

Research Articles

Assessing the Impact and Uses of the Disability Common Fund Among Persons with Disabilities in Kumasi Metropolis in Ghana

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Abstract: The Disability Common Fund (DCF) is a social protection program aimed at alleviating poverty among persons with disabilities in Ghana. Since its introduction, little has been done to examine if beneficiaries use the fund for its intended purposes. The study was conducted to assess beneficiaries' perception of the sufficiency of the fund, what the fund was used for and the possible impact on the lives of beneficiaries in the Kumasi Metropolis, and make recommendation for improvement. This cross-sectional quantitative study obtained survey data from 120 beneficiaries of the fund in the Kumasi Metropolis. Findings indicated that the DCF was used for a variety of purposes, which could be beneficial to the recipients of the fund. These included procurement of assistive devices, awareness creation, enabling the environment, payment of school fees of dependents and assisting beneficiaries to access healthcare. Although respondents complained of the insufficiency of the fund and delays in releasing of funds to the beneficiaries, the fund has had some positive impacts on their lives. It is recommended that the fund be increased and disbursed in a timely manner in order for the DCF to serve its intended purpose.

Keywords: Social protection, disability common fund, Ghana

Introduction

The United Nations Convention on the Rights of Persons with Disabilities [CRPD] (2006, p.4) defines persons with disabilities to include “those who have long-term physical, mental, intellectual or sensory impairments, which interacts with various barriers, [and] may hinder their full and effective participation in society.” In spite of the fact that persons with disabilities constitute a large proportion of the population of the world, their needs and concerns are often excluded from policy making and service provision (Erb & Harris-White, 2002; United Nations Educational Scientific and Cultural Organization [UNESCO], 1995). This exclusion creates numerous barriers for persons with disabilities and limits their participation in socioeconomic activities (Schmid, Vezina & Ebberson, 2008; World Health Organization [WHO], 2011). As a result, many persons with disabilities lack access to social and economic resources and services, and thus have lower outcomes in terms of participation in health care, education and employment than persons without disabilities (WHO, 2011).

Consequently, a greater number of persons with disabilities are poor and constitute a large proportion of the world's poorest population (Fitzgerald, 2007; Mitra, Pošarac & Vick, 2011). According to Handicap International (2006), it is estimated by the United Nations that about 82% of persons with disabilities live under the poverty line and 20% of the world's poorest people are persons with disabilities. Their situation may be exacerbated by their disability itself. For example, persons with disabilities may incur extra cost associated with their disability such as costs arising from the need for special medical attention, transport and personal assistance (Mohapatra, 2004). However, persons with disabilities in lower income countries such those in sub-Saharan Africa are at a greater risk of experiencing economic and social challenges than their counterparts in higher income countries (Filmer, 2008; McClain-Nhlapo, 2007; Mitra & Sambamoorthi, 2006; UNESCO, 1995).

Although little is known about the living conditions of persons with disabilities in Ghana, the available data suggest their situation in comparison with their counterparts without disabilities, is worse. According to Slikker (2009), care and support for persons with disabilities in Ghana is still based on the traditional charity model of disability and this has limited their rights and capabilities to participate in mainstream activities. Most persons with disabilities in Ghana therefore are unemployment, have low level of formal education, and are poor (Slikker, 2009; Sultan & Schrofer, 2008).

To alleviate poverty among persons with disabilities and to increase their participation in socioeconomic activities, various policy and programmatic interventions have been implemented by the government of Ghana over the past decade. Social protection, in the form of cash transfers, is one of the programs being implemented to reduce poverty in the country, and it is increasingly becoming an important initiative in combating poverty among persons with disabilities. There are two main cash transfer programs in Ghana. The first is Livelihood Empowerment Against Poverty (LEAP) which seeks to alleviate poverty but acts as a general safety net and focus on a broad category of poor people including persons with disabilities (Abebrese, 2011; Oddsdottir, 2014). The second is the National Disability Scheme which incorporates an improved system of economic and social benefits, commonly known as the Disability Common Fund (DCF).

The DCF was introduced in 2005 to respond to the financial needs of person with disabilities. The DCF is a 2% allocation of the District Assembly Common Fund for persons with disabilities in the districts, municipalities and metropolis across the country. The District Assembly Common Fund is a quarterly cash transfer from the central government to the local governments (metropolitan, municipal and district assemblies) for developmental projects initiated by the local governments (National Council for Persons with Disabilities [NCPD], 2010). The aim of the DCF is to reduce poverty among persons with disabilities, especially those who are not employed in the formal sector. The fund can be used for a variety of purposes by the beneficiaries, which are spelt out in the guidelines for disbursement of the fund. Some of the activities include to procure assistive devices and technical aids and to undertake income generation activities such as farming and trading (NCPD, 2010; SEND Ghana, 2010). It can also be used to support education for children with disabilities and build capacity of persons with

disabilities and their organizations (Sackey, 2009). Since the District Assembly Common Fund is disbursed to the local governments quarterly, the DCF is also disbursed to the beneficiaries quarterly.

To make the DCF sustainable and effective in addressing poverty on time and regularly. However, there seem to be some challenges affecting the smooth operation of the fund. According to a report by SEND Ghana (2010), about 55% of the local governments in 50 districts across four administrative regions (Greater Accra, Northern, Upper East and Upper West Regions) had implementation challenges. However, data on the implementation, challenges, and the impact of the DCF on the beneficiaries are scanty in many of the local government areas. This study was therefore aimed at providing some information about the use of the fund and its impact on beneficiaries in Kumasi Metropolitan (the second largest local government area in Ghana), and to make recommendations on how it could be improved.

Materials and Methods

Study Design

The study was a cross-sectional design and focused on only persons with disabilities who have benefitted from the DCF and were residing in the Kumasi Metropolis. A quantitative data collection method was used to elicit information on the uses of DCF and its impact on the lives of beneficiaries from the respondents. Since the aim of the study was to examine the uses and impact of the DCF on persons with disabilities in Kumasi Metropolis, a quantitative method was useful because it permitted gathering data from a large number of respondents in the metropolis. This made it possible to make a fair generalization of the findings to cover persons who benefitted from the fund in the Metropolis.

Study Population and Sample Size

As stated above, the respondents in the study were persons with disabilities who benefitted from the DCF and residing in the Kumasi Metropolis. Purposive sampling was used to recruit study respondents. Prior to the data collection, an introductory letter was obtained from the Department of Social Welfare, which is responsible for disbursing the fund, to inform the Kumasi Metropolitan branches of the Ghana Blind Union (GBU), Ghana National Association of the Deaf, and Ghana Society for the Physically Disabled (GSPD) about the study. The introductory letter explained the purpose of the study, the eligibility criteria, and the role of respondents in the study. The researchers attended meetings of these associations and identified prospective study respondents. Individuals who were beneficiaries of the DCF and consented to participate in the study were enrolled to respond to the questionnaire. In all, 120 beneficiaries comprising of physically (57), hearing impaired (35) and visually impaired (28) people were recruited to participate in the study.

Data Collection Techniques and Tools

The study was quantitative and so questionnaires were used to collect data from beneficiaries who were willing to participate in the study. The questionnaires had both open and close ended items, including Likert scale items of five responses (1– strongly agree, 2– agree, 3–neither agree nor disagree, 4– disagree and 5- strongly disagree). Some of the questions included frequency of disbursement of the fund, utilization of the fund, perceived impact and challenges encountered when accessing the fund. The questionnaires were self-administered, but the researchers assisted the respondents by clarifying questions which respondents did not understand. Participates without formal education spoke in the local language (Twi) and this was carefully translated to English by the researchers with assistance from a research assistant. Also, a sign language translator was hired to assist us to communicate with deaf respondents. All the data gathered from respondents was checked by the researchers to ensure completeness and consistency. Additionally, all data was kept confidential to ensure the safety and confidentiality of respondents; only the researchers had access to the information.

Data Analysis Procedure

The Statistical Package for Social Science [SPSS] v20 was used to analyze the data. The data obtained from the respondents was entered into SPSS file and frequencies of the responses computed for categorical variables. Tables were used to represent the frequencies. Responses on the open-end questions were analyzed thematically. The responses were coded and categorized using the codes. Using the codes, all statements that were similar were grouped together to form themes. Two main themes, with subthemes, emerged from this section. They are utilization of the fund and challenges encountered to accessing the fund.

Ethical Consideration

The Committee for Human Research Publication and Ethics at Kwame Nkrumah University of Science and Technology reviewed and cleared the study protocols prior to the implementation of the study. Among the significant issues that were considered include informed consent, confidentiality and data protection. Respondents' anonymity was ensured throughout the study and the assurance of strict privacy motivated them to enroll. A written informed consent, translated from English to the local language (Twi), was signed by the respondents prior to their enrolment in the study. For hearing impaired respondents who could not read the written informed consent, an interpreter translated it for them.

Results

Demographic Characteristics

Table 1 summarizes the demographic characteristics of the respondents in the study. As indicated in the table, most of the respondents (80%) were from Disabled People Organizations (DPOs) such as Ghana Society of the Physically Disabled, Ghana Blind Union and Ghana National Association of the Deaf. About half (50.4%) of the respondents were above 40 years

while a few of them (2%) were between 10 and 20 years. The average age of the respondents was 28 years. With respect to respondents' educational status, 15% had no formal education while 16.7% had tertiary education. On respondents' marital status, 41.7% were single while less than 5% were co-habiting. In addition, 53 respondents, constituting over 40% had no job.

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Characteristics	Frequency	Percentage
Age (n=120)	▪ 10- 20	2	1.7
	▪ 21 – 30*	26	21.7
	▪ 31 – 40*	32	26.7
	▪ 41 – 50*	34	28.7
	▪ > 50	26	21.7
	▪ <i>Min/Max</i> Mean	15/65 28	
Gender (n=120)	▪ Male	75	62.5
	▪ Female	45	37.5
Level of Education (n=120)	▪ No formal education	18	15
	▪ Primary	37	30.8
	▪ Secondary	34	28.3
	▪ Tertiary	20	16.7
	▪ Other	11	9.2
Marital Status	▪ Single	50	41.7
	▪ Co-habitation	5	4.2
	▪ Married	39	32.5
	▪ Separated	12	10
	▪ Divorced	11	9.2
	▪ Widowed	3	2.5
Occupation	▪ Trading	22	18.3
	▪ Government (Civil Servant)	20	16.7
	▪ Farming	6	5.0
	▪ Apprenticeship	19	15.8
	▪ None	53	44.2

Disbursement of Funds and Expenditure

Table 2 presents respondents' income levels, frequency with which they received the fund and their monthly expenditures. It was found that 59.9% of the respondents had received the fund for one year whereas only 2.8% indicated they have been receiving the fund for four years. However, on how often they received the fund, a majority (73%) said they received it once a year whereas 10.8% said they received it quarterly. In relation to the amount received, about half

of respondents (52.3%) stated that they received between Ghana Cedis [GHC] 200-500 whereas 7.3% received above GHC 1000.

The study also sought information on the monthly expenditure of respondents focusing on the amount spent on healthcare, education and food. For monthly expenditure on food, less than 10% of the respondents indicated spending between GHC 450-600. For healthcare, 10% spent between GHC 23-28 while less than 5% spent between GHC 5-10. In relation to education, 20.4% spent between GHC 250-300 on their dependents while 15.3% indicated spending between GHC¢ 100-150.

Table 2: Monthly Expenditures and Amount Received by Beneficiaries

Variables	Frequency	Percentage
Number of years for receiving the fund		
1 year	64	59.3
2 years	25	23.1
3 years	16	14.8
4 years	3	2.8
Duration of receiving funds (n=111)		
Every quarter	12	10.8
Every 6 months	6	5.4
Once a year	81	73.0
Others	12	10.8
Amount received		
- Below GHC ¢100.00	15	13.8
- GHC ¢100.00 – 200.00	23	21.1
- GHC ¢200.00 – 500.00	57	52.3
- GHC ¢500.00 – 1000.00	6	5.5
- Above GHC ¢1000.00	8	7.3
Monthly expenditure on dependents food (n=105)		
GHC ¢30.00–150.00	15	14.3
GHC ¢150.00–300.00	33	31.4
GHC ¢300.00–450.00	26	24.8
GHC ¢450.00–600.00	21	20.0
Other	10	9.5
Monthly expenditure on dependents healthcare (115)		
GHC ¢5–10.00	5	4.3
GHC ¢11.00–16.00	31	27.0
GHC ¢17.00–22.00	48	41.7
GHC ¢23.00–28.00	12	10.4
Other	19	16.5

Monthly expenditure on dependents' education (n=98)

GHC ₵100.00–150.00	14	15.3
GHC ₵150.00–200.00	21	21.4
GHC ₵200.00–250.00	19	19.8
GHC ₵250.00–300.00	20	20.4
Other	24	23.5

Uses of the Fund

Respondents claimed that they used the fund to create awareness of disability issues (70%), to develop their organizations (100%), to access health care (97.1%), to access education (100%), to train themselves in employable skills (96.7%), to acquire technical aids and assistive technology (100%) and to engage in income generation such as farming and trading (94.3%). It is important to mention that the cash for organizational development, awareness creation and training in employable skills are often given to the leaders of the DPOs to organize such programs for their members.

Table 3: Activities Beneficiaries Use the Fund

Activities fund was used for	N (%)
Awareness raising (n=120)	93 (77.5)
Organizational Development (n=98)	98 (100)
Training in employable skills (n=92)	89 (96.7)
Income generation activities (n=105)	99 (94.3)
Educational support for children, students and training (n=99)	99 (100)
Provision of technical aids, assistive devices (n=74)	74 (100)
Registration on the NHIS (n=69)	67 (97.1)

As indicated above in Table 3, all the participants said they used the fund to acquire assistive devices. Table 4 presents information on the assistive devices acquired by respondents using the DCF. While 54% respondents mentioned using assistive devices, 46% indicated otherwise. Out of the 54% respondents who said they were using assistive devices, 75% purchased the device using the DCF. For instance, out of the 30 visually impaired respondents, 18 said they were using a white cane while 12 mentioned using eye glasses. All the 18 users of white canes purchased their device from the fund while 9 users of eye glasses acquired the device through the fund. With regard to the physically impaired, 15 mentioned using crutches while 3 were using wheelchairs. Out of this, 9 said they bought their crutches with the fund and all of the 3 users of wheelchairs acquired their devices with the fund.

Table 4: Assistive Devices Acquired with the DCF

Type of devices	Stated needs		Provision by DCF	
	<i>N</i>	<i>(% of Respondent)</i>	<i>Total</i>	<i>N (%)</i>
Visual impaired				
- Eye glasses	12	(10%)		9 (7.8%)
- White cane	18	(15%)		18 (15.3%)
Physically impaired				
- Wheel chair	3	(2.5%)		3 (2.5%)
- Crutches	15	(12.5%)		9 (7.5%)
- Braces	5	(4.2%)		2 (1.7%)
Hearing impaired				
- Hearing aid	9	(7.5%)		6 (5.1%)
Other	3	(2.5%)		2 (1.7%)
None	55	(46.1%)		69 (58.4%)
Total	120	(100%)		N/A

Challenges

Data from the qualitative component of the questionnaire provided insights into some of the challenges beneficiaries encountered when accessing the fund. The major challenges were delays in release of funds, insufficiency of the fund and misuse of funds by beneficiaries.

Delays in Releasing the Fund

One of the major challenges identified was delays in releasing funds, which affected the utilization of the fund. All the respondents indicated that sometimes they did not receive the fund on time. For example, some claimed they had not received the fund for more than two years while some claimed they had not received it at all. The following are some of the written comments from the respondents:

“The funds do not come regularly as it was proposed. The initial arrangement was that the fund should come quarterly. However, taking 2014 as an example, only two tranches out of the four came. Currently we are almost entering the first quarter of 2015 but have still not received it (A physically disabled male respondent).”

“The money is supposed to come quarterly but mostly it comes once a year and even that there are times we were told government did not release any fund to the district assembly and so there was no fund available for us (A female deaf respondent).”

“I have been applying for the fund for the past five years but I’m yet to be given anything. I know few people who are benefiting from the fund. It is worrying that they have named the fund for disabled persons but we do not get it and no one is telling us what is happening to our money (A male visually impaired respondent).”

Insufficiency of the Fund

Another challenge which was mentioned by the respondents was the insufficiency of the fund, making it hard for beneficiaries to invest the money received in useful ventures. Some of the written comments suggest that beneficiaries were displeased with the amount they received:

“I know the common fund can’t help all of us. I wanted to make a container so I informed them but they didn’t give me enough money to make it. They only gave me GH 500. I begged them to provide me with an amount I could use for the container and I also will work-out for the things I wanted to sell but they didn’t do it (A male deaf respondent).”

“My mother is in the village she buys goods from there and sells them in the city. If I should decide to join her for such business, GH 500 is too small to buy much good to come and sell. I always complain at our meetings. I asked them more questions but they don’t give me any good answer. Sometimes they refuse to answer me (A female deaf respondent).”

Findings from the study revealed that beneficiaries used the DCF for a variety of purposes, which highlighted the usefulness of the fund to the beneficiaries. However, there were many challenges that have hindered the use of the fund.

Discussion

Generally, persons with disabilities are more likely to be disadvantaged in terms of access to social and economic resources and opportunities than their counterparts without disabilities due to a myriad of barriers they encounter (Gooding & Marriot, 2009). It is therefore important that they are supported by the state to cushion the effects of barriers so that they can participate in socioeconomic activities on an equal basis with others. This explains the rationale for the introduction of social protection programs such as cash transfer programs for persons with disabilities in many countries (Filmer, 2008; Schmid, Vezina & Ebberson, 2008 & Tabor, 2002). As described earlier, the ultimate aim of the DCF is to reduce poverty among persons with disabilities, especially among those without employment in the formal sector (National Council for Persons with Disability, 2010). The fund is therefore meant for activities that would directly or indirectly improve the living condition of recipients by offering beneficiaries the opportunity to engage in economic activities.

The findings of the study revealed that beneficiaries of DCF invested their share of the fund in various activities such as providing education for their children, acquiring assistive devices and accessing health care. They also used the fund to undertake activities that would empower them and make their organizations more effective in advocating for their rights. These findings suggest that beneficiaries in the study area were using the fund for the intended purposes; the activities they used the fund for have the potential to impact positively on their lives. Without the fund it would have been difficult for some of the beneficiaries to undertake some of the activities they engaged in.

However, it is doubtful if the fund is making the needed impact on the lives of beneficiaries in the study area due to the numerous challenges associated with the fund coupled with the current harsh economic situation in the country and the general socioeconomic situation of persons with disabilities in Ghana. As the findings indicated, a large number of the beneficiaries in the study were without higher education and unemployed, and so were unlikely to have other sources of income apart from the DCF. Also, the amount received was too small to make significant change in the lives of beneficiaries, and there were often delays in disbursing the fund, making planning towards any meaningful investment difficult. According to SEND Ghana (2010), beneficiaries of the DCF often waited for a long time before receiving their share of the fund and many received the fund just once a year instead of four times, and this affected the utilization of the fund. Thus, although the DCF has the potential to mitigate the cost of living of the beneficiaries, they may be unable to invest the fund in activities that would cause the necessary impact. This finding is also consistent with other studies elsewhere, which found that disability grants, especially in developing countries, are inadequate to match the large number of applicants and so individual allocated was too small to significantly reduce poverty among persons with disabilities (Gooding & Marriot, 2009).

Studies have shown that the direct impact of social grants to vulnerable populations is not limited to their direct pocket expenditure but extends to other people, sometimes distantly related (Barrientos & DeJong 2006). This is especially so in the extended family system in Ghana where individuals may depend on other family members for support, and in fact, some persons with disabilities are breadwinners of their extended family members in Ghana. This means that some beneficiaries of the fund may be sharing the meagre cash they received with other family members, making investing in long term sustainable projects impossible.

Limitations of the Study

The Kumasi Metropolis is the second largest metropolis in Ghana and has a lot of business activities, which present many opportunities and also challenges for persons with disabilities in the area. Conditions in the metropolis are therefore likely to be different from the situation for persons with disabilities living in other areas, such as rural environments. Moreover, the amount individuals received in other areas may be different and used differently. This makes generalization of the current findings impossible. Indeed, the studies could not even target all beneficiaries in the Ashanti region; the region is vast with many rural settlements. Thus, although the findings from the current study provide some useful information that could be used to

improve on the management of the fund, more studies from different contexts are required to better understand how the fund is used, what factors influenced its use and the impact of the fund on beneficiaries. It should also be noted that the impact of the investment in terms of alleviating poverty among beneficiaries cannot be determined easily because individuals living condition is influenced by a complex web of factors and this is often depended on the subjective judgement and preference of the individual (Oddsdottir, 2014).

Implications of the Study

The study has implications for cash transfer programs in Ghana. Firstly, the finding that many of the participants had low educational attainment and were without employment points to the need to institute programs to promote education and employment of persons with disabilities. The Education Ministry should team up with other ministries and agencies such as the ministry of Gender, Children and Social Protection to increase access to education for persons with disabilities. With good education, many persons with disabilities will be employed and reliance on the DCF will reduce, thereby making more funds available for the few who apply. Also, persons with disabilities should be given relevant vocational training so that they could invest the fund in profitable activities. These programs should target women with disabilities since they are more vulnerable.

It was found that the DCF was not released on time and, as a result, beneficiaries would have to wait for a long time for the fund to be released. It is therefore recommended that the Ministry of Finance should release the DCF quarterly as spelt out in the guidelines for disbursement of the fund. This will enable beneficiaries to receive the funds early for their planned activities. It is also suggested that the quota of the District Assembly Common Fund allocated to persons with disabilities should be increased from the current 2% to 5%.

Conclusion

The study examined the impact of DCF on the lives of persons with disabilities in Kumasi Metropolis. The study found that the fund was useful as it assisted persons with disabilities in their small businesses and farming activities, helped them pay their children's school fees, purchased assistive devices and ensured that they had access to healthcare. However, the study found that the DCF was insufficient for beneficiaries and their families. The study found that the level of education, employment and income among beneficiaries was low so cash transfers are unlikely to improve their socioeconomic status. It was found that delays on the part of government in releasing funds to the district assemblies affected the ability of persons with disabilities to put the fund into proper use. Thus, although the DCF is a good initiative by the government of Ghana, efforts must be put in place in order to ensure that the fund achieve its objective. The government should make sure that funds allocated to districts are released on time so as to enable beneficiaries to have regular access to the funds.

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