



**VOICE GHANA**

Disability Rights, Advocacy & Capacity Building Organisation

## **POLITICAL GOVERNANCE FOR PERSONS WITH DISABILITIES**

A Study on the Level of Participation of Persons with  
Disabilities in Local Governance

**Submitted by  
Voice of People with Disability Ghana**

**Sponsored by:  
Open Society Initiative for West Africa**



June 2014

## TABLE OF CONTENTS

---

<b>Contents</b>	<b>Page</b>
Table of Contents	1-2
Acronyms	3-4
Executive Summary	5
<b>CHAPTER 1:</b>	
1.1.0 Introduction	6-7
1.1.1 Objectives of the Study	7
1.1.2 Methodology	7
1.1.3 Research Roll-out	7
1.1.4 Instrument Development, Piloting & Training	7
1.1.5 Field Work	7-8
1.1.6 Analysis & Data Validity	8
1.1.7 Relevance of the Study	8
1.2.0 Literature Review	8
1.2.1 Persons with Disability – The Ghanaian Situation	8-9
1.2.2 Ghana’s Persons with Disability Act 2006 (Act 715)	9
1.2.3 United Nations – Convention on the Rights of Persons with Disabilities	9-10
1.2.4 Policy & Legislative Frameworks on Decentralisation & Local Governance	10
1.3.0 Conclusion	10
<b>CHAPTER 2:</b>	
2.0 Bio-Data of Respondents	11-13
2.1 Project Districts	14
<b>CHAPTER 3:</b>	
3.0 Background	15
3.1 Respondents’ Awareness Level of Town Hall Meetings	15-16
3.2 Respondents’ Participation in Town Hall Meetings	16-18
3.3 Respondents’ Participation in Public Hearing Sessions	18-19
<b>CHAPTER 4:</b>	
4.0 Background	20
4.1 Government Pro-Poor Schemes in Target Districts	20-21
4.2 Respondents’ Knowledge on Pro-Poor Schemes	21-22
4.3 Respondents’ Applications to Pro-Poor Schemes	22-23
4.4 Respondents’ Benefits from Pro-Poor Schemes	23-24
<b>CHAPTER 5:</b>	
5.1 Lessons Learnt	25
5.2 Recommendations	25-26
5.3 Conclusion	26

## **ANNEXES**

Annex 1: SHGs Communities Surveyed	27-28
Annex 2: Survey Questionnaire	29-31
Annex 3: Some Pictures on the Study	32-34

## **LIST OF TABLES AND FIGURES**

Table 1: Total Population of the Study	11
Table 2: Age Distributions of Respondents	11
Table 3: Marital Status of Respondents	12
Table 4: Education Level of Respondents	13
Table 5: Respondents' Awareness of Town Hall Meetings	15
Table 7: Respondents' Participation in Town Hall Meetings	16
Table 8: Reasons for Non-Participation in Town Hall Meetings	17
Table 8: List of Pro-Poor Schemes in Target DAs	20
Table 9: Respondents' Knowledge on Pro-Poor Schemes	21
Table 10: List of Pro-Poor Schemes Applied for	22
Figure 1: Types of Disability of Respondents	12
Figure 2: Employment Status of Respondents	13
Figure 3: District Assemblies Covered	14
Figure 4: Contributions by Respondents in Town Hall Meetings	17
Figure 5: Respondents' Level of Awareness on Pro-Poor Schemes	18
Figure 6: Respondents' Benefits from Pro-Poor Schemes	23

## Acronyms

---

CHRI	Commonwealth Human Rights Initiative
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organisations
CWDs	Children with Disabilities
DACF	District Assembly Common Fund
DAs	District Assemblies
GYEEDA	Ghana Youth Employment and Entrepreneurial Development Authority
ILO	International Labour Organisation
LEAP	Livelihood Empowerment Against Poverty
LESDEP	Local Enterprise and Skills Development
L.I	Legislative Instrument
MASLOC	Microfinance and Small Loans Centre
MMDAs	Metropolitan, Municipal and District Assemblies
MoU	Memorandum of Understanding
MTDP	Medium Term Development Plan
NCPD	National Council of Persons with Disability
NDAP	National Development Action Plan
NDPC	National Development Planning Commission
NDPF	National Development Planning Framework
NGO	Non - Governmental Organisation
NHIS	National Health Insurance Scheme
OPWDs	Organisation of Persons with Disabilities
OSIWA	Open Society Initiative for West Africa
PPPs	Pro-Poor Packages

## Acronyms

---

PPS	Pro-Poor Schemes
PWDs	Persons with Disabilities
SHGs	Self-help Groups
TAs	Traditional Authorities
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VOICE	Voice of People with Disability Ghana

## **Executive Summary**

This report presents the findings from a baseline study carried out by VOICE GHANA in the context of its project on political governance for persons with disabilities from 10 districts in the Volta Region of Ghana. Given that the right to political participation is one of the fundamental rights of Ghanaian citizens including persons with disabilities, VOICE GHANA decided to publish its findings in this area.

The survey outcome showed that majority of persons with disabilities surveyed had no idea how local governance functions in their locality because they were not adequately represented. Further, all the 296 respondents (i.e. 156 males and 140 females) confirmed their unawareness of Public Hearing sessions of their respective District Assemblies, and thus, had never participated in such events before.

Meanwhile citizens' participation in Public Hearing sessions is a mandatory requirement for all Metropolitan, Municipal and District Assemblies (MMDAs) in Ghana. Only a small number of 40.9% of the respondents said they were able to participate in Town Hall meetings organised by their respective District Assembly Members on diverse subjects.

The report also explored both international and national legislative frameworks and standards backing the full participation of persons with disabilities in local governance process and highlights the diverse approaches adopted by Ghana in promoting inclusive governance and the rights to political participation for all, including persons with disabilities.

The report further provides some recommendations for the way forward to make sure that the standards in the area of participation of persons with disabilities in local governance are applied in practice in the target districts.

**VOICE GHANA**

30<sup>th</sup> June 2014

## CHAPTER ONE

### *Introduction, Research Objectives, Methodology and Analysis including Literature Review*

#### 1.1.0 Introduction

Voice of People with Disability Ghana (VOICE GHANA) has been operating since 2002 as an independent Civil Society Organisation, campaigning for the rights and needs of persons with disabilities in Ghana, and engaging Local Government Officials, Traditional Authorities (TAs) and Private Enterprises on their statutory responsibilities to persons with disabilities.

Our **aims** and **objectives**, among others, are to train, support and empower people with disabilities at the grassroots level to form Self-help Groups (SHGs) in advocating for their rights to appropriate healthcare, welfare, education and employment.

Our target group is people with all types of disabilities including children and people with intellectual disabilities. Our special focus is on people with disabilities who have limited or no access to education, perhaps because of their gender, or they live in remote areas or are extremely poor.

VOICE GHANA is implementing a two year advocacy project on political governance for persons with disabilities (PWDs) with funding from the Open Society Initiatives for West Africa - OSIWA. The project seeks to increase the voice of the marginalized and socially excluded people with disabilities from 10 Districts in the Volta Region to enable them participate in District Assemblies' (DAs) Public Hearing processes including Town Hall meetings, and start demanding benefits from the provisions of public goods and services as well as community development programmes.

The project will also engage the target District Assemblies (DAs) and sign Memorandum of Understanding (MoU) with them to integrate development priorities of PWDs that will be compiled within the project, into their respective Medium Term Development Plans (MTDPs) and Consolidated Budgets.

We are using consultative dialogues, meetings, and petitions, position papers/memos as advocacy tools to engage and influence the target state actors outlined in the project.

The key success indicators envisaged within the project are:

- 1) PWDs from 20 Self-help Groups (SHGs) in the Volta Region of Ghana participate effectively in public hearing sessions of their respective DAs and demand their fair share in government pro-poor schemes;
- 2) Effective consideration of PWD key development priorities into their communities development plans and budget (20 targeted communities);
- 3) The 10 beneficiary DAs effectively involve PWDs and their groups for views on local development initiatives;
- 4) 20 capacitated SHGs enhance their participation and advocacy of disability rights within their District Assemblies;
- 5) Increased media coverage on the inclusion of PWDs in national, regional and local newspapers and other avenues.
- 6) Improved representation of PWDs in the decentralized system and the mainstreaming of disability rights in development policy.

This report outlines key findings from the baseline survey that was carried out as part of the project, and presents issues, challenges and lessons learnt from the survey as well as recommendations for the way forward.

### **1.1.1 The Objectives of the Study**

The purpose of the baseline survey is:

1. To establish baseline data and evidence on the level of participation of persons with disabilities in local governance in ten (10) districts in the Volta Region.
2. To ascertain the extent to which persons with disabilities in the target districts are benefiting from the government pro-poor schemes (PPS) in their respective District Assemblies.
3. To document the associated challenges persons with disabilities face while participating in local governance and accessing benefits from public goods and services.

### **1.1.2 Methodology**

The study is based on both primary and secondary data, thus it applied both primary and secondary data collection methods.

We first developed a simple score card/questionnaire to collate the necessary data. This contained both open and closed ended items.

Ten (10) Administrative Districts Assemblies were selected for the study. They include Akatsi South, Akatsi North, Ketu North, Ketu South, Nkwanta South, Nkwanta North, Krachi East, North Dayi, Ho West and Central Tongu Districts, all in the Volta Region of Ghana. We selected an average of three (3) disability Self-Help Groups/Organisations of Persons with Disability from each of the ten (10) districts for the study.

### **1.1.3 Research Roll-out**

This section discusses how the study was conducted.

### **1.1.4 Instrument Development, Piloting and Training**

As mentioned above, instruments were developed for both quantitative and qualitative data collection, and presented to the management for affirmation before they were administered.

A six (6) survey team was later recruited and provided with orientation by the management on the use of the instruments. The team includes three (3) field staff of VOICE GHANA, two (2) interns; studying Social Work from the University of Ghana, Legon and one (1) intern; studying Community Based Rehabilitation from the University of Education, Winneba.

The instruments were piloted by the survey team, and reviewed/refined before the field data collection.

### **1.1.5 Field work**

The survey team went out to the field to conduct interviews on one-on-one basis within the residences of 296 individual PWD-Interviewees. The interviewees who are made up of 156 male and 140 females were selected at random from forty-one (41) communities in ten (10) project districts without any prior information.



The team used the instruments developed by VOICE GHANA to:

- assess the level of participation of interviewees in District Assemblies' Public Hearing sessions and Town Hall meetings.
- ascertain from interviewees if they have benefited from Government Pro-Poor Schemes in their respective districts or communities.
- sample views from interviewees on key development goals to be addressed for them and other PWDs by their District Assemblies.

#### **1.1.6 Analysis and Data Validity**

Data collated from the survey were analysed by VOICE GHANA staff with support from Mr. James Hammond, a Fulbright scholar from the University of Michigan, USA who was on internship with VOICE GHANA. We also received a technical support from Mr. Saviour Kokofie, a volunteer Research Assistant in analysing the data.

A half-day workshop was held at the Kekeli Hotel, Ho on 30th May 2014 to disseminate findings from the survey to twenty (20) selected interviewees from the ten (10) project districts. The participants shared together and provide feedback/inputs, which were collated to inform the review of this Survey Report.

#### **1.1.7 Relevance of the Study**

The baseline data and evidence will form the basis of our future advocacy and engagements with the target District Assemblies, Traditional Authorities, and opinion leaders, to ensure that persons with disabilities actively participate in the local governance processes. The findings could also be used by the respective District Assemblies in planning for persons with disabilities.

The evidence could further be used by other Civil Society Organisations (CSOs) including Organisations of Persons with Disabilities (OPWDs), research institutions, government agencies and donor partners in promoting inclusive local governance for all citizens including persons with disabilities.

#### **1.2.0 Literature Review**

##### **1.2.1 Persons with Disability – The Ghanaian Situation**

There are over 600 million persons with disability in the world, according to the World Health Organization. This represents about 10% of the world's population. Less than 20% of them are found in developed countries whilst more than 80% is found in the developing countries.

Ghana is a developing country with a population of about 24 million. According to the 2010 Population and Housing Census, there are 737, 743 persons with some form of severe disability in Ghana. This figure can be misleading as the criterion for determining the severity of various disabilities by the Ghana Statistical Service is still questionable. However, the Ministry of Health estimates the disability population in Ghana around 7-10%, and according to them, this number keeps growing.

Research has showed that the situation of people with disabilities is marked by serious socio-economic inequality when compared with the rest of the population:

- People with disabilities comprise one in five of the global population living below the poverty line. (World Bank).
- 90% of disabled children do not attend school (UNESCO)
- 30% of street children are disabled (UNICEF).
- Literacy rates among adults with disabilities do not exceed 3% for men and 1% for women (UNDP).
- The unemployment rate for people with disabilities reaches 85% in some countries (ILO).

In Ghana, persons with disabilities constitute an impoverished marginalised group. Majority of them lack access to public health, education, and other social services. They are marginalised, socially excluded and deprived with poor literacy skills, and have a very low social status. In economic and social terms, persons with disabilities in Ghana are classified among the poorest of the poor. They are often regarded as unproductive and incapable of contributing in a positive way to society.

Also, people with disabilities are largely excluded from the development processes and so have extremely limited opportunities to be engaged in public consultations and decision-making. Isolation and confinement based on traditional and cultural beliefs, superstitions including prejudices and other negative beliefs continue to affect persons with disabilities, especially those at the grassroots level.

### **1.2.2 Ghana's Persons with Disability Act, 2006 (Act 715)**

Ghana passed the Persons with Disability Act (Act 715) in 2006 to provide a legal framework and protection for persons with disability. The objectives of the Act are to fulfill a constitutional obligation of enacting laws to protect and promote the rights of people with disability and fulfill Ghana's international obligations (CHRI, 2007). There are about 61 clauses in the Act, which are grouped into the following sections:

1. Rights of persons with disability,
2. Employment of persons with disability,
3. Education of persons with disability,
4. Transportation,
5. Health-care facilities,
6. Miscellaneous provisions,
7. Establishment and functions of the National Council on Persons with Disability (NCPD), and
8. Administrative and Financial provisions.

The Act promises good living conditions in specialized establishments, reduction in the exploitation and discrimination against PWDs, free education for children with disabilities (CWDs), integration of the needs of PWDs in transportation and periodic screening of CWDs etc.

It is also necessary to note that the 1992 Constitution of Ghana, (Articles 29 and 37(2) (b) also provides a legal framework to enable persons with disabilities to exercise their civil, political, social, economic and cultural rights on an equal basis with others.

Even though the Act is very relevant in promoting the rights of PWDs, enough has not been done yet to implement it. Besides, the Act has no Legislative Instrument (L.I) to give the necessary legal backings to it, and OPWDs in Ghana are currently championing this course.

### **1.2.3 The United Nations – Convention on the Rights of Persons with Disabilities**

In the past few years, great strides have been made towards bolstering the position of persons with disabilities and integrating disability issues into the fabric of human rights mechanisms by grounding them in the principles of the United Nations Charter and the Universal Declaration of Human Rights.

Disability is also affirmed in other Human Rights instruments, such as:

- The World Program of Action concerning People with Disabilities,
- The Standard Rules on Equalization of Opportunities for People with Disabilities, and
- The UN Convention on the Rights of Persons with Disabilities (CRPD).

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was approved by the UN General Assembly on December 13, 2006 after considering suggestions for a broad and fundamental worldwide convention to promote and increase respect for the rights and dignity of PWDs by an Ad Hoc Committee (Guernsey et al, 2007).

The CRPD consists of 50 Articles, and addresses the full array of civil and political, economic, social, and cultural rights for PWDs. The convention spells out how countries must fulfill their obligations towards PWDs and also help improve the lives of PWDs, reduce discrimination against them and provide them with equal opportunities. The CRPD is also joined by an Optional Protocol that recognizes "the competence of the Committee on the Rights of Persons with Disabilities to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention" (Guernsey et al, 2007).

In 2007, a year after the Persons with Disability Act was passed; Ghana signed the CRPD and the Optional Protocol. Then, on March 13, 2012, the Government of Ghana ratified the CRPD and the Optional Protocol. Reports indicate that the Persons with Disability Act, 2006 has been inconsistent with the CRPD. The Law and Development Associate in their "Draft Gap Analysis Report" on the Persons with Disability Act, 2006 clarified that the Act falls short of certain provisions that is provided in the CRPD. They stated that "women with disabilities", the rights of "children with disabilities", the inherent "right to life," and the right to protection and safety in "situations of risk and humanitarian emergencies" and several other provisions were not covered in the Persons with Disability Act, 2006.

#### **1.2.4 Policy & Legislative Frameworks on Decentralisation And Local Governance**

In 1988 there was political shift towards decentralization in Ghana with decision making and resource allocation redistributed from central to local assemblies through the District Assemblies, as stipulated in the Local Government Act of 1993 (Act 462) and other local government policy and legislative frameworks. Each MMDA in Ghana, therefore, has the opportunity to develop their own Medium Term Development Plan (MTDP) and Composite Budget to outline their local development priorities. The MTDPs/Budgets are collated by the 10 Regional Coordinating Councils to the National Development Planning Commission (NDPC) in Accra for review and approval.

The National Development Planning (System) Act 480 of 1994; National Development Planning Commission Act 479 of 1994, and the new National Development Planning Framework and National Development Action Plan – NDPF/NDAP Action Area 8 affirm the importance for MMDAs to ensure equitable access to public resources for PWDs. The NDPF/NDAP also prompts MMDAs to prioritise development needs of marginalized and socially excluded people, including persons with disabilities in their MTDPs/Budgets. Further, the National Disability Policy Document 2000 provides guidelines for MMDAs and relevant sectors to respond to the development needs of PWDs.

#### **1.3.0 Conclusion**

A large constituency of PWDs in the ten (10) target districts are unrepresented in local governance and, therefore, have no idea as to how governance is conducted around them. They are also marginalized in political participation and representation. Whereas Article 29 of the Convention on the Rights of Persons with Disabilities (CRPD), which was ratified by the Parliament in March 2012, specifically speaks to the participation of PWDs in governance, political and public life. The Article, among others, highlights the importance of State Parties including the target DAs officials to promote, protect and fulfil active environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination, and on an equal basis with others. Part of Section 1 of the Persons with Disability Act, 2006 (Act 715) also gives right to PWDs to participate in social, political, economic, creative or recreational activities".

This study therefore was to establish evidence based data on the level of participation of PWDs in local governance and their associated challenges to inform our engagement and advocacy efforts with the beneficiary District Assemblies for a positive change.

## CHAPTER TWO

### *Bio-Data of Respondents and Project Districts*

This chapter seeks to discuss the bio data of the study as shown below:

#### 2.0 Bio – Data of Respondents

**Table 1: Total Population of the Study**

Gender	Grand Total
Female	140
Male	156
<b>Grand Total</b>	<b>296</b>

Table 1 indicates a total of two hundred and ninety-six (296) persons with disabilities whom we have surveyed. Out of this number, one hundred and fifty-six (156) respondents, representing 52.7%, are males and one hundred and forty (140) respondents, representing 47.3%, are females.

**Table 2: Age Distributions of Respondents**

Age Range	Number	%
17 – 19	5	1.7
20 – 29	55	18.6
30 – 39	62	20.9
40 – 49	61	20.6
50 – 59	49	16.6
60 – 69	28	9.5
70 – 79	28	9.5
80 – 89	6	2
90+	2	0.6
<b>Grand Total</b>	<b>296</b>	<b>100</b>

Table 2 indicates that out of the two hundred and ninety-six (296) PWDs surveyed, five (5) interviewees, representing 1.7% fall within the age range of 17-19 years. Another fifty-five (55) interviewees, representing 18.6% fall within the age range of 20-29 years. While a total of sixty-two (62) respondents, representing 20.9% fall within 30-39 age range. The table also shows that sixty-one (61) respondents, representing 20.6% fall within 40-49 age range.

Another forty-nine (49) respondents, representing 16.6% fall within 50-59 age range. Also, twenty-eight (28) respondents, representing 9.5% fall within the age ranges of 60-69 and 70-79 respectively. A further six (6) respondents, representing 2%, fall within the age range of 80-89 years, while two (2) respondents, representing 0.6%, fall within the age range of 90+.

#### **Marital Status of Respondents**

Table 3 below indicates that fifty-three (53) female surveyed, representing 17.9% are married, while forty-four (44) female respondents, representing 14.9% are single. A further forty-one (41) female PWDs surveyed, representing 13.9%, are single parents. Only two (2) female respondents, representing 0.6% who was surveyed are widows.

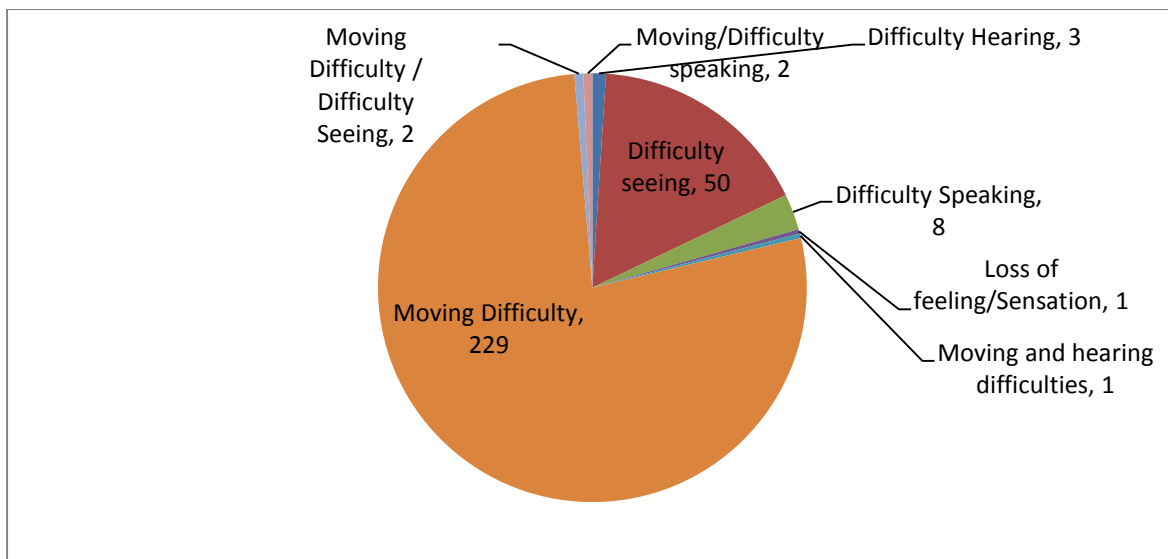
On the other hand, out of the one hundred and fifty-six (156) male PWDs-Respondents, seventy-nine (79), representing 26.7% are married. Another sixty-four (64) male surveyed, representing 21.6% are single, while thirteen (13) male respondents, representing 4.4% are single parents.

The table below provides a succinct data regarding the marital status of the respondents as explained above.

**Table 3: Marital Status of Respondents**

Status	Grand Total	%
<b>Female</b>	<b>140</b>	
Married	53	17.9
Single	44	14.9
Single parent	41	13.9
Widow	2	0.6
<b>Male</b>	<b>156</b>	
Married	79	26.7
Single	64	21.6
Single Parent	13	4.4
<b>Grand Total</b>	<b>296</b>	<b>100</b>

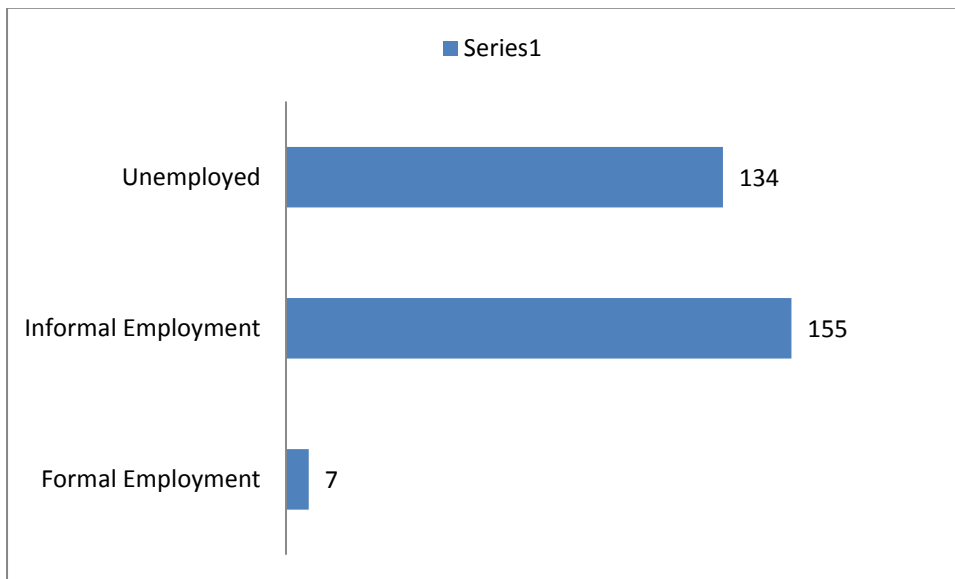
**Figure 1: Types of Disability of Respondents**



The pie-chart shows that out of the two hundred and ninety-six (296) surveyed, three (3) respondents, representing 1%, have difficulty hearing. Another set of fifty (50) respondents, representing 16.9% have difficulty seeing, while, eight (8) respondents, representing 2.7% have difficulty speaking. A further one (1) respondent, representing 0.3% has loss of feeling/sensation, while one (1) respondent also have difficulty moving and hearing difficulties at the same time. Two hundred and twenty-nine (229) interviewees, representing 77.4%, have moving disability. Also, two (2) respondents, representing 0.7%

have difficulty moving and seeing at the same time, while a further two (2) respondents, representing 0.7% have difficulty speaking and moving at the same time.

**Figure 2: Employment Status of Respondent**



The stacked bar indicates that out of the two hundred and ninety-six (296) PWDs surveyed; only seven (7) interviewees, representing 2.4% are engaged in the formal sector employment. One hundred and fifty-five (155) respondents, representing 53.4% are working in the informal sector, while the remaining one hundred and thirty-four (134) respondents, representing 45.2%, are unemployed.

**Table 4: Education Level of Respondents**

Level	Number
None	97
Primary	41
MSLC	53
JHS	50
VT	11
SHS/TECH	30
Tertiary	14
<b>Grand Total</b>	<b>296</b>

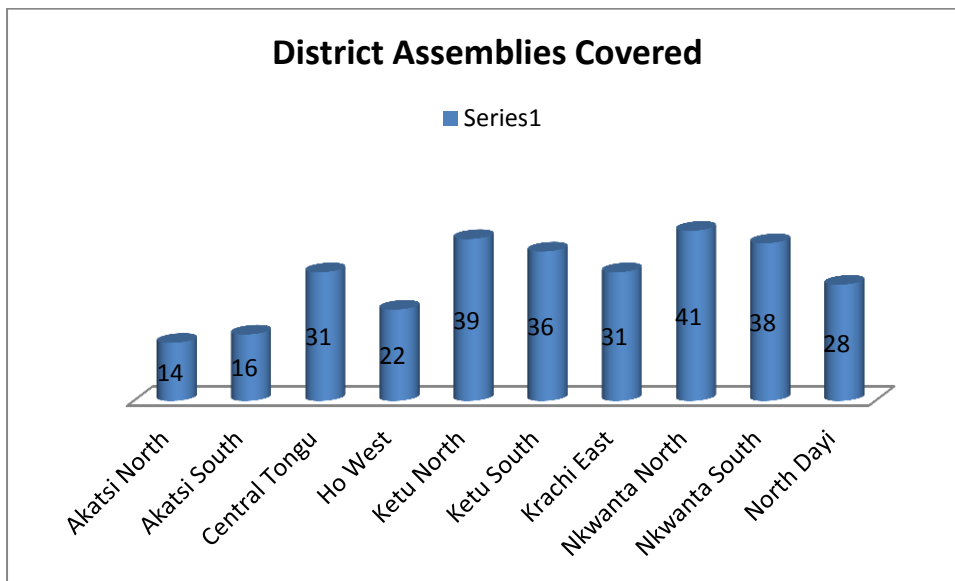
Table 4 shows that out of the two hundred and ninety-six (296) respondents, ninety-seven (97), representing 32.8%, did not have any Formal education. However, forty-one (41) interviewees, representing 13.9%, confirmed to us that they received only Primary education.

A further fifty-three (53) interviewees, representing 17.8%, said they had up to Middle School Level education, while fifty (50) respondents, representing 16.9% said they had education up to the Junior High School level.

Eleven (11) respondents, representing 3.7% also said they had vocational skills training and another thirty (30) interviewees, representing 10.1%, confirmed that they received Secondary Level education. Last but not the least, fourteen (14) respondents, representing 4.7%, said they had Tertiary Level education.

## 2.1 Project Districts

Figure 3: District Assemblies Covered



The above clustered cylinder displays the number of PWDs who were surveyed from each of the ten (10) Administrative Districts. Out of the two hundred and ninety-six (296) interviewees, fourteen (14) representing 4.7% are from the Akatsi North District and sixteen (16) respondents, representing 5.4% are from the Akatsi South District. A total of thirty-one (31) respondents, representing 10.5% are from the Central Tongu District while twenty-two (22) respondents, representing 7.4% were surveyed from the Ho West Districts.

Further thirty-nine (39) respondents, representing 13.2% are from the Ketu North Districts, with thirty-six (36) respondents, representing 12.2% from the Ketu South District. Also, thirty-one (31) respondents, representing 10.5% are from the Krachi East District, forty-one (41) interviewees, representing 13.8% are from the Nkwanta North District, while thirty-eight (38) respondents, representing 12.8% are from the Nkwanta South District. Finally, twenty-eight (28) interviewees, representing 9.5% are from the North Dayi District.

The above findings were confirmed by the participants at the workshop VOICE GHANA held to validate the baseline data and evidence.

## CHAPTER THREE

### *Respondents' Level of Participation/Representations in Town Hall Meetings and Public Hearing Sessions*

#### 3.0 Background

This chapter presents the survey findings on the level of participation of respondents in Town Hall Meetings that were organised by District Assembly members in their respective towns and villages. It also discusses respondents who ever heard of Town Hall Meetings and draws the line between the gender representations at such events as well as those who participated and were able to make some meaningful contributions at these events. This is shown in the analysis below.

#### 3.1 Respondents' Awareness Level of Town Hall Meetings

**Table 5: Respondents' Awareness of Town Hall Meetings**

Gender	Responses		
	No	Yes	Total
Female	61	79	140
Married	15 (5%)	38 (12.8%)	53
Single	24 (8.1%)	20 (6.8%)	44
Single Parent	20 (6.8%)	21 (7%)	41
Widow	2 (0.7%)	0	2
Male	67	89	156
Married	36 (12.2%)	43 (14.5%)	79
Single	27 (9.1%)	37 (12.5%)	64
Single Parent	4 (1.4%)	9 (3%)	13
<b>Grand Total</b>	<b>128</b>	<b>168</b>	<b>296</b>

The above table provides information on the level of awareness by interviewees regarding Town Hall Meetings that were organised in their respective communities. This was linked with their gender aggregation and marital status.

In view of the female respondents, a total of fifteen (15) married women, representing 5% indicated that they are not aware of Town Hall Meetings, while thirty-eight (38) respondents of the same class, representing 12.8% said they have knowledge about Town Hall Meetings. Out of the number of female respondents who are single; twenty-four (24), representing 8.1% confirmed that they are unaware of Town Hall Meetings, while, twenty (20) of them, representing 6.8% said they are aware of such meetings. Also, twenty (20) female respondents who are single parents, representing 6.8% confirmed to us that they are not aware of Town Hall Meetings, while twenty-one (21), representing 7% said they have heard of such meetings before. Further, two (2) female respondents who are widows, representing 0.7% confirmed that they are unaware of such meetings.

Among the male PWDs surveyed, a total of thirty-six (36) respondents who are married, representing 12.2% said they are unaware of Town Hall Meetings that were organised by their respective Assembly



Members. Forty-three (43), representing 14.5% however confirmed they have knowledge about the meetings. Twenty-seven (27) male respondents who are single, representing 9.1% said they did not have any knowledge about Town Hall Meetings, while thirty-seven (37), representing 12.5% said they are aware of the meetings. Also, four (4) male respondents who are single parents, representing 1.4% said they are unaware of the meeting, while nine (9), representing 3% indicated they have knowledge about Town Hall Meetings.

Our study confirmed that both male and female respondents who are married seem to be more aware of the research topic. This could mean that more PWDs who are married may be more concerned and committed to issues in their communities. We also realised that both male and female respondents who are single parents have less knowledge about Town Hall Meetings, which could also be attributed to the fact that they may be overburdened with family issues and have less time to share with other community members, hence their inability to have access to information about community events such as Town Hall Meetings.

### 3.2 Respondents’ Participation in Town Hall Meetings

**Table 6: Respondents’ Participation in Town Hall Meetings**

Respondents	Responses			Total
	Yes	No	NA	
<b>Married</b>	64	18	50	<b>132</b>
<b>Single</b>	40	17	51	<b>108</b>
<b>Single Parent</b>	17	13	24	<b>54</b>
<b>Widow</b>	0	0	2	<b>2</b>
<b>Grand Total</b>	<b>121</b>	<b>48</b>	<b>127</b>	<b>296</b>

Table 6 provides information about the number of respondents who actually participated in Town Hall Meetings in the ten (10) target districts. Our research confirmed that a total of sixty-four (64) married PWDs surveyed, representing 21.6%% had participated in Town Hall Meetings in their respective communities. Eighteen (18) of the same group surveyed, representing 6% said they were not able to participate in such meetings. Another fifty (50) married PWDs surveyed, representing 16.9% did not respond to this item because they have no idea about the Town Hall Meetings.

Forty (40) respondents who are single, representing 13.5% also confirmed their participation in Town Hall Meetings, while seventeen (17) of the same class, representing 5.7% said they never participated in Town Hall Meetings before. Another fifty-one (51) respondents who are single did not respond to this item, and they formed 17.2% of the population surveyed.

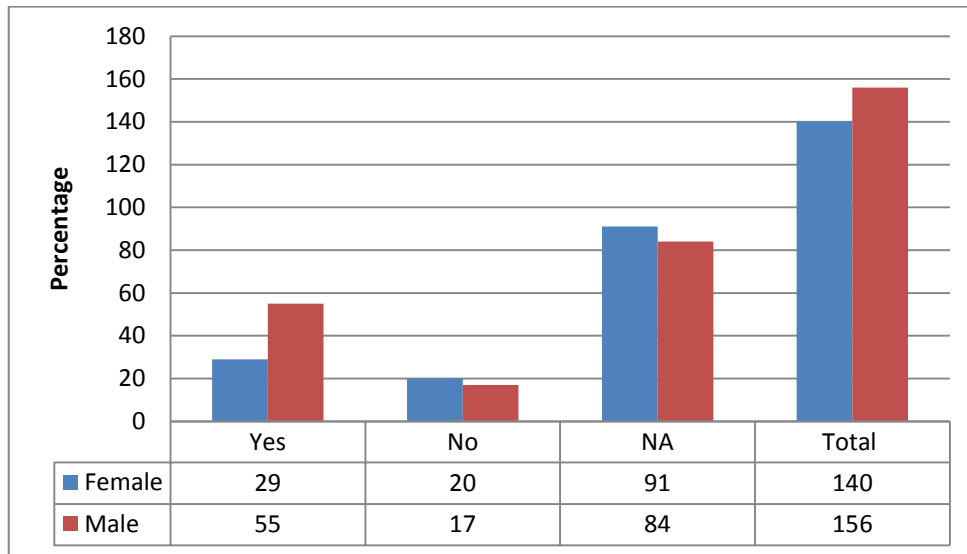
Further, seventeen (17) respondents who are single parents, representing 5.7% said they had participated in such meetings earlier while thirteen (13), representing 4.4% said they had never participated in the Town Hall Meetings before. Another twenty-four (24) single parents surveyed, representing 8.1% did not respond to this item.

Finally, two (2) respondents who are widows, representing 0.7% did not respond to this item, because they have no idea about the subject.

The findings further confirmed our assumption that more married PWDs may be committed and involved in development issues within their communities more than PWDs who are single parents as

they may be overburdened with family issues and thus have no or little time for other community development initiatives.

**Figure 4: Contributions by Respondents in Town Hall Meetings**



The above column chart gives a picture of respondents who participated in Town Hall Meetings and had made some contributions for consideration at the events. The study confirmed that out of the 121 respondents who confirmed their participation in Town Hall Meetings as shown in Figure 10 above, only twenty-nine (29) females, representing 9.8% of the total population surveyed and fifty-five (55) males, representing 18.6% said they have made some contributions at these events. However, none of them were able to tell if their issues were considered in development plans of their respective communities.

Another twenty (20) females, representing 6.7% and seventeen (17) males, representing 5.7% ticked no, signifying that they have not made any contribution at the Town Hall Meetings though some of them had the opportunity to attend such events.

A further ninety-one (91) female respondents, representing 30.8% and eighty-four (84) male respondents, representing 28.4% did not respond to this item. This is because a total of 127 of them had indicated their non-participation in Town Hall Meetings to us as specified in Figure 10 above. The remaining number however said they have no issues to put across at the events.

**Table 7: Reasons for Non-participation in Town Hall Meetings**

Respondents	No Information	Mobility Issues	Logistics	Not Interested	NA	Total
<b>Female</b>	4	3		23	61	91
Married	1	1	0	8	16	26
Single	1	0	0	7	25	33
Single Parent	2	2	0	8	18	30
Widow	0	0	0	0	2	2
<b>Male</b>	1	4	1	11	67	84
Married	0	2	1	3	36	42
Single	1	1	0	6	27	35
Single Parent	0	1	0	2	4	7
<b>Grand Total</b>	5	7	1	34	128	175

In table 7, we find out from the one hundred and seventy-five (175) respondents who said they had not participated in the Town Hall Meetings (as shown in Figure 9 above), their reasons for taking such decisions.

From the table above, four (4) female respondents, representing 2.3%, and one (1) male, representing 1% said they had no information about the Town Hall Meetings. Another three (3) female respondents, representing 1.7% and four (4) males, representing 2.3% said they had challenge in walking to the venues for the Town Hall Meetings. One (1) male respondent, representing 1% said he has no mobility device to enable her move around easily and access the venues of these meetings. A further twenty-three (23) female respondents, representing 13.2% and eleven (11) males, representing 6.3% said they were not interested in the Town Hall Meetings, while a significant number of sixty-one (61) female respondents, representing 34.8%, and sixty-seven (67) males, representing 38.3% did not respond to this item, because they have no idea about the subject.

This calls for some public education/awareness for persons with disabilities to understand the importance of participating in Town Hall Meetings and other community initiatives.

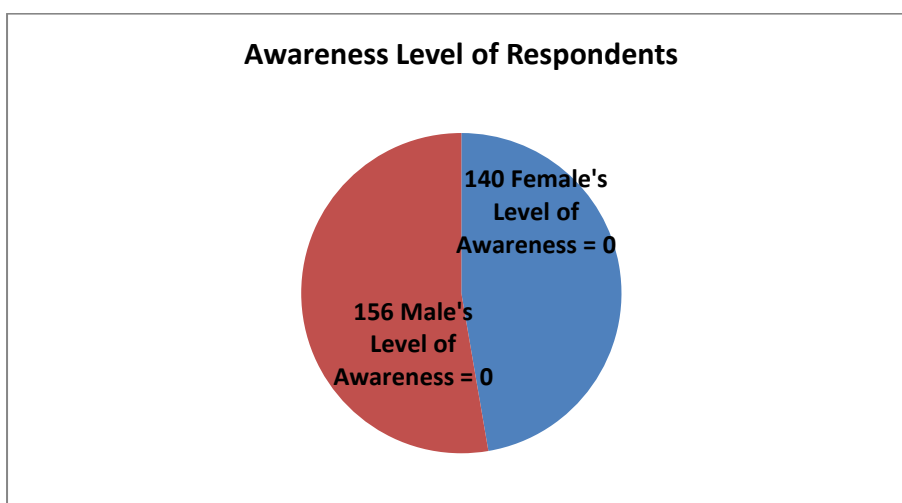
### 3.3 Respondents' Participation in Public Hearing Sessions

In accordance with Section 1 (3), 2 (1) and 10 (3) of the National Development Planning Commission (System), Act 480 (1993) and in line with National Medium Term Development Policy Framework (2010-2013) of the Government of Ghana, a District Medium Term Development Plan supposed to be prepared by each Metropolitan, Municipal and District Assemblies - MMDAs to chart their path of growth and development within a specified period of time. The MTDPs are also in line with the mandate of Act 462, 1993 where the District Assembly is by law the local development authority and as such responsible for the overall development of each MMDA.

One important aspect of the MTDPs preparation process is that it should be prepared in a very participatory manner where representatives of all communities within the jurisdictions of reach MMDAs are consulted from the data collection stage to the last stage of the plan preparation culminating in a Public Hearing sessions to be conducted at each Town/Area Councils for the validation of the plans.

The findings from our survey, however, showed that all the 296 PWD-Respondents surveyed (i.e. 156 males and 140 females) have never participated in in Public Hearing of their respective District Assemblies as shown in the pie-chart below:

**Figure 5: Respondents' Level of Awareness on Pro-Poor Schemes**



The main reason provided was that they lack information about such an essential event.

The above findings were confirmed by the participants at the workshop VOICE GHANA held to validate the baseline data and evidence. We also cross-checked some of the data from the beneficiary Districts Assemblies to make the evidence and data more authentic.

The findings, therefore, presents VOICE GHANA the challenge/opportunity to embark on more public education for persons with disabilities to

- become aware of Public Hearing sessions of MMDAs and its importance for all citizens including PWDs to participate in.
- build the assertiveness and negotiation skills of PWDs to be able to influence the MTDPs preparation processes to include their development priorities.

## CHAPTER FOUR

### *Awareness, Application and Benefits from Government Pro-Poor Schemes*

#### 4.0 Background

The Government of Ghana is initiating a number of policies and undertaking pro-poor programmes and projects, which are aimed at alleviating poverty and enhancing the standard of living for the poor and vulnerable population including persons with disabilities. Among these are the National Health Insurance Scheme (NHIS), Ghana Youth Employment and Entrepreneurial Development Authority (GYEEDA), Livelihood Empowerment Against Poverty (LEAP), Microfinance and Small Loans Centre (MASLOC), Local Enterprise and Skills Development (LESDEP), 2% District Assembly Common Fund, earmark for persons with disabilities (2% DACF for Disability) and Microfinance in the Department of Women.

In spite of the interventions, poverty still persists among the marginalised and socially excluded population, especially among persons with disabilities. The issue that has been a matter of concern to a number of people is whether the target of reducing poverty absolutely includes and benefits people who are indeed poor. There is therefore the need to investigate why poverty reduction interventions are not optimizing the impacts on the poor, especially persons with disabilities.

So, this study was basically to:

1. gauge the awareness level of the two hundred and ninety-six (296) PWD-Respondents about the various pro-poor packages in their respective districts,
2. find out if those who are interested and aware of any of the schemes take the initiative to apply or subscribe, and finally,
3. ascertain if those who have applied or subscribe to any of the packages were able to access benefits.

The study further explores the challenges beneficiaries encountered in accessing these pro-poor packages, and provides recommendations from perspective of the respondents in improving upon the delivery of the intervention programmes.

#### 4.1 Government Pro-Poor Schemes in Target Districts

**Table 8: List of Pro-Poor Schemes in Target DAs**

Districts	NHIS	LESDEP	MASLOC	GYEEDA	2% DACF	LEAP
Akatsi North	Yes	No	No	No	Yes	No
Akatsi South	Yes	Yes	Yes	Yes	Yes	No
Central Tongu	Yes	Yes	No	Yes	Yes	Yes
Ho West	Yes	No	No	No	Yes	No
Ketu North	Yes	Yes	Yes	Yes	Yes	No
Ketu South Mun.	Yes	Yes	No	Yes	Yes	Yes
Krachi East	Yes	Yes	Yes	Yes	Yes	Yes
Nkwanta North	Yes	No	No	Yes	Yes	Yes
Nkwanta South	Yes	No	No	Yes	Yes	Yes
North Dayi	Yes	Yes	Yes	Yes	Yes	Yes

The above table summarises the various government pro-poor intervention programmes in each of the ten (10) beneficiary districts.

Akatsi North District Assembly is one of the newly created districts, and the Assembly is operating only NHIS, 2% DACF for PWDs. Akatsi South District Assembly has NHIS, LESDEP, MASLOC, GYEEDA and 2% DACF, except LEAP. Central Tongu District Assembly is operating NHIS, LESDEP, GYEEDA, 2% DACF and LEAP except MASLOC. Ho West District Assembly, another infant District Assembly, has NHIS, GYEEDA, 2% DACF and LEAP, while Ketu North District Assembly has all the pro-poor schemes, except LEAP.

Ketu South Municipal Assembly is also operating NHIS, LESDEP, GYEEDA, 2% DACF and LEAP except MASLOC, while Krachi East District Assembly has all the pro-poor schemes. Nkwanta North and Nkwanta South District Assemblies are operating NHIS, GYEEDA, 2% DACF and LEAP only, while the North Dayi District Assembly has all the pro-poor schemes.

#### 4.2 Respondents' Knowledge on Pro-Poor Schemes

This aspect of the study focuses on assessing the level of knowledge by respondents on government pro-poor intervention programmes in their respective districts. The findings are analysed below:

**Table 9: Respondents' Knowledge on Pro-Poor Schemes**

TYPES OF SCHEMES	Male Yes	Male No	Female Yes	Female No	Grand Total
NHIS	100	56	86	54	296
LESDEP	62	94	54	86	296
MASLOC	54	102	33	107	296
GYEDA	86	70	53	87	296
2%DACF	130	26	117	23	296
LEAP	55	101	29	111	296

The table above provides information about the various government pro-poor schemes that the respondents are aware of in their respective districts or communities. A total of one hundred (100) male respondents, representing 33.8% said they are aware of NHIS, while fifty-six (56) males, representing 18.9% said they are not aware of the scheme. Another eighty-six (86) female respondents, representing 29.1% confirmed their awareness of the NHIS, while fifty-four (54) females, representing 18.2% said they are not aware of the scheme.

In view of LESDEP, a total of sixty-two (62) males, representing 20.9% said they are aware of the programme, but ninety-four (94) male respondents, representing 31.8% said they never heard of LESDEP before. A further fifty-four (54) female respondents, representing 18.2% confirmed their awareness about LESDEP; while the rest eight-six (86), representing 29.1% said they are not aware of the programme.

Fifty-four (54) male respondents, representing 18.2% said they have knowledge about MASLOC, while the rest one-hundred and two (102), representing 34.5% said they are not aware of the scheme. Another thirty-three (33) female interviewees, representing 11.2% confirmed their awareness about MASLOC, but one hundred and seven (107) female surveyed, representing 36.1% said they are unaware of MASLOC.

Regarding GYEEDA, eighty-six (86) male respondents, representing 29% said they are aware of the programme, while the rest seventy (70), representing 23.6% said they are not aware. Also, fifty-three (53) female interviewees, representing 17.9% said they are aware of GYEEDA, while the rest eighty-seven (87) females, representing 29.3% said they are unaware of the programme.

A total of one hundred and thirty (130) male respondents, representing 29% said they are aware of 2% DACF earmark for PWDs but the rest twenty-six (26), representing 8.9% said they are unaware of the fund. On the other hands, one hundred and seventeen (117) female respondents, representing 39.5% confirmed their awareness about the 2% DACF, while twenty-three (23) females, representing 7.7% said they are unaware of the fund.

Fifty-five (55) male respondents, representing 18.6% confirmed their knowledge about LEAP, but the rest one hundred and one (101) males, representing 34.1% said they are not aware of the programme. Further, twenty-nine (29) female respondents, representing 9.8% confirmed their awareness of LEAP, while the rest one hundred and eleven (111) females, representing 37.5% confirmed their unawareness about the programme.

### 4.3 Respondents' Applications to Pro-Poor Schemes

**Table 10: List of Pro-Poor Schemes Applied for**

TYPES OF SCHEMES	Male Yes	Male No	Female Yes	Female No	Grand Total
NHIS	39	117	40	100	296
LESDEP	5	151	3	137	296
MASLOC	1	155	0	140	296
GYEDA	3	153	2	138	296
2%DACF	87	69	88	52	296
LEAP	7	149	8	132	296

Table 10 shows the number of PWDs-Respondents who applied to any of the pro-poor packages described above.

**NHIS:** A total of thirty-nine (39) male respondents, representing 13.1% out of the one hundred (100) males who said they are aware of NHIS, confirmed that they applied to the scheme, while the rest one hundred and seventeen (117) males, representing 39.5% said they did not subscribe. This includes the fifty-six (56) males who said they are unaware of the scheme. Another forty (40) female respondents, representing 13.5% from the total of eighty-six (86) female respondents who said they are aware of NHIS, confirmed their subscription to the scheme, while the rest one hundred (100) females, representing 33.8% said they did not subscribe yet. This includes the fifty-four (54) who said they are unaware of the scheme.

**LESDEP:** Out of the sixty-two male respondents who confirmed their awareness about LESDEP, only five (5), representing 1.7% said they applied to the programme, leaving one hundred and fifty-one (151) males, representing 51% who said they did not apply. This number includes the ninety-four (94) who said they are unaware of the programme. A further three (3) female respondents, representing 1% out of the fifty-four (54) who confirmed their knowledge about LESDEP, said they applied to the programme. However, one hundred and thirty-seven (137) females, representing 46.3%, which also include the eighty-six (86) who confirmed their unawareness about the programme, said they did not apply to LESDEP.

**MASLOC:** Out of the fifty-four (54) male respondents who said they are aware of MASLOC, only one (1) of them, representing 0.3% said he applied to the programme. The rest one-hundred and fifty-five (155) males, representing 52.3%, which also include the one hundred and two (102) who said they are not aware of MASLOC, did not apply. Also, all the one hundred and forty (140) female surveyed,

representing 47.3% said they did not apply for the scheme. This includes the thirty-three (33) who said they are aware of MASLOC.

**GYEEDA:** Three (3) male respondents, representing 1%, from the eighty-six (86) who said they are aware of GYEEDA, confirmed their applications to the programme, while the rest one hundred and fifty-three (153), representing 17.9% said they did not apply for any employment opportunity under the programme. This includes the seventy (70) male respondents who said they are unaware of GYEEDA. Also, out of the fifty-three (53) female respondents who said they are aware of GYEEDA, only two (2), representing 0.7% said they applied to the programme. The rest one hundred and thirty-eight (138) female respondents, representing 46.6%, which include the eighty-seven (87) who said they are unaware of the programme, confirmed they did not apply.

**2% DACF for Disability:** Out of the one hundred and thirty (130) male respondents who confirmed their awareness about the 2% DACF for disability, eighty-seven (87), representing 29.4% said they have applied to the fund. The rest sixty-nine (69), representing 23.3%, which also include the twenty-six (26) who said they have no knowledge about the fund, confirmed they did not apply yet. Another eighty-eight (88) female respondents, representing 29.7% out of the one hundred and seventeen (117) who said they are aware of the fund, confirmed that they have applied to the fund, while the rest fifty-two (52), representing 17.5% said they did not apply. This includes the twenty-three (23) who earlier confirmed their lack of knowledge about the fund.

**LEAP:** Out of the fifty-five (55) male respondents who confirmed their knowledge about LEAP, only seven (7), representing 2.4% said they applied to the programme. The rest one hundred and forty-nine (149), representing 50.3%, which include the one hundred and one (101) who said they have no knowledge about LEAP, confirmed that they did not apply to the programme. A further eight (8) female respondents, representing 2.7%, from the twenty-nine who confirmed their knowledge about the programme, said they have applied to LEAP. The rest one hundred and thirty-two (132) females, representing 44.6%, which also include the one hundred and one (111) who confirmed their unawareness about LEAP, said they did not apply to the programme.

#### 4.4 Respondents' Benefits from Pro-Poor Schemes

Figure 6: Respondents' Benefits from Pro-Poor Schemes

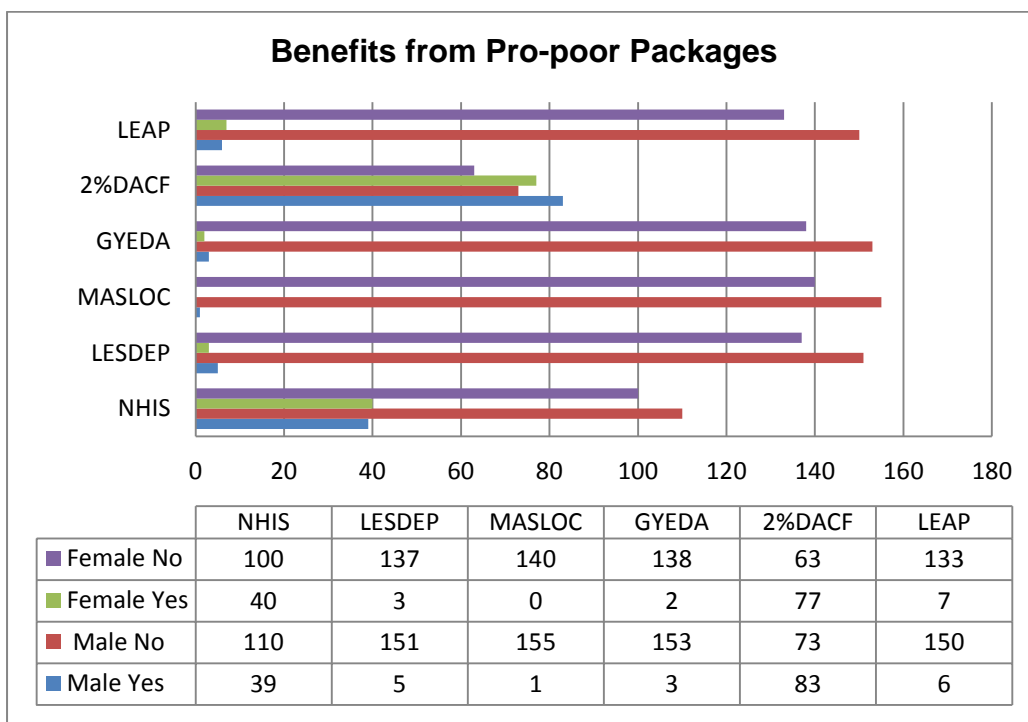




Figure 6 discusses benefits from pro-poor packages for the respondents. All the seventy-nine (79) male and female respondents who said they have applied to NHIS had confirmed receiving insurance cover from the scheme as and when they access healthcare services. This is 100% success indicator.

Again, all the eight (8) male and female respondents who said they have applied to LESDEP confirmed that they have received support from the programme. This is another 100% success indicator. The one (1) male respondents who applied to MASLOC, said he is application was considered and thus had benefited from the programme. This is 100% success indicator too.

Also, all the five (5) male and female respondents who applied to GYEEDA were offered various jobs under the programme. This is another 100% success indicator. Out of the one hundred and seventy-five (175) male and female respondents who said they had applied to 2% DACF earmark for persons with disabilities, one hundred and sixty (160) of them confirmed receiving grants from the fund for their personal initiatives. This is 91% success indicator.

The above findings were confirmed by the participants at the workshop VOICE GHANA held to validate the baseline data and evidence. We also cross-checked some of the data from the beneficiary Districts Assemblies to make the evidence and data more authentic.

## CHAPTER FIVE

### *Lessons Learnt, Recommendations and Conclusion*

#### **5.1 Lessons Learnt**

Despite the above success indicators, majority of respondents including some beneficiaries of the pro-poor schemes alluded that almost all the pro-poor intervention schemes are characterised with politics, favouritism and nepotism etc. and are thus not entirely accessible for every person with disabilities in particular.

The study also revealed that majority of persons with disabilities has no knowledge about Public Hearing of their respective District Assemblies and government pro-poor schemes. Even the few who have knowledge about some pro-poor facilities do not know the criteria in accessing them.

The findings, therefore, presents VOICE GHANA the challenge/opportunity to embark on more public education for persons with disabilities to

- become aware of Public Hearing sessions of MMDAs and its importance for all citizens including PWDs to participate in.
- build the assertiveness and negotiation skills of PWDs to be able to influence the MTDPs preparation processes of their respective District Assemblies to include their development priorities.
- become aware of various government social intervention packages that are managed at various MMDAs and become familiar with the criteria and guidelines in accessing them.

We also realised that majority of PWDs surveyed have limited or no formal education and this is impacting negatively on their chances of taking up any challenging position that requires certain expertise. We further realised that majority of persons with disability we interviewed had issues that they would like to put across to their DA authorities to address for them, but they just don't know how to go about it. So, some of them see this project as timely and a dream comes true for them to realise their aspirations.

Another learning point from our survey was that almost all the target DAs were looking for the possible ways to gather evidence-based issues from PWDs to inform their development planning processes. So, they also see the project as an opportunity for them to generate inputs from PWDs to feed their respective MTDPs and Budgets.

#### **5.2 Recommendations**

Almost all the 296 interviewees called on stakeholders of the respective pro-poor intervention programmes to find a better way of eliminating waste and politics that are associated with some of the interventions. They also suggested for vigorous awareness about the interventions to the citizenry including persons with disabilities. This, they suggested, can be done through some recognised organisations of persons with disabilities (OPWDs) and other civil society organisations (CSOs) in the various pro-poor social intervention districts.

The following suggestions and recommendations were also made by the twenty (20) participants who were selected from the ten (10) beneficiary districts to validate this survey finding:

- ▶ Provision of employable skills for youth with disability should be made within the Ghana Youth Employment and Entrepreneurial Development Agency – GYEEDA and more qualify PWD youth should be considered for jobs through the intervention.
- ▶ District Assemblies should establish inclusive vocational centres, which PWDs can also benefit from.

- ▶ District Assemblies should lead in the provision of access ramps to public facilities for PWDs, especially health facilities, and extend electricity to all rural communities.
- ▶ Also, provision of accessible toilets and shower facilities including easy walkways should be factored into development of public facilities such as markets that are funded by District Assemblies.
- ▶ District Assemblies should ensure that open gutters/culverts in their respective districts are covered to prevent PWD pedestrians, especially the blind from falling into them.
- ▶ Social Services Sub Committees and Education Sub Committees of beneficiary District Assemblies should make provision for quality education for children with disabilities in DAs plans and budgets.
- ▶ DAs should plan for assistive devices such as wheelchairs, white canes, crutches and walkers etc. to aid mobility of PWDs.

The evidence and findings in this report present great opportunities for VOICE GHANA and other like-minded CSOs in particular, to collaborate in our efforts to develop strategies that will help increase the participation and representation of PWDs in local governance and civic decision-making processes.

We also think the mainstream civil society organizations and donor partners should deploy practical approaches and strategies in supporting PWDs who have limited or no literacy skills to at least gain basic literacy and numeracy skills, so that they can best utilize any possible opportunities that may come their way.

### 5.3 Conclusion

Research and emerging practices showed that the implementation of the right of persons with disabilities to participate in governance and decision making processes is possible. Nevertheless, lots of barriers were found to hinder persons with disabilities in the beneficiary districts from participating in local governance processes including Public Hearing of their respective District Assemblies. Variety of possible barriers were identified and assessed and this includes attitudinal, informational, physical, organisational and institutional barriers.

We think a further research on the topic could help draw the bigger picture of the barriers for the full participation and representation of persons with different types of disabilities in local governance processes. Such research can be of additional value for our study and can also investigate why poverty reduction interventions adopted by successive governments are not optimizing the impacts on the poor, especially persons with disabilities.

Further, the Government of Ghana needs to collect statistical and research data to identify and address barriers for inclusive governance and political participation of persons with disabilities in the country.

The findings from this study therefore present great opportunities for VOICE GHANA and other like-minded CSOs in particular, to collaborate in our efforts to develop strategies to increase the participation and representation of persons with disabilities in local governance and decision-making processes.

We wish to thank all interviewees for their time, support, and valuable responses. We also wish to express our profound gratitude to all who helped our survey team during the research. Also, our special thanks to the Open Society Initiatives for West Africa - OSIWA for funding VOICE GHANA to undertake this research.

Signed on behalf of VOICE GHANA  
**Francis Asong, Director**

30<sup>th</sup> June 2014

## ANNEX 1

SHGs Communities Surveyed	
Districts/Towns	Total Respondents
<b>Akatsi North</b>	<b>14</b>
Ave-Dakpa	11
Ave-Sanyi	3
<b>Akatsi South</b>	<b>16</b>
Akatsi	10
Akatsi Gavekorfe	4
Akatsi Live	2
<b>Central Tongu</b>	<b>31</b>
Adidome	18
Awakpedome	6
Mafi Kumasi	7
<b>Ho West</b>	<b>22</b>
Dedome Teleafenu	11
Kpedze	11
<b>Ketu North</b>	<b>39</b>
Adevu Kofe	1
Devego	5
Dzodze	8
Ehi	10
Tadzewu	11
Weta Junction	2
<b>Ketu South</b>	<b>36</b>
Aflao	12
Amuti	1
Attiteti	17
Blekusu	5
Denu	1
Xedzranawo	2
<b>Krachi East</b>	<b>31</b>
Dambai	15
Domabin	11
Katanga	5
<b>Nkwanta North</b>	<b>41</b>
Abunyanya	15
Sibi	19
Sibi Central	7
<b>Nkwanta South</b>	<b>38</b>
Ashabre	6
Brewaniase	10
Nkwanta	22

<b>North Dayi</b>	<b>28</b>
Aneta	5
Anfoega	5
Anfoega Agata	1
Anfoega Akukome	6
Anfoega Demui	1
Anfoega Dzana	4
Anfoega Wademaxe	1
Aveme Beme	1
Vakpo	2
Yordanu	2
<b>Grand Total</b>	<b>296</b>



**“Inclusive Governance for All - Project”**

Funded By



**BASELINE SURVEY ON THE LEVEL OF PARTICIPATION OF  
PERSONS WITH DISABILITIES IN LOCAL GOVERNANCE**

**SCORE CARD/QUESTIONNAIRE**

**A. BIO DATA**

ID#: \_\_\_\_\_ | Name: \_\_\_\_\_ | Age: \_\_\_\_\_ | Sex:  M  F

Self-help Group (SHG) / OPWD: \_\_\_\_\_

Town/Village: \_\_\_\_\_

District: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Marital Status:  Single  Married  Single Parent

Level of Education:  None  Primary  MSLC  JHS  VT  SHS/TECH  Tertiary

Types of Disability:  Moving Difficulty  Difficulty Seeing  Difficulty Learning  
 Difficulty Hearing  Difficulty Speaking  Loss of feeling/Sensation

Employment:  Unemployed  Informal Employment  Formal Employment

**B. LEVEL OF PARTICIPATION IN DISTRICT ASSEMBLIES' PUBLIC HEARING SESSIONS**

1. Have you ever heard of a Public Hearing Session organised by your DA?  Yes  No

2. If yes, how did you hear about the Public Hearing Session?

<input type="radio"/> Radio	<input type="radio"/> In-person Conversation	<input type="radio"/> Newspaper	<input type="radio"/> Other: _____
<input type="radio"/> Phone Call	<input type="radio"/> ISD	<input type="radio"/> Flyer	<input type="radio"/> N/A

3. If yes, have you participated in any of the Public Hearing Sessions?  Yes  No  N/A

If yes, how many times have you participated?: .....  N/A

4. If no, please tell us why?

- Had no information about the event(s).
- Had information but was not interested.
- Other, please specify: \_\_\_\_\_

**If your answer is yes, then please continue by answering the following questions:**

1. How long did it take you to get to the Public Hearing Session(s) venue? \_\_\_\_\_   
N/A

2. If you paid for transportation to the venue, how much did you pay? GHC \_\_\_\_\_   
N/A

3. Did you contribute to the session(s)?  Yes  No  N/A

4. If yes, was your contribution considered?  Yes  No  N/A

5. If no, what were the reasons provided for not accepting your contribution(s)?

.....

.....

.....

6. In your view, what are some of the issues to be considered at Public Hearing Sessions or Town Hall Meetings?

.....

.....

.....

**C. BENEFITS FROM GOVERNMENT PRO-POOR SCHEMES & COMMUNITY DEVELOPMENT**

1. Are you aware of any of the following pro-poor packages in your district?

- Free National Health Insurance Scheme (NHIS) for Indigents/aged  Yes  No
- Local Enterprises and Skills Development Programme (LESDEP)  Yes  No
- Microfinance and Small Loans Centre (MASLOC)  Yes  No
- Ghana Youth Employment Development Agency (GYEDA)  Yes  No
- 2% District Assembly Common Fund (2% DACF) for PWDs  Yes  No
- Livelihood Empowerment Against Poverty (LEAP)  Yes  No

Others, please specify:

\_\_\_\_\_

2. Please tick those that you received aid from:

- NHIS    
  LESDEP    
  MASLOC    
  GYEDA    
  2% DACF    
  LEAP    
  N/A

3. What did you find useful about the pro-poor scheme(s) you benefited from?

.....

.....

.....

4. Was there any part of the pro-poor scheme that you disliked?

.....

.....

.....

5. Please identify some development projects in your community

.....

.....

6. Please indicate if these development projects include the following:

- Ramps    
  Brail    
  Sign-Language Interpreter    
  N/A

7. Do PWDs also benefit from development projects in your community even if they are not accessible to them?

- Yes    
  No    
  Don't know

8. In case you have the opportunity to meet the M/DCE in your district, tell us one key development goal you would like him/her to address for PWDs in your community?

.....

.....

9. Do you have a plan for enacting the development goal listed above?  Yes  No

Thanks for your time and cooperation.

Name of Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



ANNEX 3

SOME PICTURES ON THE STUDY









