Augustina Naami

Social Protection in Ghana: Rethinking Disability Rights

Introduction

The exact number of persons with disabilities in Ghana is still unknown. The 2010 Census Report estimates this population at 737.743 (Ghana Statistical Service 2012), contrary to the estimate reported in the 2012 Human Rights Watch Report. The statistics indicate that more than 5 million people in Ghana live with disabilities. And, if we go by the World Health Organisation's estimation that disability affects 15-20% of every country's population (World Health Organisation 2016), the estimated number of persons with disabilities living in Ghana (4.8 million) is close to that of the Human Rights Watch 2012 Report.

The Persons with Disability Act (715) of 2006 defines a person with a disability as "individual with a physical, mental or sensory impairment including visual, hearing or speech functional disability […]". The Act 715 further indicates that the physical, mental or sensory impairment could result in socio-cultural and physical barriers that could substantially limit life activities of individuals with disabilities. The etiology of disability is varied. Disability occurs through road accidents, amputation and diseases such as leprosy, measles, and polio.

Ghanaians with disabilities continue to grapple with several barriers in their daily lives irrespective of laws to promote and safeguard their human rights. Persons with disabilities across the globe encounter numerous attitudinal and environmental barriers in their daily lives. Attitudinal barriers include negative socio-cultural norms and practices that stigmatize them, negative preconceptions, stereotypes and discrimination. Several studies indicate that attitudinal barriers are the primary obstacles to the employment of persons with disabilities in Ghana (Kassah, 2008; Naami & Liese, 2012; Naami, 2015; Tijm, Cornielje, & Edusei, 2011). In a very recent study by Naami (2015), which investigated the employment situation of persons with disabilities in Northern Ghana, discrimination is cited as the major barrier to their employment as well as a challenge to those who work. Those who were employed said negative perceptions about disability and discrimination result in employment related disparities (e.g., kinds of jobs they do, position they hold, income they earn, training, and promotion) for them.

The majority of buildings are inaccessible to persons with disabilities due to lack of elevators and access ramps. Persons with disabilities have difficulties in accessing public buildings like schools, churches, government offices, theatres, restaurants, libraries, and even public toilets. Some persons with disabilities occasionally park their assistive devices (e.g., wheelchairs and tricycles) outside these buildings and crawl or are carried inside to undertake transactions (Naami, 2014; Tijm et al, 2011). This practice could impact their dignity and self-esteem given that they could easily enter these places with dignity when access is created. Also, sidewalks are virtually non-existent. The few available sidewalks are not thorough, the starting point may be accessible but the end may not and vice versa (Naami, 2014; Tijm et al, 2011). Sometimes the sidewalks are too narrow for wheelchair users. Other sidewalks are broken, overgrown with weeds or inhibited with obstacles, such as light poles or holes,

which render them inaccessible. Thus, persons with disabilities are compelled to use the main roads, amidst impatient drivers, motorcycle and bicycle riders as well as pedestrians (Naami, 2014; Tijm et al, 2011). Provisions could be made to ensure their full and effective inclusion and participation.

Furthermore, none of the transportation systems in Ghana is accessible to persons with disabilities (Naami, 2014; Tijm, Cornielje & Edusei, 2011). Think about the buses and ‚trotros', the busy Ghanaian mini buses, and just imagine a person with a mobility disability (e.g., someone using crutches or wheelchair) boarding and alighting from these vehicles amidst impatient passengers and man-made barriers they create in the vehicles. Also, there is evidence that the local airlines do not take persons with disabilities because they claim they do not have facilities to accommodate persons with disabilities (Attah, 2017). Imagine planning an important business trip from Accra in the south to Tamale in the north of Ghana, which you scheduled with one of the airlines. But, upon arrival at the airport, on the day of your travel, you were told that you could not travel because there was no facility to accommodate you, though you had disclosed your condition when you booked for the flight. How would you feel? Does it mean that persons with mobility disabilities (e.g. those who use wheelchair and/or crutches) cannot travel by air domestically like everyone else and conserve their time and energy?

All of these barriers result in inequality for persons with disabilities. Available statistics indicate that the majority of persons with disability in Ghana live in poverty (Naami, 2015) due to lack of access to economic resources, employment, and income as a result of the barriers discussed earlier, which impede on their full and effective participation and inclusion. In addition, social protection programmes in Ghana and many other African countries seem to be inadequate to address the various needs of persons with disabilities given the fact that they face more challenges compared to other vulnerable groups due to the presence of a disability. See the section of social protection below for more details about the case of Ghana. Thus, some persons with disabilities take solace on the streets by engaging in menial jobs such as begging (Appiagyei 2007; Kassah 2008; Naami 2014).

The condition for women with disabilities is worse due to the intersection of disability and gender. Figure 1 summarizes oppressions women with disabilities encounter in society. Gender inequality in our societies is an age-old tradition. The feminist movement started in the 17th century with the goal of advocating against partriachal dogma which oppresses women in general and for the inclusion of women in mainstream society. However, the women's movement considers women as a generic group and by so doing tend to ignore the issues and needs of women with disabilities (Lather, 1991; Lonsdale, 1990; Rubin, 1997; Traustadottir, 1990). This scenario is represented in the first circle of Figure 1.

The disability movement exists to advocate for the inclusion of persons with disabilities in mainstream society as social, architectural, transportation, institutional, and information barriers continue to prevent them from having full access to available resources and opportunities to maximize their potential as discussed earlier. However, the disability move-

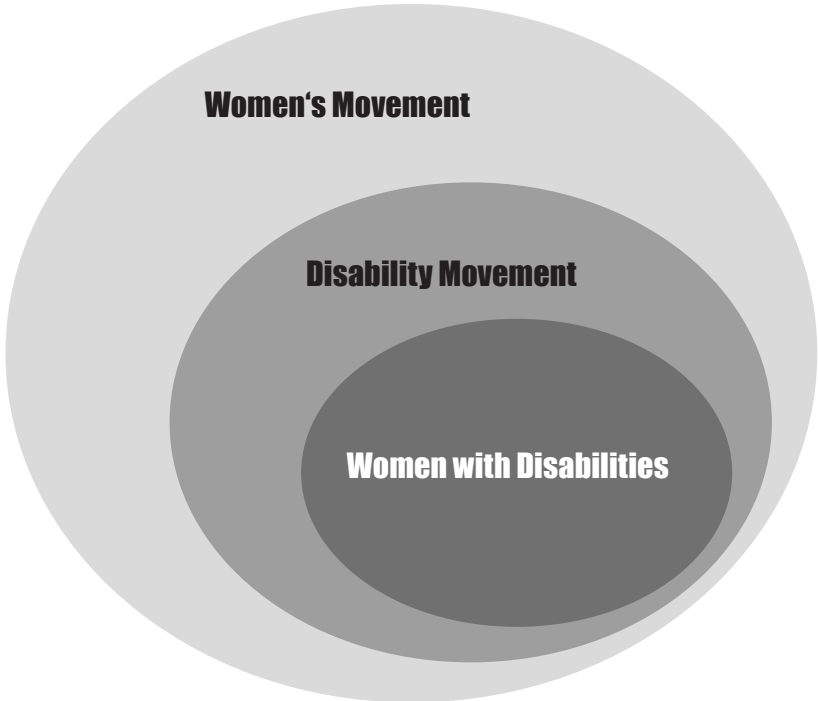

Figure 1. Diagrammatic Representation of the Vulnerabilities of Women with Disabilities

ment, just like the feminist movement, is also criticized for not including issues of women with disabilities in their main agenda since the majority of the leaders are men (Lonsdale, 1990; Rubin, 1997; Traustadottir, 1990). The second circle captures this situation.

Society, and the feminist and disability movements, all tend to marginalize women with disabilities and their needs are not adequately addressed by these structures. As illustrated in Figure 1, women with disabilities are embedded within the disability and the women's movements, none of which adequately include their intersecting needs and issues. Different forms of oppression exist within each of the circles to perpetuate the disadvantages of women with disabilities. It is important to note that the interaction of gender and disability is more than just an addition to the impact of oppression on the lives of women with disabilities. Gender, disability, and other factors (e.g., culture, geographic region, minority status) interact simultaneously to produce many and varied effects, all of which can have negative consequences for women with disabilities. To be visible and have their needs and issues addressed, women with disabilities have to overcome oppression and marginalization within the disability and women's movements and society in general. They have to challenge all of these structures that exist to create and maintain disability-and gender-based discrimination and other forms of oppression. It is evident from the foregoing discussion that disability and gender interact to perpetuate the vulnerabilities of women with disabilities in both the developed and developing countries.

Social Protection Programmes

On the 25th of September 2015, United Nations member countries adopted a set of 17 goals which aim at ending poverty and ensuring prosperity for all people throughout the world. These Sustainable Development Goals (SDGs) are contained in the 2030 agenda for sustainable development. The SDGs, among others aim at social protection floors, equal rights to economic resources, equal access to basic services, universal access to health care, inclusive and equitable quality education, decent work for all, gender equality as well as disaggregated data for effectively targeting the vulnerable population, in this case persons with disabilities. Unlike the Millennium Development Goals (MDGs), which did not explicitly mention disability in targets and indicators operationalizing the MDGs, the SDGs mention disability in 12 out of the 169 targets. It is important that disability issues and persons with disabilities are duly recognized and conscientious efforts are made to address their issues and needs so that no one will be left behind as nations strive to achieve sustainable development. However, the few social protection programmes in Ghana do not explicit mention disability in targets and indicators. They are universally targeted; they lump persons with disabilities together with other vulnerable populations with terms such as "vulnerable" or "marginalized groups" or "indigents" (Sultan & Schfro, 2008). Where disability is specifically mentioned, it is unclear which persons with disabilities could benefit because of lack of clarity of the term. Although, this type of targeting reflects discourse and efforts to mainstreaming disability in social protection programmes, it does not seem to effectively address the needs of persons with disabilities as the definition of disability leaves room for frontline workers to use their own discretion. For example, the Livelihood for Empowerment Against Poverty (LEAP) programme, which is a flagship cash transfer social protection programme in Ghana, outlines its eligibility as "The programme covers extremely poor and vulnerable households, including orphans and vulnerable children, persons with severe disability without any productive capacity and elderly persons who are 65 years and above." (LEAP, 2016). Who are "persons with severe disability without productive capacity"? This definition also means that not all persons with disabilities who are poor are included in this programme. A person with a disability may have productive ability but might not secure a job due to the barriers discussed earlier.

Another coverage concern is that negative perceptions and attitudes towards persons with disabilities, as discussed earlier, could impact on their coverage in these programmes. What are the attitudes and actions of frontline workers towards persons with disabilities? Are they sometimes reluctant to include persons with disabilities in social protection programmes due to their perceptions about disability which they have been socialized to? Moreover, the poorest in Ghana, which include persons with disabilities, especially those who live in remote rural areas may have problems in submitting the necessary documentation to meet the criteria for means testing such as identification card due to the existence of barriers (transportation, architectural and information barriers). Some may have to pay higher cost for travel, probably by hiring taxi services due to transportation barriers and their nature of disability.

An additional barrier to the inclusion of persons with disabilities in social protection is the lack of appropriate and quality data about persons with disabilities. As seen in the introduction, the exact number of persons with disability in the country is not known. Lack of data makes it difficult to know the number of persons with disabilities in the country as well as their unique needs. In addition, this impedes effective targeting and inclusion of persons with disabilities in social protection and other programmes.

Benefit received is another area of concern. There are not many disability specific social protection programmes to help address some of the needs of persons with disabilities in Ghana. Since their needs are many and varied as a result of their disabilities, the floor of benefits may not be enough to address the numerous needs of persons with disabilities. For example, compare one beneficiary household with a person with a disability that receives GHc64 LEAP stipend to another household with no person with a disability. What is the justification for this floor of benefit (GHc64) to these two individuals given that the person with the disability has numerous additional needs associated with the disability (e.g., special need for services such as transportation, medical services, acquisition/repairs of assistive devices and personal assistant services)?

Other concerns relate to the National Health Insurance Scheme (NHIS). Everyone that qualifies for LEAP automatically is enrolled on NHIS. Otherwise, for persons with disabilities to be enrolled free of charge to the scheme, they should qualify as "indigent". The question remains, "Who is an indigent"? The term indigent as indicated in the NHIS policy seems very ambiguous and hence leaves the NHIS staff with a great deal of discretion as to who they consider to be an indigent. According to Naami (2009), persons with disabilities are more likely to be left out of the exempt category due to the excessive discretion of the NHIS staff resulting from the lack of clear criterion for determining who qualifies to be indigent, coupled with the negative perceptions that society holds about persons with disabilities. There is evidence that some poorest citizens are not benefiting from NHIS due the premium ($8) and transportation cost to register (Sultan & Schfro, 2008). Persons with disabilities, especially those who cannot afford the premium but do not qualify as indigent due to issues raised previously, are less likely to enjoy the benefits of NHIS, thus compounding their plight.

Another important question is, "Should the scheme consider expanding existing coverage to include assistive devices for persons with disabilities and other unique needs related to their disabilities?" Everyone should have equal access to healthcare but should health insurance cover disability related expenses since some of the expenses could be costly (World Health Organisation, 2016) but necessary for the effective participation and integration of persons with disability in society? Or should there be other forms of interventions to address the cost associated with disability?

Good health care policies that will provide access for the healthcare needs of persons with disabilities are a necessity which the Persons with Disability Act (715, section 31) emphasizes; "The Ministry of Health in formulating health policies shall provide for free general and specialist medical care, rehabilitative operation treatment and appropriate assistive devices for persons with total disability." It is imperative for NHIS to also endeavour to include assistive devices (e.g., crutches, callipers, wheelchairs, white-canes, hearing aids) and rehabilitative operation treatment in the coverage of the NHIS. The general conditions of persons with disabilities are already overburdened with educational, social, architectural, transportation, institutional and information barriers, as well as poverty. Free access to health care might lessen their plight.

Recommendations

Given that disability issues and persons with disabilities are still marginalised in political and other discourses in Ghana, a twin-track approach to policy and social programme development is imperative (mainstream and specific programmes targeting persons with disabilities). There should be more ring fencing policies/programmes (such as the District Assembly Common Fund which targets the education, skills training and income generating activities of persons with disabilities). These ring fencing programmes/policies should target education, employment, microfinance, and political appointments for persons with disabilities. The government could sponsorship the education and mobility aid (guides) of persons with disabilities. Disability specific policies, such as those discussed, are useful tools to help persons with disabilities to demand for their human rights and equal opportunities.

In addition to specific targeting, there is a need to adjust or modify existing programmes to ensure that they reach many persons with disabilities. This is in view of the fact that each form of disability requires specific measures to address their needs. There have always been concerns of cost in relation to accommodation or specific targeting. However, sometimes, existing social protection programs could be modified or adjusted with changes as simple as adding a few sentences to the selection criteria by instructing the frontline workers to for example:

1. Make conscientious efforts to identify and reach out to persons with disabilities
2. Ensure that groups have at least a member with a disability to qualify for group programmes
3. Quotas for targeting persons with disabilities should be added to the caseloads for frontline workers

This could help to address some of the issues persons with disabilities encounter because traditionally, they have been neglected and excluded and some internalize oppression and may not seek services because they believe they would not be selected due to prejudice, stigma and discrimination.

The government could also build institutional capacity to have easy access to required information from eligible participants, since the poorest people live in rural areas and may have difficulties reaching frontline workers due to transportation and other barriers. There is also the need to build the capacity of local government field workers with regard to their knowledge in disability as well as disability targeting capacities.

The governments should liaise with organisations of persons with disabilities to develop disaggregated data about persons with disabilities. This would allow for more effective targeting and support and empowerment of persons with various forms of disabilities as well as the most vulnerable groups within the disability community. The government could also work with the disability movement, which has institutional structures and capacities to identify eligible members for social protection benefits. And most importantly, governments should endeavour to include persons with disabilities in decision making processes, especially those that concern them. For persons with disabilities are experts of their disabilities and can help to develop interventions that could effectively address their needs.

In conclusion, persons with disabilities have a variety of skills and expertise which they can contribute to national development. Their continuous exclusion from mainstream society violates their human rights stipulated in the Persons with Disability Act of Ghana, the Convention on the Rights of Persons with Disabilities and other international and local instruments. Disability advocacy is therefore imperative for equalisation of opportunities for persons with disabilities and to ensure that they are not left behind. Social protection systems could foster full and effective participation of persons with disabilities if they are designed in a more inclusive way.

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Biographical Note

Dr. Augustina Naami is a lecturer at the University of Ghana. She earned her Bachelor of Arts degree in Economics from the University of Ghana and a Master's and Doctor of Philosophy degrees in Social Work from the University of Chicago and University of Utah respectively. She had previously worked as an Assistant Professor at the University of Northern Iowa, in the US, for 4 and half years before she returned to Ghana. Dr. Naami' has a broad research interest including disability, gender, intersectionality of vulnerability, poverty reduction and social policy.

Contact:
Dr. Augustina Naami
Department of Social Work
P. O. Box LG 419
University of Ghana
Legon, Accra-Ghana

anaami@ug.edu.gh