

The Consultant will be supervised by the Governance team lead at the UNDP Country Office; Payments will be made upon satisfactory delivery of outputs, certification of payment form, and acceptance and confirmation by UNDP on outputs satisfactorily delivered.

V. LOGISTICS AND ADMINISTRATIVE SUPPORT TO PROSPECT IC

The consultant will be given access to relevant information necessary for execution of the tasks under this

assignment.

The consultant will be responsible for providing her/his own working station (i.e. secretariat, laptop, internet, phone, scanner/printer, etc.) and must have access to reliable internet connection.

The consultant is expected to be available for consultations and be in reliable email contact for a set number of hours that align with Government/UNDP business hours.

Z

VI. DURATION OF THE WORK

This assignment is expected to last for 30 working days between 6th June – 17th July 2022.

QUALIFICATIONS OF THE SUCCESSFUL INDIVIDUAL CONTRACTOR (IC)

Education:

- Advanced University degree in Social Science, Sociology, Social protection, Development studies or a related field.

Experience:

- At least five years relevant professional work experience in the area of disability and/or the rights of persons with disabilities.
- Thorough understanding of the Convention of the Rights of Persons with Disability (CRPD) and its principles,
- Excellent knowledge of the disability landscape in Ghana
- Demonstrated experience in developing analytical papers
- Demonstrated experience in stakeholder engagement; particularly in engaging vulnerable groups

Language:

- Excellent knowledge of English.
- Capacity to communicate fluently with different stakeholders

Core Competencies:

Corporate Competencies

- Demonstrates integrity by modeling the UN's values and ethical standards.
- Promotes the vision, mission, and strategic goals of UNDP.
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.
- Fulfills all obligations to gender sensitivity and zero tolerance for sexual harassment.

Project and Resource Management

- Exceptional organizational skills.
- Ability to work independently, produce high quality outputs.

Partnership Building and Teamwork

- Demonstrated flexibility to excel in a multi-cultural environment.
- Provides and receives constructive feedback.

Communications and Advocacy

Exceptional writing and reporting skills.

Ability to clearly and briefly generate insights based on analysis of data.

Strong capacity to communicate clearly and quickly.

CRITERIA FOR SELECTING THE BEST OFFER

Applicants will be screened against qualifications and competencies specified below through a desk review that combines the results of a technical and financial evaluation. Specifically, the award of the contract will be made to the Individual Consultant whose offer has been evaluated and determined as:

- responsive/compliant/acceptable, and having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation;
- Technical Criteria weight: 70 points; Financial Criteria weight: 30 points.
- Only candidates obtaining a minimum of 49 points (70%) out of a maximum 70 points on the Technical Evaluation will be considered for the Financial Evaluation

Criteria	Weight	Max. Point
Technical Competence	70%	100
Educational qualifications		10
At least five years relevant professional work experience in the area of disability and/or the rights of persons with disabilities.		30
Excellent knowledge of the disability landscape in Ghana and demonstrated experience in developing analytical papers as well as engaging vulnerable groups		30
Financial (Lower Offer/Offer*100)	30%	100
Total Score	Technical Score * 70% + Financial Score * 30%	

PAYMENT MILESTONES AND AUTHORITY

The qualified consultant shall receive his/her lump sum service fees upon certification of the completed tasks satisfactorily, as per the following payment schedule:

Payment Schedules (Payment Trenches)	Deliverables	Approval should be obtained from	Percentage of Payment
First payment	Inception report detailing how the analysis would be Conducted	UNDP	20
Second payment	Draft situational Analysis	UNDP	40

Final payment	Stakeholder consultation and finalized situational analysis report	UNDP	40
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CONFIDENTIALITY AND PROPRIETARY INTERESTS

The Individual Consultant shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the consultancy service without prior written consent. Proprietary interests on all materials and documents prepared by the consultants under the assignment shall become and remain properties of UNDP.

Prepared by:

Name: Belynda Amankwa Signature:

Date:

17-Mar-2022

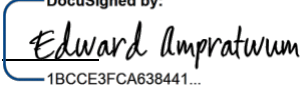
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This TOR is approved by:

Name: Edward Ampratwum

Designation: Head of Democratic Governance and Peace Building Cluster

Signature: 1BCCE3FCA638441...

COUNTRY SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

Introduction/background

The UNDP, under the Partnership on the Rights of Persons with Disabilities (UNPRPD), has contracted an individual consultant (IC) to conduct a situational country analysis of the rights of persons with disabilities and the implementation of the CRPD and the disability-inclusive SGDs. Findings from the analysis will be used to inform UN country teams of gaps in terms of disability inclusion in ongoing national processes and programs, build a base for mutual understanding and working relationships between UN entities, government, OPDs, and other civil society organizations, and strengthen the capacity of stakeholders to include and address the rights of persons with disabilities.

The consultant's methodology includes conducting key informant interviews and Focus Group Discussions focussing more on the assessment of the essential preconditions for the CRPD implementation and related issues as outlined below:

- a. Description of the functioning of coordination mechanisms and contributions already made by stakeholders (in government, disability movement, international cooperation, DDR, and civil society, academia etc) and identify possible capacity gaps of key duty bearers and OPDs.
 - Analyse the obstacles to the participation of persons with disabilities and OPDs in decision making and national life, particularly women, youth, and minority disability groups.
- b. Description of the legislative and policy context regarding persons with disabilities and non-discrimination,
 - Identification of possible gaps in these and the reasons for lack of (or slow) practical implementation by the responsible stakeholders.
- c. Discrimination and inequality between persons with and without disabilities across a range of areas and levels of society (from family and community level to areas such as health, education, livelihoods, employment, and political life).
 - Challenges for women, girls and marginalized groups to be specifically described and identify the main reasons for the continued discrimination observed.

- d. Assessment of the level of availability, accessibility, and affordability of support services for various disability groups, including community-based support and de-institutionalization efforts (targeted efforts).
- e. Policy and practice in terms of accessibility to information (easy-to read, sign language interpretation, braille etc) and accessibility to public spaces (including official buildings and UN offices).
- f. Maps how ongoing development and humanitarian initiatives funded by the UN and other international donors fare in terms of disability inclusion in program design and budgets (existence of explicit goals, indicators, measures, budget lines and monitoring data)
- g. Assessment of the availability and functioning of national monitoring mechanisms, systems, and tools, including the existence and quality of statistics and disaggregated disability monitoring data. Identify possible gaps and obstacles.

The analysis will seek the views of stakeholders on what will be transformative and catalytic given situations of limited resources.

CONSENT

- Do I have your Consent to proceed to ask you a few questions about these issues? Y/N
 - Do you also consent to me recording the conversation for reference purposes only? Your responses will be kept confidential, and no third party shall have access to them except with your approval? Y/N
 - Thank you for your consent and time.
-

A. Interview questions (Key Informants)

Name: Title Organization..... How long have you worked in the disability sector or dealt with issues in the disability sector?

Functioning of the Country Coordination Mechanisms and the Contribution of Stakeholders

1. What are the nature and functional status of the country's coordination mechanisms for the CRPD implementation?
 - a. Does Ghana operate a single point or multiple focal points system?
 - b. How effective has the adopted system been and what are the implications for the CRPD implementation?
2. To what extent does the country coordination mechanism involve relevant key stakeholders

for enhanced collaboration, leveraging of experiences and resources, and enhancing joint programming for the CRPD implementation and achievement of disability inclusive SDGs?

3. What are the major barriers and capacity gaps for people with disabilities and their representative organisations to meaningfully participate in policy decision-making and implementation of programmes that impact their lives?
 - a. How are women and minority groups represented in the policy decision-making processes?

The Legislative and Policy Context to Reduce Inequality and non-discrimination.

4. Explain the nature of Ghana's disability policy instruments for the CRPD implementation:
 - a. Laws to reduce inequality and non-discrimination
 - b. Direct services provided by the government aimed at addressing inequality and nondiscrimination issues
 - c. What critical factors were considered in the choice of policy instruments (e.g cost-benefit considerations).
 - d. How do the policy instruments enhance the participation of women and youth with disabilities in decision-making?
5. What are the disability policy and legislative gaps and how are any such gaps impacting the implementation of the CRPD?

Discrimination and Inequality between persons with disabilities and the non-disabled people

6. What are the forms and how pervasive are discriminations and inequalities suffered by persons with disabilities across the Ghanaian society compared to their counterparts who are not disabled?
 - a. What mechanisms are in place to monitor these issues?
 - b. How are DPOs and CSOs involved in monitoring progress on equality and non-discrimination?
 - c. Which state institutions are mandated to ensure equality and non-discrimination across the broad sectors of society and in communities and how effective have they been?
7. Are there intersectional variations of inequality and discrimination across gender, geographic location, educational levels, religion, types of disability, age, etc?
8. How are people with disabilities being empowered through the flagship economic empowerment programmes/of the government? ("Ghana Care Obaatampa Programme", "Youstart", "Agenda for jobs: creating prosperity and equal opportunity for all", etc).

Accessibility and Affordability of Support Services and Deinstitutionalization Efforts

9. What support services are available for persons with disabilities and to what extent are they affordable? How are these support services organized across the society (community level, and at the national level)?
10. What are the existing gaps in support services and the opportunities to address those gaps?
11. What is the policy direction of the government regarding support services for people with

disabilities?

Access to Mainstream Services

12. To what extent are mainstream services (education, social services, livelihood improvement, employment, etc) made inclusive and accessible to persons with disabilities?
 - a. How are the issues of inclusion and mainstreaming of disability services implemented across public sectors/agencies/departments?
13. To what extent are these services based on internal diversity and inclusion policies of duty bearers? For instance, do service providers have organizational policies on diversity and inclusion?

Policies and Practices regarding access to information and physical spaces (including official buildings and UN offices)

14. To what extent do public institutions, including the UN entities, make information accessible to persons with disabilities in appropriate formats (easy read, braille, and sign language interpretations)?
 - a. Are there explicit provisions in the internal communication policy documents of the entities to support their practices?
15. To what extent do the built environment of public institutions (buildings and offices, including the UN offices in Ghana) physically accessible to people with disabilities?
 - a. Which category of persons with disabilities can access these environments/official buildings? Which groups are most disadvantaged by inaccessible buildings (if any)?

Targeted/Inclusive programmes Implementation and monitoring indicators

16. Is there a national disability strategy (and a roadmap strategic plan) for the CRPD implementation?
 - a. What is the estimated cost of implementing such a strategy (if available)
 - b. Has the national disability strategy and implementation plan been approved at the highest level of policy decision-making (Cabinet, parliament)?
 - c. Are there explicit measurable disability indicators and data disaggregation in ongoing national development plans and programmes?

Functioning of National CRPD Monitoring mechanisms, systems, and tools

17. To what extent are monitoring mechanisms in place to ensure constant tracking of progress based on disaggregated disability monitoring data (age, sex and type of disability)?
 - a. To what extent are the monitoring data disaggregated to capture women, children, and other minority groups of persons with disabilities?
18. What are the areas of gaps and how are they being addressed?

Critical areas of capacity gaps

19. What will you consider to be the most critical capacity gaps that the UNDP should support efforts to address?

- a.** Among OPDs?
- b.** Government/public agencies?
- c.** CSOs?
- d.** Others?

Note: if there are links to reports, websites, or official sources of information to provide answers to any of the areas stated above, it will be very much appreciated to have them provided.

THANK YOU VERY MUCH FOR YOUR TIME

Interview Questions (Focus Group Discussions)

Participants details:

Name	Sex	Community/locality	Disability	Age	Have you been involved in advocating disability issues in Ghana or your community ? and for how long? Y/N/ how long.....
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

9.					
10.					
11.					
12.					
13.					
14.					
15.					

Discussion Questions

Functioning of the Country Coordination Mechanisms and the Contribution of Stakeholders

1. What do you know about the UN convention on the rights of persons with disabilities?
2. What do you know to be the obligations of Ghana in the CRPD?
3. How have you been involved in any processes related to the CRPD?
4. Based on what you know:
 - a. Which agency is responsible for the CRPD implementation in Ghana and how will you say they have been effective?
5. What do you see as the barriers preventing people with disabilities from meaningfully participating in policy decision-making and implementation of programmes that impact their lives?
6. What do you see as the barriers preventing representative organizations of people with disabilities from meaningfully participating in policy decision-making and implementation of programmes that impact the lives of members in the communities? Or in your community?
 - a. From your knowledge and experience, how will you say women with disabilities are represented in the policy decision-making processes?
 - b. From your knowledge and experience, how will you say the youth with disabilities are represented in the policy decision-making processes?
 - c. From your knowledge and experience, how will you say other minority groups of people with disabilities are represented in the policy decision-making processes?

The Legislative and Policy Context to Reduce Inequality and non-discrimination.

- d. Can you explain how the laws of Ghana protect you as a person with a disability?
- e. Do you think that the disability laws that we have in Ghana are effective in reducing inequality and discrimination against persons with disabilities

- i. What experiences can you share about the above question?
- f. What factors do you think affect the implementation of Ghana's disability laws?
- g. What needs to change for the laws to be made effective in protecting people with disabilities in Ghana?

Discrimination and Inequality between persons with disabilities and the non-disabled people

- 7. What are the forms and how pervasive are discriminations and inequalities suffered by persons with disabilities across the Ghanaian society compared to people who are not disabled?
 - a. What experiences can you share regarding the question above?
 - b. How are your representative organizations or DPOs involved in monitoring progress on equality and non-discrimination?
 - c. How have you been involved in monitoring progress on equality and non-discrimination?
 - d. Are there differences in how inequality and discrimination are experienced by different groups of persons with disabilities?
 - e.g gender, geographic location, educational levels, religion, types of disability, age, etc?
- 8. How have you personally been empowered by the flagship economic empowerment programmes/of the government? ("Ghana Care Obaatampa Programme", "Youstart", "Agenda for jobs: creating prosperity and equal opportunity for all", etc).
- 9. How have people with disabilities generally being empowered through the flagship economic empowerment programmes/of the government? ("Ghana Care Obaatampa Programme", "Youstart", "Agenda for jobs: creating prosperity and equal opportunity for all", etc).

Accessibility and Affordability of Support Services and Deinstitutionalization Efforts

- 10. What support services are available for persons with disabilities and to what extent are they affordable?
 - a. How are these support services organized across the society (community level, and at the national level)?
- 11. What are the existing gaps in support services and what opportunities exist to address those gaps?

Access to Mainstream Services

- 12. To what extent are mainstream services (education, social services, livelihood improvement, employment, etc) made inclusive and accessible to persons with disabilities?
 - a. How do you know issues of inclusion and mainstreaming of disability services to be implemented in your district or locality?

Policies and Practices regarding access to information and physical spaces (including official buildings and UN offices)

- 13. To what extent can you say that public institutions are making information accessible to persons with disabilities in appropriate formats (easy read, braille, and sign language

interpretations)?

14. What is your general assessment of the extent to which the built environment of public institutions (buildings and offices, including the UN offices in Ghana) is physically accessible to people with disabilities?
 - a. What experiences can you share concerning how accessible (or inaccessible) the built environments/official buildings are for persons with disabilities (either personally or someone you know)?
 - b. Which groups do you know to be the most disadvantaged in terms of accessibility to public buildings or spaces?

Critical areas of capacity gaps

15. What will you consider to be the most critical capacity gaps that the UNDP should support efforts to address?
 - a. Among OPDs?
 - b. Government/public agencies?
 - c. CSOs?
 - d. Others?

THANK YOU VERY MUCH FOR YOUR TIME

Participants Consulted
Focus group Discussions – Youth

Name	Sex	Disability	Location/community
Osei Alice	F	Physical	Koforidua
Nartey Solomon	M	Total Blind	Odumase krobo
Diana Tey	F	Blind	Odumase krobo
Salomey Tetteh	M	Albinism	Odumase krobo
Cecilia Addae	F	Def person	Akyem Oda
Aboagye Ofosuhene	M	Interpreter	Koforidua
Agyekum Daniel	M	Physical	Koforidua

Focus group Discussions – women

Name	Sex	Disability	Location/community
Alice Appiah	F	Blind person	Kumasi
Stella Afram	F	Blind	Accra
Nina Okoroafo	F	Blind	Accra
Mawuse Yarkor-Dagba	F	Albinism	Accra
Josephine Adutwum	F	Sharecare	Accra
Dina Akuamoa	F	Physical	Accra
Winfred Wallace	F	Psychosocial	Accra

Key informants

Name	Organisation	Disability	Location/community
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Alexander Williams	GFD/University of Ghana	Blind person	Accra
David Ania	Regional president of GFD	Physical	Bolgatanga
Rita Kusi Kyeremaa	ED/GFD	-	Accra
Oberon Jeleel Odoom	Director/Inclusion Ghana	-	Accra
Francis Asong	ED/Voice Ghana	Physical	Ho
Esther Akua Gyamfi	ES / NCPD	Physical	Accra
Jeventus Durinaa	ED, Ghana National Association of the Deaf	Hearing	Accra
Joycelyn Ochlich	Executive Director, Cured Lepers Foundation	-	Ho
Mawuli Avutor	Dep. Commissioner, CHRAJ	-	Accra
Dr. Peter Obeng Asamoah	Dir. Ghana Blind Union	Blind	Accra
Lyla Adwan-Kamara	Team Leader	Ghana Somubi Dwumadie	Accra
Regina A.Tetteh	Head of Inclusion Desk	CDD Ghana	Accra
Dan Taylor	Director	MindFreedom Ghana	Accra
Godwin Mensah	Dep. Director	Department of Social Welfare	Accra
Gertrude Oforiwa Fefoame	Gender and Disability Rights Advocate; UN Expert Committee member	Sightsaver International/UN committee of experts on Persons with Disabilities	Accra



UNPRPD MPTF

Partnership on the Rights of Persons with Disabilities

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