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Rethinking social protection policy for persons with disabilities in Ghana

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ABSTRACT

Globally, social protection plays a pivotal role in poverty reduction and has been adopted to address the needs of vulnerable populations in society, including persons with disabilities. Social protection is an essential mechanism to achieve sustainable development. The United Nations' Agenda 2030 Sustainable Development Goals seek, among others, to ensure that state parties implement social protection which could prevent situations that adversely impact the well-being of their poor citizens. Poverty lingers in Ghana, despite interventions developed under the National Social Protection Policy. Disability is a social, economic, mental, and public health issue with over a billion of the world's population living with some form of disability. Persons with disabilities are disproportionately poor because of challenges and barriers to their inclusion and full-effective participation in society. Guided by the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals, we conducted a content analysis of the National Social Protection Policy of Ghana. Twin-track approach to social policy development, modification to existing social protection programmes and the inclusion of persons with disabilities in decision-making processes are among the recommendations to address the needs of persons with disabilities in Ghana.

KEY TERMS: disability, Ghana, social protection, poverty, policy

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INTRODUCTION

There is evidence that Ghana's macro economy is growing, but poverty and inequality persist, necessitating the development of social protection mechanisms to address the needs of the vulnerable in society, including persons with disabilities. This paper contributes to the discussion and effort towards the implementation of the Sustainable Development Goals (SDGs) for vulnerable persons in Ghana, particularly, persons with disabilities. Evidence from the National Social Protection Policy document suggests that persons with disabilities are not adequately targeted in social protection interventions in Ghana. For example, none of the five main interventions: Livelihood Empowerment Against Poverty (LEAP), Labour Intensive Public Works (LIPW), National Health Insurance Scheme (NHIS), The Ghana School Feeding Programme (SFP), and the Education Capital Grant sufficiently address the needs of persons with disabilities. It is probably the case that the government of Ghana is confronted with deciding on the vulnerable groups to prioritise for social protection, such as children, youth, older people, and persons with disabilities among others. This is because the processes of selecting beneficiaries for social protection programmes in Ghana will have to consider policy, fiscal, design and implementation choices.

Guided by the Convention on the Rights of Persons with Disabilities (CRPD) and the SDGs, we conducted a content analysis of the National Social Protection Policy of Ghana, looking at the key interventions and their impact on the lives of persons with disabilities. The paper concludes with the need to rethink effective ways to target persons with disabilities. Twin-track approach to social policy development, modification to existing social protection programmes and the inclusion of persons with disabilities in decision-making processes are among the recommendations to address the support needs of persons with disabilities in Ghana.

BACKGROUND

Ghana national social protection policy (GNSPP)

The National Social Protection Policy (GNSPP) was developed in 2015 and spans one and a half decades (2016-2031). The policy consolidates international and national legislation to develop a social protection framework that holistically addresses the needs of vulnerable populations.

The GNSPP defines social protection as:

a range of actions carried out by the state and other parties in response to vulnerability and poverty which seeks to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves (p. 2).

The key goals of the GNSPP are to, (1) provide effective and efficient social assistance to reduce poverty, (2) promote productive inclusion and decent work to sustain families and communities at risk, and (3) increase access to formal social security and social insurance for all Ghanaians. There are five main interventions in the social protection basket to achieve the GNSPP goals. These are Livelihood Empowerment Against Poverty (LEAP), Labour Intensive Public Works (LIPW), National Health Insurance Scheme (NHIS), The Ghana School Feeding Programme (SFP), and the Education Capital Grant. The GNSPP mainstreams gender and disability in all interventions.

However, persons with disabilities are lumped together with other vulnerable populations under terms such as *indigent* and *vulnerable populations*. Where disability is mentioned, it is unclear which persons with disabilities could benefit because of a lack of clarity in the conceptualisation of disability. For example, who is a *person with a severe disability without productive capacity*? Disability is hardly explicit and/or adequately mentioned in targets and indicators when lumped with other vulnerable populations. Table 1 outlines the eight key targets operationalising the three main objectives of the GNSPP. Out of the eight targets only one mentions disability (objective 2, target 3).

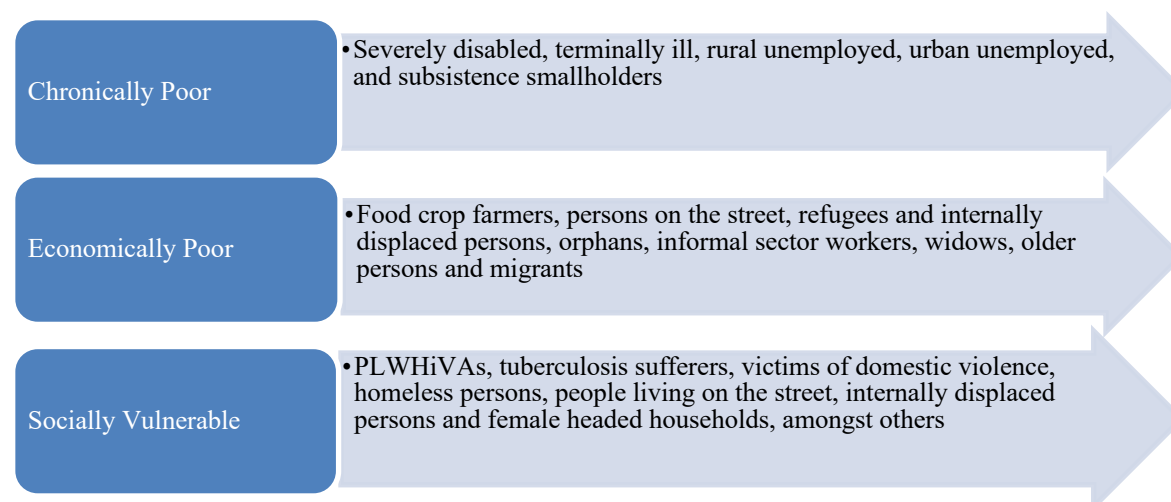
Table 1: Objectives and key targets of the Ghana National Social Protection Policy

<i>Objectives</i>	<i>Targets</i>
1. Provide effective and efficient social assistance to reduce poverty	1. Eradicate extreme poverty by 2030
	2. Reduce by at least 50% the proportion of men, women and children of all ages living in poverty in all its dimensions by 2030
2. Promote productive inclusion and decent work to sustain families and communities at risk	1. Substantially reduce the proportion of youth not in employment, education, or training by 2020
	2. Increase by 75%, the number of youth and adults with relevant skills for employment, decent jobs and entrepreneurship, including technical and vocational skills by 2030
	3. Achieve full and productive employment, decent work for all women and men, including young people, and persons with disabilities by 2030
	4. Achieve full equal pay for work of equal value by 2030
	5. Protect labour rights and promote safe and secure environments for all workers, including migrant workers, particularly women, and those in precarious employment
3. Increase access to formal social security and social insurance for all Ghanaians	Increase access to formal social security for 75% of Ghanaians of working age and 50% of older persons

Source: Ministry of Gender Children and Social Protection (2015)

Inadequate targeting of disability in the GNSPP is not surprising because the conceptualisation of vulnerability in the GNSPP is fundamentally problematic and marginalises persons with disabilities. Three main vulnerability categories are identified (See Figure 1) in the GNSPP, chronically poor, economically poor, and socially poor. persons with disabilities are classified under the chronically poor, but just a portion of them, those with severe disabilities fall under this category. Probably they are those considered to have no productive capacity. Under the economically at-risk category, persons with disabilities are not listed, which eventually affects their coverage in social protection programmes like LEAP. However, persons with disabilities are more likely to be poor compared to persons without disabilities (World Health Organisation [WHO], 2011) because they are less likely to have formal education, employment, and regular source of income (Mitra, Posarac & Vick, 2011; WHO, 2011).

Figure 1: Ghana National Social Protection Policy Vulnerable Categories



Source: Information extracted from the Ministry of Gender Children and Social Protection (2015)

Philosophy, values and theories informing social protection

Across the world, different philosophies and value systems have underpinned social protection over the years. From the 1970s and 1980s, utilitarian, Kantian and basic needs-oriented philosophical perspectives dominated

social protection policies (Metz, 2016). By Utilitarianism, Kantianism and the basic needs approach, Von Gliszczynski, (2015) explains that individuals, and not so much of groups, are properly targeted by social protection with no essential reference to significant others besides the targeted poor person.

In the 1990s, the focus of social protection philosophy and value system shifted to the capabilities approach, which was understood as the economic incapacity of individuals to function within a myriad of ways deemed to be objectively desirable for a human being. The concern then was to improve access to the tools people use to live a fulfilling life (Nussbaum, 2011; Sen, 2004).

The Ghana National Social Protection Policy [GNSPP, 2015] flows from Article 37 of the 1992 Constitution of Ghana, which borders on the social policy of Ghana. Article 37 portrays social protection as critical to the development of Ghana. It envisages that all citizens irrespective of their sex, gender, social status, or ethnicity should live in a safe, just, and peaceful environment built on the pillars and ideals of good governance.

Social protection is further provided for in Article 36 (5) of the 1992 constitution of Ghana which is situated within the medium-term development framework of the country.

For the purposes of the foregoing clauses of this article, within two years after assuming office, the President shall present to Parliament a coordinated programme of economic and social development policies, including agricultural and industrial programmes at all levels and in all the regions of Ghana.

The Ghana National Social Protection Policy is one of a people-centred national intervention framework aimed at poverty alleviation. Since 1992, national development in Ghana is anchored on the development of medium-term plans by successive governments as provided for in Article 36(5). These national development plans, draw from existing policies such as the GNSPP, into a national development agenda otherwise medium-term plan. Given that persons with disabilities are not adequately covered in the GNSPP, it stands to reason that the needs of persons with disabilities are not reflected in national policy planning with respect to the national medium development plans.

The GNSPP is also rooted in the philosophy and values of the fundamental human rights and freedoms as captured in chapter five of the 1992 Constitution. In addition, Article 29 of the 1992 Constitution of Ghana, exclusively provides for persons with disabilities and signals the need for an Act of Parliament. Pursuant to this, the Parliament of Ghana in 2006, passed the Persons with Disability Act, [Act 715] to anchor the rights of persons with disabilities in Ghana.

Key interventions and their impact on persons with disabilities

This section discusses three interventions that directly or indirectly target persons with disabilities and their impact on persons with disabilities. Specifically, the section addresses issues around targeting, coverage, and benefits of these programmes. The LEAP and NHIS are the two GNSPP interventions that target disability, in addition to the District Assembly Common Fund (DCAF) for persons with disabilities, constituted under the District Assemblies Common Fund Act 1993 [Act 455]. See Table 2.

Table 2: Summary of key social protection provisions targeting persons with disabilities

Mainstreamed social protection interventions	Empowerment Against Poverty (LEAP)
	National Health Insurance Scheme (NHIS)
Social protection intervention targeting only persons with disabilities	District Assembly Common Fund for Persons with Disabilities

Livelihood for empowerment against poverty

The LEAP is Ghana's flagship cash transfer social protection programme developed under the National Social Protection Strategy in 2008 in consonance with SDGs Goal 1, "End poverty in all its forms everywhere" and Article 8 of the CRPD "Adequate standard of living and social protection". The LEAP seeks to reduce poverty by regularising and increasing consumption among extremely poor and vulnerable populations and to promote access to services and opportunities by linking LEAP beneficiaries to complementary services such as NHIS and LIPW. The LEAP outlines eligibility as:

The programme covers extremely poor and vulnerable households, including orphans and vulnerable children, persons with a severe disability with no productive capacity and elderly persons 65 years and above (MoGCSP, 2015).

Although LEAP captures disability in its targets, the eligibility criteria are vague. For example, who is a *person with a severe disability with no productive capacity*? What does severe disability mean? What does it mean to have no productive capacity? The vagueness of the criteria leaves room for front-line workers to use their discretion to decide which persons with disabilities qualify for LEAP. The LEAP in 2018 is reported to have covered 213,044 households, which is approximately 936,000 individuals (Quartey, 2018). The multimillion question is, how many of these individuals were persons with disabilities?

Societal barriers negatively affect coverage of social protection for persons with disabilities (Agyire-Tettey, Naami, Wissenbach & Schädler, 2019; Ephraim, Naami & Boateng, 2022). Social barriers relate to preconceptions about disability, socio-cultural norms and practices that stigmatise persons with disabilities, negative perceptions about disability, stereotypes, discrimination and stigmatisation (Kassah, 2008; Naami, 2014; 2019b). For example, what are the preconceptions of frontline workers about persons with disabilities? What are their attitudes towards persons with disabilities? Could they sometimes be reluctant to register persons with disabilities for social protection programmes because of negative perceptions and prejudices about disability? Agyire-Tettey et al. found that socio-cultural barriers are major obstacles for persons with disabilities in accessing existing social protection services.

Moreover, the GLSS 7 report indicates that the poorest in Ghana live in rural areas (GSS, 2018). This comprises persons with disabilities because it is already established that they are more likely to be poor (WHO, 2011). Poor persons with disabilities who live in remote rural areas may have problems submitting the necessary documentation to meet eligibility criteria for means-testing programmes such as LEAP due to barriers relating to transportation, architecture, and communication (Naami, 2019b; Tijm, Cornielje & Edusei, 2011; Ephraim et al., 2022). Some may have to pay a higher cost for travel by hiring taxis and other private services because of inaccessible transport (Naami, 2019a; Ephraim et al., 2022).

Further, the eligibility criterion, a *person with a severe disability with no productive capacity*, also means that not all persons with disabilities who are poor are included in the LEAP programme. A person with a disability may have productive capabilities but might be unemployed because of barriers to employment, such as socio-cultural barriers. Attitudinal barriers remain the major source of unemployment for persons with disabilities. The WHO (2011) in its World Report on Disability and other studies cited discrimination as the major barrier to the hiring of persons with disabilities (Naami, 2015; Prins, 2013). Lack of education and skills significantly impact the employment of persons with disabilities (Mitra et al. 2011; WHO, 2011). For example, the global literacy rate for the general population is estimated at 86 per cent while that for persons with disabilities is only 3 per cent (United Nations Enable, 2016).

Another barrier to including persons with disabilities in social protection is the lack of appropriate and quality data about persons with disabilities. The lack of data makes it difficult to know the number of persons with disabilities in the country as well as their unique needs. For example, the exact number of persons with disabilities in Ghana is not known. While the 2021 Population Census Report estimates the number at 8% (2,098,138) of the country's population of 30,832,019 (Ghana Statistical Service, 2021), the 2012 Human Rights Watch report shows a considerable difference in the number of persons with disabilities. The statistics indicate that over five million people in Ghana live with disabilities. The five million figure collaborates with the WHO estimates that disability affects 15 -20% of every country's population (World Health Organization, 2016). Statistical data is imperative for effective targeting of persons with disabilities as stated in Article 13 of the United Nations Convention on the Rights of Persons with Disabilities. Mainstreaming persons with disabilities requires accurate data about them and their unique needs.

In addition to the difficulty of accurate and quality data on persons with disabilities is the lack of disaggregated data. There are several categories of impairments, and each group of persons with disabilities have unique needs. Without disaggregated data, how do we, for example, know that the LEAP programme covers all persons *with a severe disability with no productive capacity* as per LEAP's requirement for eligibility? Lack of disability data could affect effective targeting, coverage, and inclusion of all persons with disabilities in social protection and other programmes.

LEAP benefit is another area of concern. The floor benefit which is GHC64, approximately US\$10.35, is woefully inadequate. But, if we compare one beneficiary household with a person with a disability that receives GHC64 LEAP stipend to another household with no person with a disability, you will realise that that household with a person with a disability could be worse off. The reason is that persons with disabilities have several additional needs associated with the disability, including special needs services such as transportation, medical services, acquisition/repairs of assistive devices and personal assistant services among others (WHO, 2016).

Although the LEAP aims at increasing consumption among the extremely poor and to promote access to other services relating to health, education, and job opportunities, persons with disabilities may not benefit from these complimentary services, neither are there disability-specific social protection programmes to address their unique needs. For example, NHIS does not cover disability-related healthcare expenses such as the cost of rehabilitation and assistive devices. It does not also cover respite care, which some relatives, who are caregivers,

need to care for their loved ones with disabilities. These affect the LEAP benefit given to household beneficiaries with a person with a disability.

National health insurance

The National Health Insurance Scheme (NHIS) was established from the National Health Insurance in 2003 under Act 650. Act 852 replaced Act 650 in 2012 to strengthen the management and effective administration of the NHIS. The NHIS is grounded in SDGs Goal 3, “*Ensure healthy lives and promote well-being for all at all ages*” and CRPD Article 25 “*Health*”. The principal aim of the NHIS is to guarantee access to healthcare for all Ghanaian residents. Persons exempted from paying premiums include “*pregnant women, indigents, categories of differently-abled persons determined by the Minister responsible for Social Welfare, persons with mental disorders, Social Security and National Insurance Trust (SSNIT) contributors and SSNIT pensioners, persons above 70 years of age (the elderly) and other categories prescribed by the Minister*” (Government of Ghana, 2020, p 20).

Everyone who qualifies for LEAP enrolls on NHIS. For persons with disabilities to enrol free on the scheme, they must qualify as *indigent*. Regulation 58 (Section 1) of the legislative instrument (LI 1809) that operationalises the NHIS defines an *indigent* as a person who is (a) unemployed and has no visible source of income; (b) does not have a fixed place of residence according to standards determined by the scheme; (c) does not live with a person who is employed and who has a fixed place of residence; and (d) does not have any identifiable consistent support from another person.

Worthy of note is that all persons with disabilities who require LEAP qualify for the programme, which means, those who do not qualify for LEAP cannot automatically enrol on NHIS. Persons with disabilities who need free healthcare because they cannot afford it, must qualify as *indigent*. The question remains, who is an *indigent*? The legislative instrument (LI 1809) that operationalises the NHIS, Regulation 58 (Section 1) gives guidelines for means-testing for *indigent* persons as follows:

A person shall not be classified as an indigent under a district scheme unless that person (a) is unemployed and has no visible source of income; (b) does not have a fixed place of residence according to standards determined by the scheme; (c) does not live with a person who is employed and who has a fixed place of residence; and (d) does not have any identifiable consistent support from another person.

The term *indigent* as stated in the NHIS policy is ambiguous. For example, what does it mean not to have a fixed place of residence? In Ghana, some people live in family houses or with family members. Would these individuals be counted as satisfying condition (b) in the means-testing for *the indigent*? Some persons with disabilities live with relatives who are employed, but do not receive any support from them because of negative attitudes towards persons with disabilities (Agyire-Tettey et al., 2019; Naami, 2015; Naami & Liese, 2011; Gomda, Sulemana & Zakaria, 2022)). These individuals may not satisfy condition (c) in the means-testing for *the indigent*. The *indigent* requirement gives the NHIS staff a great deal of discretion about whom to consider as an *indigent*. Persons with disabilities are more likely to be left out of the exempt category due to the lack of a clear criterion to determine who qualifies as *indigent*. Another factor that could affect the registration of persons with disabilities as *indigent* relates to socio-cultural barriers which persons with disabilities encounter daily.

Further, there is evidence that the poorest and non-educated people are not enjoying NHIS benefits because they cannot afford to pay the premium of approximately US\$11.64 (Ayanore et al., 2019; Kotoh, Van der Geest, 2016). As stated earlier, persons with disabilities are more likely to be among this group because they are more likely to be uneducated and poor. This could compound the plight of those who do not qualify as *indigent*.

Moreover, the NHIS neither covers all medical expenses nor any disability-related expenses, such as the cost of assistive devices, counselling, and therapies necessary to help persons with disabilities manage their impairments and reduce the progress of impairment to enable them to function well in society. For example, a pair of braces for a person with a mobility disability costs GHC7,500 Ghana cedis-US\$1,212. A person with a disability might not be able to afford this.

District Assembly Common Fund (DCAF)

The DCAF for persons with disabilities does not directly fall under the main GNSPP, but it is a pro-poor intervention that addresses the needs of persons with disabilities. The DCAF for persons with disabilities is the only social protection programme that specifically targets persons with disabilities. DCAF relates to SDGs Goal 1 and Article 8 of the CRPD. The goal of the DCAF is to minimise poverty among persons with disabilities, especially those in the informal sector (National Council of Persons with Disabilities [NCPD], 2010). In 2005, the government of Ghana gave a directive instructing all district assemblies to allocate up to 5% of their shares of the common fund for persons with disabilities. However, in its quest to support the development of persons with

disabilities, the government in 2007 added a *ring-fencing* clause to the guidelines for the utilisation of the District Assembly Common Fund. Part I, guideline #6 of the DACF states that “*two per cent (2%) shall be utilized to support initiatives by the physically challenged in the district.*” The government increased the required DACF percentage to 3 per cent in 2018. An effort hailed by everyone, especially persons with disabilities and their organisation, grounded in SDGs Goal 1 and Article 8 of the CRPD.

The DACF for persons with disabilities is part of the government’s allocation to Metropolitan, Municipal and District Assemblies (MMDAs) and targets persons with disabilities. Ghana’s initial report to the CRPD in 2018, indicates that approximately GHC85.5 million Ghana cedis were disbursed to MMDAs to support persons with disabilities between 2013-2017 (MoGCSP, 2018). This is commendable. But the multimillion question is, how many persons with disabilities enjoyed this support and how does the DACF for persons with disabilities meaningfully impact their lives?

A study by Agyire-Tettey et al. (2019) sought to investigate the dynamics of formal and informal support systems and social services for persons with disabilities in the Suhum Municipality in the Eastern Region of Ghana, barriers that limit access to the services, unmet needs of persons with disabilities and the way forward regarding harmonizing existing resources. The outcome revealed that the DACF for persons with disabilities was the major source of support for persons with disabilities in the Suhum Municipality. Persons with disabilities used the DACF monies received for skills training, start-up capital for their livelihood or to help them pay for their education and healthcare needs.

However, the findings also show that not every person with a disability in the Municipality who needed the DACF support benefited. Edusei, Adjei-Domfeh, Mprah, Opoku, Badu & Appiah, (2017) in the Kumasi Metropolis, and Ephraim et al., (2022) Tema Metropolis made similar observations. One cause for the non-receipt of DACF for persons with disabilities is the inadequacy of the fund to cover everyone. Hence, the Fund Management Committee decides who gets the money based on the applications they receive (Agyire-Tettey et al., 2019; Ephraim et. al, 2022; Peprah, Avorkpo, & Kulu, 2022). Other obstacles to accessing the DACF for persons with disabilities are inaccessible built environments (such as offices of the MMDAs and Department of Social Development, open gutters and drainage systems, and absence of pavements), information and communication, transportation, stigma and discrimination of persons with disabilities (Agyire-Tettey et al., 2019; Ephraim et. al, 2022; Picton, 2011). Ghana’s initial report to the CRPD emphasised attitudinal barriers as issues impeding access to social protection, independent living and inclusion of persons with disabilities in Ghanaian society (MoGCSP, 2018). For the hard-to-reach persons with disabilities in remote areas, access to DACF for persons with disabilities is more complicated. For example, not only is the transportation system inaccessible, but they also have to travel on roads that are not motorable to the capital cities to access services (Agyire-Tettey et al., 2019; Picton, 2011).

Besides, persons with disabilities perceived the support they received from DACF as inadequate and hence did not guarantee a meaningful and sustainable impact on their lives (Agyire-Tettey et al., 2019; Edusei et al., 2017). Other barriers identified were institutional, such as delays in the central government’s transfer of monetary allocation to the MMDAs as well as disbursement by the MMDAs (Agyire-Tettey et al., 2019; Ephraim et al., 2022). Civil Society Organisations and the Federation of Disability Organisations made similar observations (Akorlie, 2015). These issues negatively impact the livelihoods of persons with disabilities as some depend mainly on the DACF for persons with disabilities.

In 2018, the Common Fund Administrator introduced a new set of directives relating to the disbursement and management of the DACF for persons with disabilities. The new directives require that MMDAs purchase and give out equipment, such as sewing and popcorn machines, deep freezers, and hairdryers to persons with disabilities to support their livelihood, instead of money as done previously. However, a study by Ephraim et al. (2022) indicates that the problem has not changed much, given the tedious fund application process and excessive bureaucratic processes including procurement and disbursement of items.

RECOMMENDATIONS

This paper examined three key social protection programmes, LEAP, NHIS, and DACF and their impact on persons with disabilities. We conclude that persons with disabilities are not adequately targeted in social protection interventions in Ghana. Also, lack of clarity in the conceptualization of disability affects coverage and benefits for persons with disabilities who are more likely to be poor. Persons with disabilities tend to depend mainly on government interventions because they receive little to no familial support due to prejudices, stigma, and discrimination. Hence, there is a need to rethink social protection interventions to better address the needs of persons with disabilities, including women and girls and to promote their inclusion.

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 policy development is imperative (mainstream and specific programmes targeting persons with disabilities). The government should develop more ring-fencing policies/programmes such as the DACF, which specifically target persons with disabilities. These ring-fencing programmes should target education, employment, microfinance, and the cost of assistive devices. The

government could develop a disability fund from which grants or subsidies could be given to persons with disabilities to address disability-related expenses. Disability-specific policies, such as the ones suggested, could be useful tools to empower persons with disabilities to participate on an equal basis with others in society.

Besides specific targeting, there is a need to adjust existing social protection programmes to widen their coverage for persons with disabilities, including women and girls with disabilities. It is obvious from Table 1 that only one of the key GNSPP targets (objective 2, target 3) specifically mentions disability. The government should devise measures to ensure persons with disabilities enjoy mainstream social protection services by specifically including disability in targets and indicators. There is also a need for women and girls with disabilities to enjoy both gender- and disability-based programmes on an equal basis with others. Thus, development goals, targets, and indicators as well as social protection systems, programmes and services to reduce poverty should include disability-gender-related inclusive language. For example, where vulnerable population is mentioned, the provision can be modified to read *vulnerable populations, including persons with disabilities* and where disability is mentioned, the provision can be modified to read, *persons with disabilities, including women and girls*. Further, positive discrimination of benefits of existing social protection programmes could be used to increase benefits for persons with disabilities to enable them to meet their unique needs.

The government could also build institutional capacity for easy access to required information from eligible participants since the poorest people live in rural areas and may have difficulties reaching frontline workers because of transportation and other barriers. The governments could liaise with organisations of persons with disabilities and the traditional authorities to gather data about persons with disabilities to help effective targeting and development of persons with various forms of disabilities. The disability movement has membership across the country and structures through which they can send and receive information. Similarly, the traditional authorities have power over their jurisdictions and could easily send and receive information through their leaders within their organisational structures. These two organisations could help to identify eligible persons with disabilities, including women and girls for social protection coverage.

Most importantly, governments should endeavour to include persons with disabilities in decision-making processes, especially those that concern them because we cannot leave them behind as the nation strives to achieve the agenda 2030. They must be included in the designing, implementation, and monitoring of programmes to address their needs because they are expert knowers of their issues and could help find better ways to address their needs. Where there's a lack of expertise to adequately engage in certain development discourses, the government should endeavour to develop the capacity gap of persons with disabilities and their organisations to enable them to play an active role in the implementation of the Sustainable Development Goals.

Table 3: Current policy practices versus new/rethinking ideas

	Current Policy Focus/Targets	New Ideas/Rethinking Ideas
1.	Lumping vulnerable groups: <ul style="list-style-type: none"> • Indigent • Vulnerable populations • Listing other vulnerable groups by mentioning persons with disabilities 	Specific targeting, where disability will be explicit in targets and indicators: <ul style="list-style-type: none"> • For example, target 2 of objective I in Table 1 could be redesigned as “Reduce by at least 50% the proportion of men, women, persons with disabilities and children of all ages living in poverty in all its dimensions by 2030” • Another example is in the categorization of vulnerable groups under the GNSPP. Persons with disabilities should be targeted at all levels by adding “persons with disabilities or the specific groups of persons with disabilities that are eligible, to the groups listed.” • Further, persons with disabilities could be specifically targeted in the NHIS eligibility criteria by adding persons with disabilities to the groups listed.
2.	No-disaggregated data	Disaggregated disability data to allow for proper targeting of people with different types of disabilities, females, children and elderly people with disabilities and their unique needs. <ul style="list-style-type: none"> • For example, The LEAP in 2018 is reported to have covered 213,044 households, which is approximately 936,000 individuals but we do not know how many of these individuals have disabilities.
3	Conceptualisation of Disability	Specify the categories of persons with disabilities who are eligible for social protection. For example, <ul style="list-style-type: none"> • Not only persons with severe disabilities are chronically poor as stated in the GNSPP “<i>Severely disabled, terminally ill, rural unemployed, urban unemployed, and subsistence smallholders,</i>” and • The LEAP eligibility criteria, “<i>The programme covers extremely poor and vulnerable households, including orphans and vulnerable children, persons with a severe disability with no productive capacity and elderly persons 65 years and above.</i>” • There is evidence that the majority of persons with disabilities live in poverty but might not be covered under the GNSPP due to the way disability is conceptualised.
4	Mainstream Policies	Ring-fencing policies <ul style="list-style-type: none"> • Policies that target only persons with disabilities including women. These ring-fencing programmes could target education, employment, microfinance, and the cost of assistive devices. • Disability-specific policies could be useful tools to empower persons with disabilities to participate on an equal basis with others in society.
5	Mainstream Policies	Twin-track approach to policy and social policy development is imperative. This approach regards combining both mainstream and specific policies/programmes that target persons with disabilities. This is important because not all persons with disabilities can benefit from mainstream policies due to the severe vulnerabilities of some disability groups.

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