

**REALISING THE RIGHT OF PERSONS WITH DISABILITIES TO WORK IN
GHANA: A REALIST EVALUATION OF THE DISABILITY COMMON FUND
THROUGH THE VULNERABILITY APPROACH**

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The candidate confirms that the work submitted is his own and that appropriate credit has been given where reference has been made to the work of others.

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ABSTRACT

International human rights law (particularly, the United Nations Convention on the Rights of Persons with Disabilities) places an obligation on States to protect, respect and fulfil the right of persons with disabilities to work. Broadly, this thesis seeks to identify an effective social intervention mechanism that Ghana can adopt to reduce poverty levels and improve the social image of persons with disabilities. More specifically, the study used the Realist Evaluation technique and drew on Martha Fineman's vulnerability paradigm to evaluate Ghana's most comprehensive cash transfer program for disabled people – the Disability Common Fund (DCF). The thesis, thus, answered the question – in the context of law and sociocultural circumstances, how effective has the DCF been at using access to dignified labour to minimise poverty among persons with disabilities and, thereby, raise their social image? In the end, the result of the evaluation gave a deeper insight into the broader question whether Ghana is ensuring the right of persons with disabilities to work. The study found that the DCF is, indeed, minimising poverty among persons with disabilities. It also found that that by minimising poverty, the DCF is helping to lift the social image of the persons who received support from it. Finally, the study also discloses not only *how*, but also *for whom* – between persons who live predominantly under the formal government system (the formal State) and persons who live predominantly under customary and kinship networks (the informal State) – the DCF is achieving such results. While the study found some weaknesses in the administration of the DCF, it also suggests that Ghana can, through the DCF, ensure the rights of persons with disabilities better under the sociocultural circumstance where kinship (or organic) networks are stronger.

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LIST OF ABBREVIATIONS

AARE	-	Australian Association for Research in Education
ALMP	-	Active Labour Market Policy
BBC	-	British Broadcasting Corporation
CAT	-	Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment
CBR	-	Community Based Rehabilitation Programme
CEDAW	-	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	-	UN Committee on Economic, Social and Cultural Rights
CI	-	Constitutional Instrument
CRC	-	Convention on the Rights of the Child
CRPD	-	Convention on the Rights of Persons with Disabilities
CSO	-	Civil Society Organisation
CUP	-	Cambridge University Press
DACF	-	District Assemblies Common Fund
DCE	-	District Chief Executive
DCF	-	Disability Common Fund
DFID	-	Department for International Development (UK)
DPO	-	Disabled People's Organisations
DPSP	-	The Directive Principles of State Policy
DSW	-	Department of Social Welfare
ECHR	-	European Convention on Human Rights
ECtHR	-	European Court of Human Rights
FCUBE	-	Free Compulsory Universal Basic Education
GB	-	Great Britain
GDP	-	Gross Domestic Product
GETFund	-	Ghana Education Trust Fund
GFD	-	Ghana Federation of Disability Organisations
GLR	-	Ghana Law Reports
GPC	-	Ghana Publishing Corporation
GPRS I	-	Ghana Poverty Reduction Strategy
GPRS II	-	Growth and Poverty Reduction Strategy

GRA	-	Ghana Revenue Authority
GSS	-	Ghana Statistical Service
HIPC	-	Highly Indebted Poor Countries
HND	-	Higher National Diploma
ICCPR	-	International Covenant on Civil and Political Rights
ICERD	-	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
ICPMW	-	International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
IMF	-	International Monetary Fund
JHS	-	Junior High School
LADA	-	Law and Development Associates
LEAP	-	Livelihood Empowerment Against Poverty
LESDP	-	Local Enterprises and Skill Development Programme
LI	-	Legislative Instrument
LLM	-	Master of Laws Degree
MeCE	-	Metropolitan Chief Executive
MLRD	-	Ministry of Local Government and Rural Development
MMDA	-	Metropolitan, Municipal or District Assembly
MuCE	-	Municipal Chief Executive
NCPD	-	National Council on Persons with Disability
NDC	-	National Democratic Congress
NHIA	-	National Health Insurance Act
NHIS	-	National Health Insurance Scheme
NYEA	-	National Youth Employment Authority
OECD	-	Organisation for Economic Co-operation and Development
OPWD	-	Organisation of Persons with Disabilities
OUP	-	Oxford University Press
PWD	-	Person with Disabilities
SCGLR	-	Supreme Court of Ghana Law Reports
SEND	-	Social Enterprise Development Foundation
SHS	-	Senior High School
TIN	-	Tax Identification Number

UK	-	United Kingdom
UN	-	United Nations
UNGA	-	United Nations General Assembly
UNRISD	-	United Nations Research Institute for Social Development
US	-	United States of America
USAID	-	United States Agency for International Development
VSO		Voluntary Services Overseas
WAP	-	World Program of Action Concerning People with Disabilities
WB	-	World Bank
WHO	-	World Health Organisation

Chapter One

1. INTRODUCTION

Chapter Overview: Primarily, this chapter will set out the thesis' framework. It will introduce the study by briefly describing the problem that the thesis seeks to investigate, the aims and objectives of the research and why the study is relevant. The chapter will also give a brief description of the chosen theoretical framework for the study as well as the selected research methodology, method, and techniques.

1.1. Background

This thesis is concerned with the lives of persons with disabilities who experience poverty in Ghana. In its broadest terms, the thesis seeks to identify an effective social intervention mechanism that Ghana can adopt to reduce poverty levels and improve the social image of persons with disabilities. The importance of this inquiry lies in the fact that persons with disabilities constitute the largest minority group in every population (including Ghana); and, also, because their welfare is inextricably bound together with the welfare of their families, kinsmen and the community at large. My strong motivation to undertake this research arose from my previous experiences in disability human rights research and practice. These experiences include my role as a researcher on the enactment of Ghana's Mental Health Act of 2012 and my Master of Laws degree research programs in Cardiff School of Law and Politics in 2013 and in Harvard Law School in 2014. It also includes my work with the Ghana Federation of Disability Organisations and other disabled people's organisations from 2015 to 2016. Together, these experiences have brought me close to the challenges that persons with disabilities face in Ghana and elsewhere in the developing world. The experiences have also given me the opportunity to appreciate, first-hand, the efforts that governments in developing countries have been making to alleviate these challenges. These experiences have inspired in me a passion to search, even deeper, for ways of improving the mechanisms that the government of Ghana, in particular, and the governments of developing countries, in general, could deploy in minimising poverty among persons with disabilities.

Persons with disabilities have been described as the single largest minority group in the world.¹ According to the World Report on Disability, about 15% of the world's population (over 1 billion people) experience some form of disability, of which up to about 190 million (3.8%) experience significant functioning difficulties.² These difficulties derive from medium to long term physical, visual, psychosocial and other sensory impairments. Though a global issue, disability prevalence rate in low-income countries is found to be significantly higher than in high-income countries.³ This makes the prevalence rate of disability in Africa, including Ghana, one of the highest in the world.⁴ Ghana, located in West Africa, is a developing country with a GDP of US\$ 42.69 billion as at 2016.⁵ The country's population is estimated to be a little over 28 million, 51% of whom are women.⁶ The *World Report on Disability* estimates Ghana's disability prevalence rate at 12.8%.⁷ However, the Ghana Statistical Service puts Ghana's *actual* figure at 3% of the total population in 2010. A number of factors may explain the considerable difference in the figures. One of such factors is the difference in definition of disability. Another may be the difference in the methodology for data collection. By the Ghana Statistical Service's data, the percentage of females with disabilities (3.1%) is slightly higher than the percentage of males with disabilities (2.9%).⁸ Of this, visual or sight impairment constitutes 40.1%, physical disability 25.4% and emotional, behavioural, and intellectual disability 33.8%. Visual or sight impairment is also the most common form of disability among both males (38.0%) and females (42.0%), the leading causes of which are cataract and

¹ P. Butera, "People with Disabilities: The World's Largest Minority," (2014) *Global Diversity Primer*, 175; Also see: K. Schriener, "A Disability Studies Perspective on Employment Issues and Policies for Disabled People: An International View," in G. Albrecht *et al.* (eds.), *Handbook of Disability Studies*, (Sage, 2001), 642.

² WHO & World Bank, *World Report on Disability (Main Report)*, (WHO, Geneva, 2011), 29. The Report combines both World Health Survey (2002-2004) and Global Burden of Disease (2004) to arrive at the figures.

³ USAID, *Third Report on the Implementation of the USAID Disability Policy*, (2003) p.3; where the World Program of Action Concerning People with Disabilities (WAP) was cited as the source of this data.

⁴ WHO & World Bank, (n. 2), 27.

⁵ The World Bank, "Country Data (Ghana)," available at <https://data.worldbank.org/country/ghana>, (last visited: February 11, 2018).

⁶ Ghana Statistical Service, "Projected Population by Sex 2010 – 2016," available at <http://www.statsghana.gov.gh/docfiles/2010phc/Projected%20population%20by%20sex%202010%20-%202016.pdf> (Last visited: February 11, 2018).

⁷ WHO & World Bank, (n. 2), p. 273.

⁸ Ghana Statistical Service, *Disability in Ghana*, (October 2014), p. 28.

glaucoma.⁹ Also, there are more persons with disabilities in rural areas than in urban areas. The data also discloses a link between systemic poverty and disability, whereby poverty may be conceptualised as a *cause* of disability. Whether in high-income economies or low-income economies, persons with disabilities experience significantly greater barriers much disadvantaged conditions in respect of access to food (including water), education, health, housing and employment than the average person.¹⁰ This other perspective reveals another link between poverty and disability, whereby poverty may be conceptualised also as a *consequence* of disability. This makes the relationship between disability and poverty a deeply complex and (in the African context) a dynamic one.

A very central variable which seems to be closely associated with the complex relationship between disability and poverty is work. This association of work with disability (and, to some extent, poverty) is not new. Traditionally, a person was often considered ‘disabled’ if he or she was unable to ‘work’.¹¹ However, the content and meaning of the two concepts – work and disability – have evolved significantly over time. This evolution will be discussed further in this thesis. The evolution notwithstanding, there still is a strong relationship between them, both in substance and in form. For example, disability incurs poverty, stigma and discrimination; while work, on the other hand, has the potential to alleviate poverty, stigma and discrimination and to enhance social inclusion, acceptability and, thereby, equality. Thus, for persons with disabilities (who have not only, historically, been victims of systemic stigma, exclusion and discrimination resulting in poverty and low social image, but also “an increasingly marginalised group in contemporary working life, with its great demands for

⁹ Ghana Statistical Service, (n. 6), pp. 12-13. B. Wiafe *et al.* *Ghana Blindness and Visual Impairment Study 2015*, (Ghana Health Service & Operation Eyesight Universal, 2015) at p. xi, where it was found that “Cataract causes of blindness were responsible for more than half (54.8%) of blindness in Ghana. Glaucoma was found to be the second major cause, accounting for 19.4 percent of blindness (<3/60) in Ghana. This was followed by posterior segment (12.9%) and cornea opacity (11.2%).” Also see: B. Nuertey *et al.*, “Prevalence, Causes, and Factors Associated with Visual Impairment and Blindness among Registered Pensioners in Ghana,” [2019] *Journal of Ophthalmology*, (Article ID 1717464).

¹⁰ M. Waterstone, “The Significance of the United Nations Convention on the Rights of Persons with Disabilities”, (2010-11) Vol. 33 *Loyola of Los Angeles International and Comparative Law Review*, 1, at p. 1; Also see F. Megret, “The Disabilities Convention: Human Rights of Persons with Disabilities or Disability Rights” (2008) Vol. 30 *Human Rights Quarterly*, 494 at pp. 495 & 500.

¹¹ L. Waddington, *et al.*, “Equality of Opportunity in Employment? Disability Rights and Active Labour Market Policies’ in P. Blanck & E. Flynn (eds), *Routledge Handbook of Disability Law and Human Rights* (Routledge, 2017), p. 74; D. Stone, *The Disabled State* (Temple University Press 1984). See also M. Priestley, “The Origins of a Legislative Disability Category in England: A Speculative History,” (1997) Vol. 17 *Disability Studies Quarterly*, 87.

education, flexibility and productivity”¹²) the value of work can be even greater. Work, quite apart from being a source of income, is also capable of drawing persons with disabilities closer to mainstream society and away from society’s fringes. It is these complex relationships – between disability, poverty, social image and work – and how such relationships impact the individual person with a disability, his or her family and the community as a whole which form the foundation and scope for this study. This study will, thus, investigate how persons with disabilities have been accessing their right to work in Ghana. More particularly, the study will investigate how a national social intervention program (which is aimed, broadly, at fulfilling the right of persons with disabilities to work) impacts the poverty levels and social image of persons with disabilities and their families in Ghana.

Ghana has a number of laws, programs or projects that are designed to ensure its citizens’ right to work.¹³ However, one program offers a more comprehensive framework specifically for ensuring that persons with disabilities have access to dignified labour. The program is called the Disability Common Fund (DCF). It was established by the government of Ghana in 2005. The DCF is a nationwide program which finds presence in all the 254 administrative Districts of Ghana. Districts are the basic administrative units of Ghana’s local government system. By this, the DCF has the potential to reach or, perhaps, actually reaches all facets of the Ghanaian life circumstances – geographical, social and cultural. Importantly, however, the Ghanaian society does not find itself under one homogeneous sociocultural circumstance. Factors such as kinship, law, chieftaincy, urbanisation, education, politics, colonisation, among others, converge to define the sociocultural circumstances in Ghana. Fundamentally, however, this study will classify, by way of a dichotomy, the sociocultural circumstances in Ghana into two broad forms. One of the two circumstances is artificial and is dominated by the formal administrative institutions and structures that were introduced through colonialism. This sociocultural circumstance is kept in place and promoted mainly by the formal government system. This system, which will be more particularly described and explained later, will, throughout this thesis, be referred to as the “formal State”. The other sociocultural life

¹² T. Boman *et al.*, “Employment Opportunities for Persons with Different types of Disability,” (2015) Vol. 9 *European Journal of Disability Research*, 116, 116. (Where it is argued that work is even more important to persons with disabilities “largely because these individuals have).

¹³ M. Baffoe, “Stigma, Discrimination & Marginalization: Gateways to Oppression of Persons with Disabilities in Ghana, West Africa,” (2013) Vol. 3(1) *Journal of Educational and Social Research*, 187–198; L. Banks *et al.*, “Disability and Social Protection Programmes in Low- and Middle-Income Countries: A Systematic Review”, (2017) Vol. 45(3) *Oxford Development Studies*, 1–17.

circumstance is organic and is dominated or promoted by traditional kinship or family institutions, ties and networks. These kinship networks are determined and defined by indigenous ethnic customary rules and traditions of succession of the various ethnic groups. Though predating colonialism and its product – the formal State – this second life circumstance has been and is still being suppressed or overtaken by the formal State. This second system will, throughout this thesis, be referred to as the “informal State”.

While each of the two “States” plays an interactive role in the Ghanaian life, each has distinctive features which make the individual whose life they dominate to experience different levels of sociocultural and, to a very large extent, socioeconomic realities. These realities are reflected in the differences in a person’s access to social goods and services, namely, family and other social networks, dependency network and living condition. These differences in access to social goods and service, in turn, affect the individual’s life opportunities, including (and as this study will show) access to support from the DCF program and how he or she utilises such support in fulfilment of his or her right to work. This dichotomisation – between the formal State and the informal State – will form the pivot for this study as well as the basis for analysing and comparing the study’s findings.

1.2. Study’s Aims and Research Questions

The aim of this study is to find out whether the DCF program has been effective and, if so, for whom and how. However, whether or not the DCF has been effective will depend, primarily, on the program’s aims and objectives; and, also, how such program aims and objectives fare in respecting, protecting and fulfilling the human rights of persons with disabilities. While the immediate objective of the DCF is to enhance disabled people’s access to work, its ultimate aim (as disclosed by the program’s policy guideline) is to, through dignified labour, minimise poverty among persons with disabilities and enhance their social image. The thesis will, thus, answer the primary question:

In the context of law and sociocultural circumstances, how effective has Ghana’s Disability Common Fund (DCF) program been at minimising poverty among persons with disabilities and in raising their social image?

This broad research question provokes a number of other inquiries by way of sub-questions. The first strand of sub-questions relates to the key concepts that undergird the research

question. These concepts include ‘poverty’, ‘social image’, ‘work’ and other related concepts such as ‘employment’, and ‘underemployment’. Indeed, these concepts can be vague and are, in many cases, contested. For the purposes of consistency, however, these concepts will be explained and operationally defined later in the thesis.

The second strand of sub-questions will relate to the aspect of the broader research question and will inquire into the question – *for whom* does the DCF program work? This sub-question focuses on the sociocultural contexts that persons with disabilities in Ghana find themselves in. Like in many places, persons with disabilities in Ghana do not live under one and the same sociocultural circumstances or context. In broad terms, they live under either of the two States – the formal or the informal. As a result, the study will take the differences in such contexts or life circumstances into account in conducting the program assessment. This is to help account for the contextual differences and the respective effects that the differences may have on the program’s functioning and effectiveness. Accordingly, the effect of the DCF on disabled people who live under the formal State will be investigated and compared with the effect of the program on disabled people who live under the informal State. It is this second dimension to the study which will help in finding how the program works and for whom.

1.3. Theoretical Framework and Research Methodology

The broader thesis question and the sub-questions seek to identify the fundamental role that the informal State – the family, the community and other social networks – plays in the life of persons with disabilities. The questions also underscore the role that the State (albeit formal) plays in ensuring the functioning of the DCF program. These roles help to identify and define the dependency relationship between disabled persons and their families, the communities and the formal State. To sufficiently conceptualise and explain these relationships and how they play out within the context of the DCF program, the study will adopt Martha Fineman’s vulnerability paradigm as its primary theoretical framework. The vulnerability theory, as an equality theory, conceptualises the human being as inherently vulnerable (that is, susceptible to harm). It also views all social institutions – the family, the community and the State – as a bundle of processes and structures that have the potential to build resilience (that is, the capacity to avoid risks or have resources to adequately respond to them when they materialise). Further, the theory places a responsibility on the State to reorganise social processes and structures in a way that will ensure substantive equality (that is, the concept of a tenable State). Vulnerability theory will be more particularly explained later in the thesis. Suffice to say here,

however, that the theory emphasises the role of context, namely, all the factors that influence life in general.

Because of the essential role that context plays in answering the research questions, the study will also employ an evaluation technique which emphasizes context and the role of context in determining and explaining how programs work. In this regard, the study will adopt the Realist Evaluation (RE) technique – a theory-based evaluation technique. The Realist Evaluation technique has the capacity to establish not only the extent to which a program works and how, but also the extent to which it works differently for a particular subgroup of the program demography. In the end, the Realist Evaluation technique helps the study to establish not only if the DCF is achieving its aims (namely, minimising poverty and raising the social image of disabled people), but also if it is doing so among disabled people who live under the formal State differently than it is doing among those who live in the informal State. The processes and the working of the Realist Evaluation techniques will also be explained in detail later in the thesis.

1.4. Social Relevance and Significance of Study

According to the 2011 World Report on Disability (noted above), 12.8% of Ghana's over 28 million people experience some form of disability. Like the general population, Ghana's disabled people live in rural areas (where the influence of kinship is stronger) or urban areas (where the presence of formal government is stronger). Each of these two areas has its own distinct sociocultural circumstances which define the needs of the respective dwellers. These needs include work, its nature and availability. It also includes family or social support and the extent to which a person may access them. Like elsewhere in Africa and other parts of the developing world, Ghana's persons with disabilities (whether living in rural or urban areas) face stigmatisation and exclusion from many public social institutions (including work).¹⁴ Ghana's Constitution, under its Article 29, recognises the right of persons with disabilities. Quite apart from that, Ghana has enacted the Right of Persons with Disabilities Act, 2006, and has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2012. These legal instruments recognise that work can be a strong tool for ensuring equality and inclusion for persons with disabilities. However, like in many other developing countries, how

¹⁴ M. Baffoe, (*ibid*).

to convert the provisions of these legal instruments into real tangible entitlements has been a challenge for Ghana. In its attempt to overcome this challenge, Ghana, in 2005, established the DCF, a cash transfer program, to enforce and practicalise the right of persons with disabilities to work. The DCF has evolved over the years and is implemented in all the country's local government administrative districts.

An object of this study is to ascertain whether the DCF is achieving its two-pronged aim of using work to minimise poverty among persons with disabilities and to raise their social image. While there have been limited studies on the DCF's workings,¹⁵ this thesis constitutes the first study on its effectiveness in the context of rural Ghana compared to the context of urban Ghana. As a consequence, this study stands to contribute new understanding to the existing body of knowledge around the DCF. Further, the impact of kinship, the family and other social institutions in the workings of the DCF program has not been particularly explored in any significant detail. In this respect, the study will proceed to find out how the DCF is achieving its aim in respect of whom and within which sociocultural and legal contexts – rural and urban. This study, thus, derives its relevance and significance from its potential to identify and explain how social institutions such as kinship, family and other social networks influence the workings of the DCF. Consequently, the study provides a framework for law and policy makers to understand how kinship and other social networks impact social interventions programs in general, and, in particular, how they impact the effectiveness of the DCF. This study will also guide law and policy makers on how to rely on such kinship and social institutions to improve the effectiveness of social interventions programs. Further, the evaluation in this study of the DCF (the most comprehensive government program on disabled people's right to work in Ghana) also provides an insight into how Ghana is meeting its obligation under international human rights law in general and under the CRPD in particular to ensure that persons with disabilities are realising their right to work and other related rights. Indeed, Ghana is not

¹⁵ M. Opoku *et al.*, "Extending Social Protection to Persons with Disabilities: Exploring the Accessibility and the Impact of the Disability Fund on the Lives of Persons with Disabilities in Ghana" (2019) Vol. 19(3) *Global Social Policy*, 225 -245; A. Edusei *et al.*, "Assessing the Impact and Uses of the Disability Common Fund Among Persons with Disabilities in Kumasi Metropolis in Ghana" (2017) Vol. 12(4) *Review of Disability Studies*, 1-14, Available at SSRN: <https://ssrn.com/abstract=2923544>; E. Sackey, "Strengthening the Disability Movement in Ghana Project", Ghana Federation of the Disabled Briefing Paper (2009, Accra, Ghana); S. Agboga, *The Contributions of the Districts Disability Common Fund to the Well-Being of Beneficiaries in Ada East District*, (M.A. Thesis, University of Ghana, 2015) available at <http://ugspace.ug.edu.gh/handle/123456789/21814> (Last visited on January 22, 2021); R. Adamtey, *et al.*, "Implementation Challenges of Social Protection Policies in Four Districts in Ghana: The Case of the District Assembly Common Fund Meant for Persons with Disabilities", (2018) Vol. 29(1) *Legon Journal of the Humanities*, 26-52.

untypical of the African context and the wider context of the developing world. Consequently, the lessons from this study, though focusing on Ghana, provide some deep insights and serve as a possible reference point for experiences in the broader African and the developing world contexts.

1.5. Thesis Chapters

This thesis is organised into 12 Chapters (including this chapter on introduction). Chapter Two explains the concept of ‘work’ (as adopted in this study). It describes the social and economic significance of work and explains how work relates to poverty and social image generally and in the Ghanaian context. Chapter Three outlines the primary theoretical framework for the thesis – Martha Albertson Fineman’s vulnerability paradigm. Chapter Four explains the research methodology that is adopted for the study, while Chapter Five, which brings the technical aspect of the study to a close, outlines the study’s research design. Chapter Six presents a descriptive analysis of the subject matter of the study in context – the DCF, its policy background and administrative structure. Chapter Seven begins the discussion of the DCF program’s contextual analysis. It particularly offers a discussion on and explanation of the program’s legal context. Chapter Eight continues the contextual analysis by presenting the study’s findings on (and explanation of) the Ghanaian sociocultural context. Chapter Nine presents the research’s findings on the administration of the DCF, while Chapter Ten presents the findings on the program’s working, particularly within the two research contexts – the formal State and the informal State. This chapter (Chapter Ten) also compares the findings on the program’s working in the two contexts. The analysis of the findings and the answers to the research questions are presented in Chapter Eleven of the thesis. The thesis closes with Chapter Twelve, which contains my reflection, observations and conclusions on the study.

Chapter Two

2. DISABILITY AND WORK AND GHANA

Chapter Overview: The aim of the DCF is to use work (dignified labour) as a tool to reduce poverty and increase the social image of persons with disabilities. This chapter of the thesis explains the concept of 'work' as adopted in this study. It describes the social and economic significance of work and how work relates to disability and to the concepts around which the aims of the DCF revolves – poverty and social image. The chapter also provides a background to the problem of disability rights to work in both the global and the Ghanaian contexts.

2.1. Work and its Significance

Work, generally, entails the application of oneself to things for an intended outcome or essence. However, the essence of 'work' has not been static over the course of time and place. Work has been seen, among other things, as “a curse, as expiation, as spiritual irrelevance, as means of charity, as remedy for temptation, as a natural right and duty, as service to God and token of grace, as the means of salvation, as the expression of man’s inherent creativity, as his major obsession.”¹⁶ Even at a particular time, work – paid work – has meant different things to different people. For example, work is often defined by economists as an avenue for making money at the expense of leisure.¹⁷ Thus, in a sense, work may be (and it is, indeed, largely seen as) a means of creating or adding economic value and, thereby, reducing poverty.

However, while the income-generating (money-making or poverty reduction) function of work may appear obvious and widespread, it is quite important to note, too, that work has several other important essences which may not necessarily be measured in economic terms or even aimed at producing economic value at all. For instance, Gill finds that a “well-designed paid work fulfils a number of functions that are vital to individual well-being, over and above, and

¹⁶ M. Borrero & H Rivera, “Toward a Meaning of Work,” Vol. 7 (1980) *Journal of Sociology & Social Welfare*, 880 at p. 880.

¹⁷ J. Keynes, *The General Theory of Employment, Interest, and Money* (Harcourt, Brace and World, 1964) (first published in 1936).

independent of, providing access to things that money can buy.”¹⁸ Similarly, Sen argues in his *Development as Freedom* that “unemployment is not merely a deficiency of income ... it is also a source of far-fetching debilitating effects on individual freedom, initiative, and skills.”¹⁹ The mere idea of waking up and going to a place called ‘work’ may be fulfilling of and by itself, even if no economic value, whether immediate or remote, is derived. Thus, Bauman, too, notes that work has a non-pecuniary essence of being “a value in its own right, a noble and ennobling activity.”²⁰ Also, work provides independence, personal identity and self-worth, even with or without its money-making function.²¹ A person may also identify himself or herself or be identified by the work that he or she does. For instance, the English names Smith, Baker, Butcher, Fowler, Fisher, etc., are names that were originally derived from the work that their bearers did.²² Work has, thus, come to be seen as a means by which “men and women have engaged their environment to survive and improve the quality of life.”²³ For general progress of society, therefore, everyone has to live by his or her own work. Thus, Bauman points out, again, that work is the “normal state of all humans,” and that not working is often seen as “abnormal.”²⁴ Accordingly, work underscores the usefulness of a person to his or her community or environment. A person who does not work may be seen as (or, even, actually become) a burden on society; and may even stall the community’s progress. In a similar vein, Jahoda argues that paid work should be seen as a vital social institution without which society cannot exist.²⁵ By this, work is equated with family or kinship, religion, education, citizenship, among others. For these reasons, it appears that work, both in terms of feature, content,

¹⁸ F. Gill, “The meaning of work: Lessons from Sociology, Psychology, and Political Theory,” (1999) Vol 28 *The Journal of Social Economics*, 725 at p. 726.

¹⁹ A. Sen, *Development as Freedom*, (Anchor, 2000), 21. Sen was explaining the inadequacy of State cash transfer programs as a way of addressing unemployment.

²⁰ Z. Bauman, *Work, Consumerism and the New Poor*, (Open University Press, 1998).

²¹ W. Neff, *Work and Human Behaviour*, (Aldine Publishers, 1973) at p. 146; M. Jahoda, “The Impact of Unemployment in the ‘30 and the ‘70s,” (1979) Vol 32 *Bulletin of the British Psychological Society*, 309-314.

²² Also, people often introduce or identify themselves by the work they do. For example, “my name is John, I’m a lawyer.”

²³ I. Borrero & H. Rivera, (n. 16).

²⁴ Z. Bauman, (n. 20).

²⁵ M. Jahoda, *Employment and Unemployment: A Social-Psychological Analysis*, (University of Cambridge Press, 1982).

environment and colleague-relationships, plays a significant role in a person's well-being, even beyond being a source of income or other economic gains or ends. These other functions of work have, in one way or the other, created a link between work, poverty and social image. This link, in effect, makes poverty and social image essential functions of work.

As a result of the key role that work plays in social, economic, and cultural aspects of human life, work has become an avenue for obtaining and retaining political power and influence for those who provide it or are seen as having the responsibility for or the means of providing it. The person who provides work for another also, often, tends to have power and influence over him or her.²⁶ This power imbalance is often expressed in a master-servant relationship.²⁷ In the broader spectrum of politics, work and its availability have served as an important chip on the bargaining table of politics. Promises of jobs and employment have increasingly become an important political campaign tool, even to the extent that profit does not always form the basis or considered as a motivation for job-creating measures for political leaders and governments. Accordingly, Stanback observes that governments do not always base their decisions on job-creation on profit, but mostly on how to retain political power.²⁸ Work has, thus, become an issue in respect of which the State cannot be aloof; and, also, in respect of which "the State has a corresponding duty to assure to all citizens the right to work."²⁹ Consequently, work and working conditions have been recognised as universal human rights issues in respect of which States are held accountable, even at the international law level.

Additionally, work has been conceptualised as extending even beyond its traditional meaning of paid work. For example, feminist theorists have argued for caretaking and other home-

²⁶ L. Davidoff *et al.*, *The Family Story: Blood, Contract and Intimacy* (London: Longman, 1999), 61; L. Davidoff, *Worlds Between: Historical Perspectives on Gender and Class* (New York: Routledge, 1995), 27 & 31; I. Beeton, *Mrs Beeton's Household Management* (Wordsworth Editions, 2006), 916; L. Delap, *et al.*, (eds.), *The Politics of Domestic Authority in Britain since 1800* (London: Palgrave MacMillan, 2009), 212; A. Light, *Mrs Woolf and the Servants: The Hidden Heart of Domestic Service* (London: Penguin UK, 2008), xxi; P. Sambrook, *Country House Servant* (Gloucestershire: The History Press, 2002), 4.

²⁷ R. Steinfeld, *The Master-Servant Relationship in Early Modern England and the American Colonies* (UNC Press Books, 1991).

²⁸ H. Stanback, "The Political Economy of Unemployment," (1980) Vol. 7 *Journal of Sociology & Social Welfare*, 870.

²⁹ A. Tilgher & H. Faber, *Work Through the Ages*, (Henry Regnery Company, 1930) at p. 94; Also see: K. Karst, "Coming Crisis of Work in Constitutional Perspective," (1997) Vol. 82 *Cornell Law Review*, 523, arguing that work is constitutive of citizenship.

keeping activities to be treated as work,³⁰ with Fineman, particularly, arguing for a “social debt” to be paid to mothers and wives (and that mere generosity to them should not be mistaken for remuneration for such work).³¹ Also, Prideaux and others, proceeding from the perspective of disability rights, have advanced arguments for a model where “recipients of social goods such as monies for social support may be used as the basis for employment of others”; so that recipients of such social support monies may be considered as employers of persons whom they pay with such monies to perform carer duties. They classify this concept of work as the “post-welfarist” model. They define the model to include all “modes of economic and social activity in ‘advanced’ industrial society that take account of all forms of paid and unpaid activity.”³² These, indeed, lends some support for the argument that certain unpaid activities be recognised as work and makes that argument a formidable one.

All these various conceptualisations of work remain powerful in their own rights and may even be useful to the purposes of this thesis. However, it is the concept of work in the traditional economics sense that will form the primary criterion for this study. Accordingly, ‘work’ when used in this thesis will ordinarily mean paid work that takes away a person’s time for leisure, namely, work as a source of income. This concept of work is chosen because the focus of this thesis is the activities that make persons with disabilities economically resilient, something unpaid work or any of its variations hardly achieve. Secondly, the traditional concept of work is preferred here because economic gain (as noted from the above discussion) remains the predominant criterion for determining what work entails in many developing economies, including Ghana. And, since this thesis and the question it sought to investigate proceeded on the assumption that work is a means of minimising poverty and enhancing social inclusion and self-confidence of persons with disabilities, adopting a conceptualisation of work which is not

³⁰ V. Schultz, “Life’s Work”, (2000) Vol. 100 *Columbia Law Review*, 1881; L. Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare 1890-1935*, (Free Press, 1994); A. Stanley, *From Bondage to Contract* (Cambridge University Press, 1998).

³¹ M. Fineman, *The Autonomy Myth: A Theory of Dependency*, (The New Press, 2005) at p. 47.

³² S. Prideaux, *et al.*, “Disabled People and Self-directed Support Schemes: Reconceptualising Work and Welfare in the 21st Century,” (2009) Vol. 24(5) *Disability & Society*, 557 at p. 565. The other category of work that Prideaux and others identified, as a continuum ranging from work as a purely contractual relationship to ways in which human effort and endeavour are encapsulated more fully, are “industrial”, “progressive”, “majority world”, and “post-welfarist.”

predominant, or mainstream may not sufficiently bring out the issues that persons with disabilities are confronted with in pursuit of mainstream work in Ghana.

2.2. Work and Disability in Ghana

As noted in the introductory chapter, persons with disabilities form the single largest minority group,³³ with about 15% of the world's population experiencing some form of disability, of which up to about 190 million (3.8%) experience significant functioning difficulties.³⁴ A United States Agency for International Development report on disability found that disability prevalence rate in low-income countries is significantly higher than in high-income countries.³⁵ Ghana is a low-income developing country. This makes Ghana a high disability prevalence country.³⁶ There is a strong link between systemic poverty and disability in Ghana and the world at large. Thus, persons with disabilities experience much disadvantaged conditions in respect of access to food (including water), education, health, housing and employment than the average person.³⁷ Disability affects work negatively. This has resulted in a situation where persons with disabilities, whether in Ghana or elsewhere, generally become “an increasingly marginalised group in contemporary working life, with its great demands for education, flexibility and productivity.”³⁸ This situation is not only contemporary, as the very concept of disability is, historically speaking, a function of work – a person is considered “disabled” if he or she was unable to do what was considered to be “work”.³⁹ Thus, it may not, in the least, be surprising that unemployment rates for persons with disabilities is higher than for persons without disabilities, generally. For example, in 27 OECD economies, persons with disabilities

³³ K. Schriener, (n.1).

³⁴ WHO & World Bank, (n. 2), 29. The Report combines both World Health Survey (2002-2004) and Global Burden of Disease (2004) to arrive at the figures.

³⁵ USAID, (n. 3), at p. 3; where the World Program of Action Concerning People with Disabilities (WAP) was cited as the source of this data

³⁶ WHO & World Bank, (n. 2), at p. 27.

³⁷ M. Waterstone, (n. 10) at p. 1; Also see F. Megret, (n. 10) at pp. 495 & 500.

³⁸ T. Boman *et al.*, (n. 12), at p. 116.

³⁹ L. Waddington, *et al.*, (n. 11), p. 74; D. Stone, (n. 11). See also M. Priestley, (n. 11), 87.

were found to be as twice as likely to be unemployed than persons without disabilities.⁴⁰ The situation is even worse in developing economies, where it is estimated that 80% to 90% of persons with disabilities of working age are unemployed;⁴¹ and even worse for women with disabilities, where global data show that “employment rates are lower for disabled men (53%) and disabled women (20%) than for non-disabled men (65%) and women (30%).”⁴² Even where they are employed, persons with disabilities are found in either the fringes of the work. For example, Mizunoya and Mitra⁴³ found in 15 countries (including Ghana) that persons with disabilities are more likely (than persons without disabilities) to be employed in the informal sectors of the economy. This may, primarily, be because the entry requirements for employment in the formal sector of the economy are disproportionately skewed against and has the effect of excluding persons with disabilities. Again, even where they are employed in the formal sector, persons with disabilities are also likely to be paid less for the same or similar work and have less chance of promotion. This is notwithstanding that the barriers towards entering the labour market for people with disabilities vary depending on the type of disability, particularly, considering that “the type of disability is crucial for employability.”⁴⁴ Therefore, globally, there seems to be a very close, complex and difficult relationship between work and disability. This particularly underscores the relevance of this research, even in respect of Ghana.

Ghana, located in West Africa, is a developing country with a GDP of US\$ 42.69 billion as at 2016.⁴⁵ Fifty-one percent (51%) of the country’s a little over 28 million population is women.⁴⁶

⁴⁰ OECD, *Sickness, Disability and Work: Breaking the Barriers. A Synthesis of Findings across OECD Countries*, (OECD, Paris; 2010) pp. 28-9; Also see generally: J. Heymann *et al.*, *Disability and Equality at Work*, (Oxford University Press, 2013).

⁴¹ United Nations Enable, Disability and Employment Fact Sheet, available at <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities/disability-and-employment.html>, (Last visited: February 11, 2018)

⁴² WHO & World Bank, (n. 2), at p. 11.

⁴³ S. Mizunoya & S. Mitra, “Is There a Disability Gap in Employment Rates in Developing Countries?” (2013) Vol. 42 *World Development*, 28.

⁴⁴ T. Boman *et al.*, (n. 12), at p. 128.

⁴⁵ The World Bank, (n. 5).

⁴⁶ Ghana Statistical Service, (n. 6).

In spite of this, the country's workforce is male dominated (60.3%).⁴⁷ The *World Report on Disability* estimates Ghana's disability prevalence rate at 12.8%.⁴⁸ However, the Ghana Statistical Service puts the figure at 3% of the total population in 2010. By the Ghana Statistical Service's data, the percentage of females with disabilities (3.1%) is slightly higher than the percentage of males with disabilities (2.9%).⁴⁹ Of this, visual or sight impairment constitutes 40.1%, physical disability 25.4% and emotional, behavioural, and intellectual disability 33.8%. Visual or sight impairment is also the most common form of disability among both males (38.0%) and females (42.0%).⁵⁰ Also, there are more persons with disabilities in rural areas than in urban areas. Again, according to the Statistical Service, as much as 54% of persons with disabilities who are above the age of 15 are employed, while 3% and 43% are unemployed and "inactive"⁵¹ respectively. Further, the percentage of persons with disabilities who are employed is higher among males (52%) than females (47%), while the percentage in rural areas of disabled persons who are employed is higher than those in urban centres for both males and females.⁵² The rural-urban dynamics of disability and work forms a core part of this thesis and will, accordingly be explored later.

However, the figures on employment in Ghana could be quite unreliable. For instance, unemployment rate is estimated by the Ghana Statistical Service at 5.2% for persons aged 15 years and older⁵³ (against the global average figure of 13.6%)⁵⁴. This is quite curious, considering the fact that unemployment has been named as the single most decisive issue leading up to the country's 2016 general election⁵⁵ and was still a leading issue in lead up to

⁴⁷ Ghana Statistical Service, *National Employment Report 2015*, p. 22.

⁴⁸ WHO & World Bank, (n. 2) at p. 273.

⁴⁹ Ghana Statistical Service, (n. 8), at p. 28.

⁵⁰ Ghana Statistical Service, (n. 6), pp. 12-13.

⁵¹ The report does not explain what it means by "inactive". However, the context within which the word is used does suggest a category of persons whose disability makes them incapable of engaging in work.

⁵² Statistical Service of Ghana, (n. 8), at p. 30.

⁵³ Ghana Statistical Service, (n. 47), at p. 10

⁵⁴ The World Bank, Jobs Data, available at <http://datatopics.worldbank.org/jobs/> (Last visited: February 11, 2018)

⁵⁵ W. Schneidman, "Ghana's new president: Jobs, jobs, jobs", *Brookings* (December 13, 2016), available at <<https://www.brookings.edu/blog/africa-in-focus/2016/12/13/ghanas-new-president-jobs-jobs-jobs/>> (Last

the 2020 general elections. For example, the main opposition party themed its election manifesto, which it launched on September 7, 2020, as a “The People's Manifesto: Jobs, Prosperity and More.”⁵⁶ It is, therefore, equally doubtful if the figure of disabled people who are employed (54%) paints a full picture of the employment situation in Ghana. In this regards, Naami *et al.* found that persons with disabilities “struggle with poverty and disablism in the Ghanaian society” and are exposed to “low societal expectations of their capabilities combined with architectural barriers, limited access to transportation, lack of information, inadequate medical systems, and few social welfare benefits propel PWD into poverty.”⁵⁷ Similarly, the Women’s Manifesto for Ghana observed that “the disabled also have restricted access to health care, educational and employment opportunities and suffer discrimination in access to social security, welfare benefits and rights that are essential minimum conditions for a dignified life.”⁵⁸ Further, cultural, religious and superstitious beliefs continue to play a key role in this sordid situation, as they often form the basis of the stigma and discrimination that persons with disabilities experience. For instance, impairments, particularly those that occur at birth, are seen as a curse or punishment from the gods.⁵⁹ The consequences of such beliefs may be far-reaching. For instance, a series of works reported that such negative beliefs and perceptions about disability are also a factor in the unemployment situation, since employers, customers and clients do not want to have anything to do with persons who are cursed or otherwise punished by the gods’.⁶⁰ Therefore, even where employed, persons with disabilities work

visited: November 5, 2018), where the reporter found that the new President’s “focus on job creation played large roles in his defeat of President John Mahama of the National Democratic Congress.” Also see: African Centre for Economic Transformation, “Political Parties Propose Solutions to Youth Unemployment ahead of Election 2016” (September 29, 2016). Available at <<http://acetforafrica.org/highlights/political-parties-propose-solutions-to-youth-unemployment-ahead-of-election-2016/>> (Last visited: November 5, 2018).

⁵⁶ BBC News, “NDC Manifesto: John Mahama promise Ghanaians one Million Jobs, Okada Legalisation”, available at <<https://www.bbc.com/pidgin/tori-54068394>> (last visited on September 11, 2020).

⁵⁷ A. Naami *et al.*, “The Unemployment of Women with Physical Disabilities in Ghana: Issues and Recommendations, (2012) Vol. 27(2) *Disability & Society*, 191, p. 192.

⁵⁸ ABANTU for Development, *Women’s Manifesto for Ghana* (2004), at p. 59.

⁵⁹ P. Sarpong, *Ghana in Retrospect: Some Aspects of Ghanaian Culture*, (Ghana Publishing Corporation, 1974); Inclusion Ghana, *Report on the Level of Stigmatization and Exclusion of Persons with Intellectual Disability and their Families in Ghana*, (Inclusion Ghana, July 2011) at p. 11.; See Al-jazeera, “*Spirit Child*”, (Undercover Investigation); available at <<http://www.aljazeera.com/programmes/peopleandpower/2013/01/201319121124284358.html>> (Last visited on July 14, 2013).

⁶⁰ M Avoke, “Models of Disability in the Labelling and Attitudinal Discourse in Ghana. (2002) Vol. 17(7) *Disability & Society*, 769, 773; J. Agbenyega, “The power of Labelling Discourse in the Construction of Disability in Ghana, in a paper presented at the Australian Association for Research in Education Conference,

mostly in marginal, seasonal and menial jobs usually with low income.⁶¹ In all this, negative attitudes towards persons with disabilities are enduring and pervasive in Ghana.⁶² For instance, almost 60% of the respondents in a survey conducted by Slikker say persons with disabilities in Ghana are less likely to get a job due to negative attitudes of employers. They report that some employers “think [persons with disabilities] are incapable or are afraid of losing customers when having an employee with a disability.”⁶³ The work of Naami *et al.* also reveals that persons with disabilities are seen as “aggressive”, “quick-tempered” and “difficult to get along with”, reason they do not find employment.⁶⁴ According to Kassah, these factors – stigma, discrimination and exclusion – force persons with disabilities into begging and other illegal activities which they (the disabled people), sometimes consider and often report to officials survey or research as ‘work’.⁶⁵ Thus, what a disabled person may report in a survey as ‘work’ may not necessarily meet the criteria for work properly so-called. All these may take away from the reliability of the Ghana Statistical Services’ data on unemployment among persons with disabilities.

Further, it is worth noting that the employment figures above are equally silent on a very important aspect of the analysis on employment – the concept of underemployment. Underemployment is the gap between employment and unemployment and can obfuscate the data on both. Navarrete and Navarrete define underemployment as “a situation in which the transfer of a number of individuals to other work would not appreciably reduce the total product

Newcastle, Association of Active Educational Researchers (AARE) (2003, December); G. Dogbe, “Attitudes Towards the Visually Impaired in Akpafu Traditional Area. Unpublished dissertation. Winneba, Ghana: University College of Education (1995); A. Naami *et al.*, (n. 57), at p. 192; A. Kassah, “Begging as Work: A Study of People with Mobility Difficulties in Accra, Ghana,” (2008) Vol. 23(2) *Disability & Society*, 163-170.

⁶¹ A. Naami, 2015, “Disability, Gender, and Employment Relationships in Africa: The case of Ghana,” (2015) Vol. 4(1) *African Journal of Disability*, 5.

⁶² A. Kassah *et al.*, (n. 60); Also, see: M. Baffoe, (n. 13), at p. 188 (noting that “Public attitudes and beliefs on disabilities in Africa which are often based on fear and misunderstandings, stereotype individuals with disabilities exposing them to prejudice, discrimination and ultimately to the denial of rights and resources that are afforded to all citizens.”).

⁶³ J. Slikker, *Attitudes Towards Persons with Disability in Ghana* (VSO, 2009), 42-43.

⁶⁴ A. Naami *et al.*, (n. 57); Also see: A. Naami and A. Mikey-Iddrisu, “Empowering Persons with Disabilities to Reduce Poverty: A Case Study of Action on Disability and Development, Ghana”, (2013) Vol. 1(2) *Journal of General Practice*, 133.

⁶⁵ A. Kassah, (n. 60).

of the activity from which they have been removed.”⁶⁶ On a slightly different score, the International Labour Office explains underemployment as “the difference between the actual employment and the theoretical full employment of the labour force.”⁶⁷ Inasmuch as there may not be any one acceptable definition of underemployment, the concept, nonetheless, exudes a number of elements across definitions. According to Berdecia and Jaffe, lack of use of technology, unused or inefficiently used labour, poor attitude to work, lack of opportunity for additional work, among others, are some of the factors that help in measuring underemployment.⁶⁸ With these factors in the analysis, they found that underemployment (rather than unemployment) is often a bigger problem in less developed economies than in developed economies. This is much so because many people in these less developed economies work only “seasonally” and the employment opportunities there often “tend to be divided among all the claimants so that no one is completely left out.”⁶⁹ The implication of these findings on the employment figures and the effect of underemployment above may be that even where employed, a significant number of persons with disabilities, are appreciably underemployed. These findings and analysis, thus, weigh heavily in support of the claim that unemployment (including underemployment) remains a serious problem for persons with disabilities in Ghana.

2.3. Ghana’s Efforts at Ensuring the Right of Persons with Disabilities to Work

The enormity of the disability unemployment problem does not appear to be lost on Ghana or its successive governments. Accordingly, Ghana has, over the decades, been making efforts at improving disability employment through law, policy, programs and projects. One of such efforts is evidenced by the country’s Persons with Disability Act of 2006. Ghana enacted the Disability Act barely a year before signing up to the CRPD as the 119th State party. The Act defines ‘person with disabilities’ to *mean* “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to

⁶⁶ A. Navarrete & I. Navarrete, “La Subocupacion en las Economias Poco Desarrolladas”, Vol. 18 (4) (1951) *El Trimestre Economico*, 1.

⁶⁷ International Labour Office, *The Measurement of Underemployment*, (1957) Vol. 76(4) *International Labour Review*, 349 at p. 353.

⁶⁸ F. Berdecia & A. Jaffe, “The Concept and Measurement of Underemployment”, (1955) Vol. 78 *Monthly Labour Review*, 283, at pp. 283-284.

⁶⁹ F. Berdecia & A. Jaffe, (*Ibid.*), at p. 283.

physical, cultural or social barriers that substantially limit one or more of the major life activities of that individual.” The use of “mean” rather than “include” (it is particularly noted that the CRPD uses “include” in its definition) in the definition appears to limit the scope of the impairments which may be considered a disability and does not allow new categories of impairments to be added to the scope. This definition is one of the primary challenges with the Act – the definition makes the scope of the Act quite rigid. The Act establishes a governing or monitoring body known as the National Council on Persons with Disability. The Council’s broad mandate is to “propose and evolve policies and strategies to enable persons with disability enter and participate in the mainstream of the national development process.” In performing this broad mandate, the Council is empowered to, among other things, monitor and evaluate disability policies and programmes; formulate strategies for inter-sectoral, interdisciplinary involvement and participation in the implementation of the national disability policy; advise the government on disability issues and legislation; co-ordinate activities of civil society on disability; promote research and public education on disability issues; and mobilise resources for the attainment of its mandate.⁷⁰

The Disabilities Act, in Sections 1 to 35, guarantees several rights of persons with disabilities. This includes the rights to family life, access to public life and facilities, access to justice, equal treatment and non-discrimination, free speech, information and protection against derogatory names. It also promises equal access to employment, education and rehabilitation, transportation (including tax exemption for importation of ‘nonconventional vehicles’) and movement and healthcare. Persons who violate some of these rights commit a misdemeanour offence the punishment of which may be a fine or imprisonment for not more than 3 months or both.⁷¹ The Council (comprising representatives from the ministries of health, local government, employment, education, women’s affairs, and disabled people’s groups, among others) falls under the auspices of the Ministry which is responsible for social welfare. The minister responsible for social welfare reports to cabinet and Parliament on disability matters.

Further, the Disabilities Act provides a cross-sectorial framework for disability employment issues. For example, it requires the ministry responsible for social welfare to “through the

⁷⁰ Section 42, Ghana’s Persons with Disabilities Act.

⁷¹ Section 30, (*Ibid.*).

public employment centres, assist to secure jobs for persons with disability.”⁷² It also grants tax exemptions to employers of persons with disabilities;⁷³ and requires that persons with disabilities be trained in or rehabilitated for employable skills.⁷⁴ The Act also guarantees fair treatment of persons with disabilities in workplaces;⁷⁵ and promises support for persons with disabilities who are self-employed.⁷⁶ There is also the Labour Act, 2003 (Act 651) which provides for fair treatment at the workplace generally. These are some of the legislative measures that Ghana has put in place in its effort to address the employment and work issues of persons with disabilities.

Ghana, however, later ratified the CRPD and its optional protocol on July 31, 2012. Because of this, it is not surprising that a project commissioned by the Ghana Federation of the Disabled in 2012 (and, in which I was later involved) found significant gaps between the CRPD and the Disabilities Act.⁷⁷ The gaps notwithstanding, Ghana has been adopting and instituting policies and programs aimed, broadly, at securing equality for persons with disabilities generally, often through the supply of socioeconomic goods and services. These efforts may be attributed, partly, to Ghana’s Constitution which also guarantees the rights of persons with disabilities⁷⁸ and, further, makes provision for other ancillary rights e.g., the rights to equality and affirmative action.⁷⁹ For the purposes of this thesis, the State intervention programs and projects which impact access to work rights of disabled people may be categorised into two. First, those that seek to create jobs and alleviate poverty among the general population and, therefore, may include persons with disabilities. These programs are not specific to persons

⁷² S. 9, (*Ibid*).

⁷³ Sections 9 & 11, (*Ibid*).

⁷⁴ S. 13, (*Ibid*).

⁷⁵ S. 11 & 12, (*Ibid*).

⁷⁶ S. 10(2), (*Ibid*).

⁷⁷ Global Disability Watch, “Ghana’s Disability Act: Serious Gaps”, available at <<http://globaldisability.org/2016/04/28/ghana-disability-act>> (Last visited: November 29, 2017)

⁷⁸ Article 29, 1992 Constitution of Ghana.

⁷⁹ Article 17, (*Ibid*).

with disabilities. The second category includes those programs that are tailored to specifically provide work for or to improve the working conditions of persons with disabilities.

Ghana has instituted programs that seek to improve the conditions of exposed people (of which persons with disabilities may be part). One of such government intervention programs is the Livelihood Empowerment Against Poverty programme. This program is a cash-transfer program instituted in March 2008, to “reduce poverty by increasing consumption and promoting access to services and opportunities among the extreme poor and vulnerable.”⁸⁰ The program, which covers persons with disabilities, started with 1,654 beneficiary households in 21 pilot districts and has seen about 250,000 households enrolled on it by the close of 2016. Another social intervention program is the National Health Insurance Scheme. This program was established in 2003 under the National Health Insurance Act (Act 650).⁸¹ The Act exempts a wide variety of persons, about 69% of its beneficiaries, from paying insurance premium.⁸² This exemption includes persons with disabilities. In October 2017, the government instituted the Free Senior High School program. This program abolishes school fees at the secondary school level. There is another program – the Free Compulsory Universal Basic Education (FCUBE) – program which makes primary school education free for all. As mentioned, these social intervention programs, though beneficial to persons with disabilities, are not particularly designed to deal specifically with their needs. Also, these programs do not touch directly on employment or job creation, even though they may be instrumental or consequential in creating or sustaining jobs for persons with disabilities.

The 2014 National Policy on Employment acknowledges the fundamentals of the disability unemployment challenge. It states that the main challenge for providing employment for persons with disabilities is “how to improve their training and skills development, increase their productivity and employability, and ensure adequate provision of medical and psychological support.”⁸³ This challenge stems from the fact that persons with disabilities have

⁸⁰ LEAP, “LEAP Objectives”, available at <<http://leap.gov.gh/about-us/objectives/>> (Last visited on November 29, 2017)

⁸¹ Act 650 was replaced by the National Health Insurance Act, 2012, (Act 852).

⁸² NHIS, “background”, available at <<http://www.nhis.gov.gh/nhisreview.aspx>> (Last visited November 29, 2016)

⁸³ Government of Ghana, *National Employment Policy*, Vol. 1 (Accra, 2014), 19.

been indirectly and, sometimes, even directly excluded from national education and training policies and programs. Thus, the programs that touch directly or specifically on employment of persons with disabilities are wanting. The National Youth Employment Authority program, for example, was established by the National Youth Employment Act of 2015. This program's object is to "develop, coordinate, supervise and facilitate the creation of jobs for the youth in the country."⁸⁴ Among other things, the program is to "serve as a one-stop shop for the employment of the youth and entrepreneurial development of the youth taking into consideration gender and persons with disability."⁸⁵ Two other important employment programs are the Local Enterprises and Skill Development Programme and the National Community Based Rehabilitation Programme, both of which are aimed at training and helping persons establish their own businesses.⁸⁶ These three employment programs, though in a way beneficial to persons with disabilities, are not exclusively dedicated to them. However, the Disability Common Fund is exclusively for the benefit of persons with disabilities throughout the country. It is against this background of national efforts that the DCF (which will be thoroughly described later) and the study should be considered. However, before discussing the DCF in details, I will turn to the technical aspect of the study and discuss the research methodology and design and the theoretical framework of the study in the next two chapters.

⁸⁴ Section 2, Act 887.

⁸⁵ Section 3(e), Act 887.

⁸⁶ B. O'Toole *et al*, *Ghana Community-Based Rehabilitation (CBR): Participatory Evaluation*, (Ghana Publishing Corporation, 1996).

Chapter Three

3. THEORETICAL FRAMEWORK

Chapter Overview: This chapter outlines the primary theoretical framework for the thesis – Martha Albertson Fineman’s vulnerability paradigm. The vulnerability paradigm proposes a different framework for examining inequality. This framework is built around the concepts of autonomy and its antithesis – dependency. It also revolves around the concept of vulnerability and the role of the State in providing resilience or substantive equality. The vulnerability theory, thus, draws on the claim – that the human condition is ontologically vulnerable and dependent rather than independent or autonomous – to argue for the involvement of the State in reordering social relations and institutions towards the redistribution of social goods, service and opportunities. This section will also explain the criteria for preferring the theory as well as how it may help in the evaluation of the subject matter of the study – Ghana’s Disability Common Fund.

3.1. Autonomy

Within the human rights framework, autonomy is often considered as a prerequisite for individual freedom of will and action. To attain freedom (which is considered an end), the individual must, first, be let alone to be independent and autonomous. For example, Rawls argues for the primacy of the individual, namely, that “the self is prior to the ends which are affirmed by it.”⁸⁷ Without the self – individual autonomy – the end – justice – may not be attained. Generally, therefore, autonomy presumes that the individual is independent, fully competent and self-sufficient.⁸⁸ In this regard, Fineman argues that autonomy allows “no theoretical room for recognition of dependency.”⁸⁹ Similarly, Rosenfeld explains that

⁸⁷ J. Rawls, *A Theory of Justice* (Harvard, 1971), 560.

⁸⁸ M. Rosenfeld, “Contract and Justice: The Relation between Classical Contract Law and Social Contract Theory,” (1985) Vol. 70 *Iowa Law Review*, 769 at pp. 786-87. See generally J. Locke, *The Second Treatise of Government* (J. Gough 4th ed., 1976) and R. Nozick, *Anarchy, State and Utopia* (Blackwell, 1974).

⁸⁹ M. Fineman, “Equality: Still Illusive After All These Years,” in L. McClain & J. Grossman (eds), *Gender Equality: Dimensions of Women’s Equal Citizenship* (Cambridge University Press, 2009), 254.

individual autonomy is conceptualised “in terms of the rights of persons to be left alone.”⁹⁰ Conceptualised this way, a claim of autonomy often results in a claim of freedom from State interference. For instance, a claim of autonomy results in a claim for a free market and the liberal subject. It also forms the underlining assumption for the so-called first-generation human rights, which are largely considered negative in nature (in the sense that they restrain the State from interfering in the individual’s freedom). Consequently, this conceptualisation of autonomy forms the basis of the civil rights (anti-discrimination) approach to human rights. To assume the universality of autonomy, however, is to assume that all humans are of the same capacity and have the same level of access to essential socioeconomic resources. It is this conceptualisation of autonomy which, sometimes, leads to the development of the concept that has come to be known as “formal equality.”⁹¹ Formal equality, according to Fineman, results, in some cases, in sameness of treatment and a rejection of individual differences in capacity; and even “leaves undisturbed – and may even serve to validate – existing institutional arrangements that privilege some and disadvantage others.”⁹² This conceptualisation of autonomy and its application serve a purpose. However, Fineman suggests that the conceptualisation has its limitations as far as the attainment of equality is concerned. The limitations are evinced by the limitations of the anti-discrimination approach and the weaknesses in formal equality. The vulnerability theory, thus, takes its essence and, thereby, finds expression and force from the limitations of the concept of autonomy.

3.2. Vulnerability

To be vulnerable is to “face a risk and lack the resources to avoid the risk or respond adequately to the risk if it materialised.”⁹³ In this regard, a person is vulnerable if he or she is not in control

⁹⁰ M. Rosenfeld, “Substantive Equality & Equal Opportunity,” Vol. 74 (1986) *California Law Review*, 1687, 1697.

⁹¹ R. West, *Re-Imagining Justice: Progressive Interpretations of Formal Equality, Rights, and the Rule of Law*, (Aldershot, 2003); G. Leventhal, “What Should Be Done with Equity Theory?” in K. Gergen *et al.* (eds), *Social Exchange*, (Springer, 1980); M. Mange, “The Formal Equality Theory in Practice: The Inability of Current Antidiscrimination Law to Protect Conventional and Unconventional Persons,” (2007) Vol. 16 *Columbia Journal of Gender & Law*, 1; R. West, “Katrina, The Constitution, and the Legal Question Doctrine,” (2006) Vol. 81 *Chicago-Kent Law Review*, 1127 at pp. 1129-30.

⁹² M. Fineman, “‘Elderly’ as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility,” (2012) Vol. 20 *The Elder Law Journal*, 71 at p. 102.

⁹³ J. Herring, “Foreword”, (2018) Vol 42(3) *University of New South Wales Law Journal*, 624 at p. 624.

or capable of adequately responding to *all* risks at *all* times, be it external or inherent. The vulnerability theory, thus, takes off on the premise that the human condition is inherently vulnerable and dependent throughout life's course. Since the human condition is shared by all (not some) humans, the theory contends that human vulnerability is universal; that is, all humans are vulnerable. Therefore, to Fineman, the conceptualisation of the human subject as autonomous, independent and self-sufficient is a "myth"⁹⁴ which results in formal equality. According to Fineman, formal equality, having been built around formal identities, fails to sufficiently reflect the true human condition. Far from being autonomous, Fineman contends, the human condition (including the condition of the so-called powerful) is, in fact, vulnerable. The sources of human vulnerability range from "accidental mishap, natural disaster, institutional failure, or serious illness"⁹⁵ all of which run throughout the course of the human life. "As socio-political beings," Mackenzie *et al.* argue in support of Fineman's claims, "we are vulnerable to exploitation, manipulation, oppression, political violence, and rights abuses."⁹⁶ It is the universality of human vulnerability which has resulted in the establishment of some key social institutions. Fineman, thus, argues that:

*Our vulnerability and the need for connection and care it generates are what make us reach out and form society. It is the recognition and experience of human vulnerability that brings individuals into families, families into communities, and communities into societies, nation states, and international organizations.*⁹⁷

Consequently (and according to the vulnerability theory) the formation of the family, the community, the society, the State and its institutions and, ultimately, international organisations are but mechanisms invented to make up for our vulnerable condition and to

⁹⁴ M. Fineman, (n. 31).

⁹⁵ M. Fineman, (n. 89).

⁹⁶ C. Mackenzie *et al.*, "What is Vulnerability, and Why does it Matter for Moral Theory", in C. Mackenzie *et al.*, (eds.), *Vulnerability: New Essays in Ethics and Feminist Philosophy* (Oxford University Press, 2013), 1 at p. 2. Also See: B. Turner, *Vulnerability and Human Rights*, (Penn State University Press, 2006) at p. 26, that the human embodiment exposes us to "an organic propensity to disease and sickness, that death and dying are inescapable, and that aging bodies are subject to impairment and disabilities."

⁹⁷ M. Fineman, "Equality, Autonomy, and the Vulnerable Subject, Law & Politics", in M. Fineman & A. Gear (eds.), *Vulnerability: Reflections on a New Ethical Foundation for Law and Politics* (Ashgate, 2013) 13 at p. 22.

build resilience.⁹⁸ We depend on these institutions of society to build resilience, namely, to either avoid the risks that are imbedded in the human living or to be able to respond to them adequately if they materialise. It is this understanding which sets the vulnerability concept up against one of the foundational blocks of the liberal subject model of legal and political theory – the concept of autonomy. In other words, the claim of vulnerability does impugn the presumption of human autonomy, which Fineman describes as a “myth” and proclaims as the root cause of formal equality and the antidiscrimination approach. The vulnerability paradigm, thus, contends that a presumption of human dependency (which it considers ‘universal’) provides a better framework for ensuring substantive equality.

3.3. Dependency

The human person, being ontologically vulnerable, is inherently dependent throughout the entire course of life (not just a part of it). For instance, we depend on parents as children, and other institutions of society, even as adults and as elderly people. The key institutions of society are a means to an end – they are an acknowledgement of human dependency and do help in building resilience to the vulnerabilities that are imbedded in the human living. We may say, therefore, that the natural consequence of vulnerability is dependency (not independence or autonomy).

Flowing from this, the vulnerability theory divides dependency into two broad categories – inevitable dependency and derivative dependency. The primary difference between inevitable dependency and derivative dependency is revealed by the question – whether a person may be relieved from one. The factors of inevitable dependency are biological and physical in nature, Fineman argues. It may also include associated intangibles such as economic, psychological or emotional dependency. They are inevitable because they are universal – all humans need and experience them. In this regard, a claim of universal vulnerability will suggest that all humans are equally vulnerable. However, universal vulnerability only provides the beginning point for the analysis. Unequal access to resources – a social (rather than natural) function – converts equally universal vulnerability to inequality. Therefore, while vulnerability is universal, a person’s level of access to social resources may either enhance or diminish his or her level of resilience to the factors of vulnerability. This makes persons who have limited access to needed

⁹⁸ M. Fineman, "Beyond Identities: The Limits of an Anti-Discrimination Approach to Equality", (2012) Vol. 92 *Boston University Law Review*, 1713.

social or economic resources less resilient and, therefore, more ‘unequal.’ On the other hand, a person who has an enhanced access to the social or economic resources, though he or she be universally vulnerable (and, thereby, inevitably dependent), becomes more resilient.

Derivative dependency, on the other hand, “arises when a person assumes (or is assigned) responsibility for the care of an inevitably dependent person.”⁹⁹ In such situations, the carer necessarily depends on social goods in performing this essential social service. In this sense, derivative dependency is made possible by social structures – the family and the roles within it, the workplace and its rules and allowances, etc. In the family, for instance, mothers, in many societies, are expected to take primary care of infant babies. In other societies, adult children are responsible for the care of their elderly or disabled parents, and so forth. The cost of rendering this care can be very high.

However, derivative dependency (unlike inevitable dependency) is not universal – not all members of society experience caretaking and, certainly, not to the same degree or the same extent of access to social resources. Fineman would contend that this disparity is another source of inequality. This inequality may be traced to, at least, three cascading factors. First, because derivative dependency is not rewarded. Second, derivative dependency is not rewarded because it is consigned to the private sectors of society – the family. Third, because that private sector – family and the arrangements within it – is treated as a no-go-zone for the State. Therefore, derivative dependency (like inevitable dependency), too, results in inequality because of unequal access to or use of social resources. Under such circumstances, a legal system which is hinged on a principle of autonomy, independence and self-sufficiency and which fails to take account of this disparity in the social structure and, concomitantly, unequal access to social resources, is, according to the vulnerability paradigm, most likely to prove insufficient in ensuring substantive equality.¹⁰⁰ On the other hand, a legal system which is based on the

⁹⁹ M. Fineman, (n. 31), 35.

¹⁰⁰ Indeed, there is no one simple idea of ‘substantive equality’. See: K. Froc, “Constitutional Coalescence: Substantive Equality as a Principle of Fundamental Justice” (2010-2011) Vol. 42 *Ottawa Law Review*, 411-445; Also, M. Rosenfeld, (n. 90) (discussing the various connotations of equal opportunity and arguing, among others that “Because an opportunity depends in part on the means and prospects of others, reducing equality of opportunity to the removal of a given obstacle for a class of subjects will lead to equality of opportunity among the members of that class only in the unlikely event they have identical individual circumstances and each possesses exactly the same means and confronts the very same obstacles.”). In this context, however, we adopt P. Hughes, “Recognizing Substantive Equality as a Foundational Constitutional Principle,” (1999) Vol. 22(1) *Dalhousie Law Journal*, 5 at p. 7 (which defines ‘substantive equality’ as “a form of equality which is satisfied only if policy or law is made meaningful for all members of society”).

concept of universal vulnerability and dependency and, which takes account of the inherent disparity in the social structure (and unequal access to social resources), is more likely to sufficiently ensure substantive equality. In other words, a theory that classifies certain individuals as vulnerable (in this case, “disabled”) and others as not, cannot be very effective at delivering substantive equality.

Consequently, every person is vulnerable, the only question being the nature of their vulnerability, which, in turn, is measured by the amount of resources that a person needs to build the level of resilience that guarantees happiness.¹⁰¹ Therefore, the theory requires that equality be viewed from a comparative perspective (which enhances individual equality by taking into account their vulnerability and dependency) rather than from an individualistic perspective (which assumes autonomy and independence of the individual).

3.4. Formal Identities

While formal identity may be considered as a necessary precursor to any rights movement, the vulnerability theory rejects identity-based approach to equality.¹⁰² This derives mainly from the foundational claim that vulnerability is a universal (rather than a special) human condition. It also derives from the claim that “those labelled ‘vulnerable’ are not some pre-existing category but better seen as having been labelled as such in order to legitimate political ends and to justify current inequalities.”¹⁰³ Accordingly, approaches that conceptualise inequality in the context of formal identities “risks leaving unexamined and unchallenged wider structural disadvantages that would not be considered as discrimination” under a particular legal system’s jurisprudence on equality.¹⁰⁴ For example, identifying persons as “disabled” obscures and, thereby, leaves unexamined the wide range of substantive differences among different persons

¹⁰¹ M. Fineman, (n. 98).

¹⁰² M. Fineman, “The Vulnerable Subject and the Responsive State,” (2010) Vol. 60 *Emory Law Journal*, 251 at pp. 266-267, (Where Fineman argues that her “work has developed the concept of vulnerable detached from specific subgroups, using it to define the very meaning of what it means to be human.”). See: L. Clements, “Does Your Carer Take Sugar? Carers and Human Rights: The Parallel Struggles of Disabled People and Carers for Equal Treatment,” (2013) Vol. 19(2) *Washington and Lee Journal of Civil Rights and Social Justice*, 397 at p. 401, where identification was considered as “a necessary precursor to any rights movement”.

¹⁰³ J. Herring, (n. 93), at p. 626.

¹⁰⁴ M. Fineman, “Feminism, Masculinities, and Multiple Identities,” (2013) Vol. 13 *Nevada law Journal*, 619 at p. 635.

with disabilities. It may also obscure and, thereby, leave the reality that some disabled persons may fall within two or more identity groups unexamined; for example, a disabled woman who is also black. A rejection of formal identity appears to find support in some aspects of disability law. For instance, where new identities (for example, obesity, albinism, etc.) are not easily recognised as disabilities, and where the recognition of such conditions may require an amendment of the law. Further, Fineman argues, that identity-based approaches do begin with but do not often go beyond formal identities to dealing with broader structural inequalities. Further, the vulnerability theory rejects intersectional approaches¹⁰⁵ to equality. Again, Fineman maintains that even approaches which focus on “intersectionality (or multidimensionality) will tend to direct critical attention to discrimination by and against individuals or, at best, individual institutions, and not to the failure, distortions, or corruption of societal structures more systemically.¹⁰⁶ The theory, therefore, eschews pursuing equality through formal identities.

3.5. Responsive State

To ensure substantive equality, the vulnerability theory (unlike the liberal theory which, it is noted, may require the State to be passive and restrained¹⁰⁷) demand that the State be responsive.¹⁰⁸ This is because, “achieving some form of substantive equality demands more from the State in terms of rules and regulations”¹⁰⁹ and, also, the distribution of socioeconomic goods, all of which cannot be attained without State action. Similarly, Herring argues that “if it is true that all humanity in its nature is vulnerable then this requires a complete rethinking of

¹⁰⁵ Intersectional approaches are approaches which holds that oppressed identity categories do not operate in either-or structure and that they often are interlinked. See: K. Crenshaw, “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color,” (1990-1991) Vol. 43 *Stanford Law Review*, 1241, in respect of intersectionality between racism and sexism. Also, K. Crenshaw, Demarginalizing the Intersection of Race and Sex, (1989) No. 1. *University of Chicago Legal Forum*, 139.

¹⁰⁶ M. Fineman, (n. 104), at p. 635.

¹⁰⁷ M. Fineman, “Equality and Difference – The Restrained State,” (2015) Emory Legal Studies (Research Paper No. 15-348).

¹⁰⁸ Martha Fineman, (n. 102); Also see: N. Kohnt, “Vulnerability Theory and the Role of Government.” (2014) Vol. 26 *Yale Journal of Law & Feminism*, 1.

¹⁰⁹ M. Fineman, (n. 89); Also see: M. Fineman, (n. 102).

the structure of legal regulation.”¹¹⁰ Ultimately, the theory justifies a “claim of ‘right’ or entitlement to support and accommodation from the State and its institutions.”¹¹¹ It, thus, calls for a tenable and responsive State.¹¹² A responsive State is that which intervenes to build resilience for citizens with the ultimate aim of attaining substantive equality. The State (being the creator or the entity which legitimatises the creation of social institutions that have generated injustice and inequality) has an obligation to rearrange those social institutions and structures with the aim of redistributing social goods to attain substantive equality.¹¹³

3.6. Evaluation of the Vulnerability Paradigm

The vulnerability theory has, to an extent, remained very abstract; and, according to Herring, “much work is required in seeking how to implement this writing and thinking into practical ways ... since there has not been much that has sought to directly apply the theoretical material to concrete situations.”¹¹⁴ Even though the theory has not been forthcoming with clear and specific strategies to achieving the goal of a tenable State, Fineman has given hints of how to conceptualise these practical strategies. For example, in *The Autonomy Myth: A Theory of Dependency*, Fineman suggests that the State may build resilience for citizens by way of supplying a social ‘subsidy.’ This subsidy derives from the notion of ‘collective responsibility for dependency’.¹¹⁵ This notion is based on the claim that members of society collectively benefit from the care services of those who perform services in respect of derivative dependency. Society is, however, structured in such a way that the social benefits from such care services are never paid for. In other words, there is a ‘societal debt’ owed by the whole of society – persons and institutions – to derivative caregivers. A mother spends time and effort to care for the children and the home but earns no income from such services. The tenable State, thus, is that which, at the minimum, strives to eliminate major disparities that result from

¹¹⁰ J. Herring, *Vulnerable Adults and the Law* (Oxford University Press, 2016).

¹¹¹ M. Fineman, (n. 31), xv.

¹¹² M. Fineman, (n. 102).

¹¹³ M. Fineman, (n. 97), at p. 27.

¹¹⁴ J. Herring, (n. 93), at p. 626.

¹¹⁵ M. Fineman, (n. 31), at p. 262.

unequal social relationships. This hint on strategy, however, appears to be limited to derivative dependency only. It does not deal with inevitable dependency.

In *“Elderly” as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility*,¹¹⁶ Fineman, again, hints at an application of the vulnerability theory to devise a strategy for attaining substantive equality for older adults – an inevitable dependency category. In this work, Fineman proposes extensive legislative innovations for the protection of older adults but strongly advocates that the main focus of such legislation should be “on the character or actions of the outsider, not the incapacities of the elderly.”¹¹⁷ By placing the focus of such laws on outsiders (who deal with the elderly subject), the law achieves the purpose of protection without becoming paternalistic to the subjects of the protection. As Herring puts it, once vulnerability is accepted as universal “the role of the law can shift to restricting and reducing the power of the powerful, rather than seeking to protect the vulnerable from an exercise of power.”¹¹⁸ This is a powerful departure from the posturing that makes laws to regulate and, sometimes, over-protect the subject, thereby resulting in paternalism. For example, apart from a new tort or criminal fine for financial exploitation of the elderly, Fineman also proposes “a positive duty of fair dealing [to] be placed on creditors or other financial actors with whom the elderly deal” (rather than the elderly themselves).

Indeed, the theory has been credited with providing “a sharply contrasting alternative to the formal equality paradigm for understanding the role of the State, and it may help policymakers to more fully imagine how society might be restructured in order to better meet the welfare needs of all people.”¹¹⁹ However, the theory is not without critique. Kohn, for instance, has argued that the theory faces two challenges: first, that it lacks prescriptive value, in the sense that its claim of universality and the concomitant rejection of identity-based approaches to equality makes it almost impracticable to apply. For example, how may policymakers ignore the identities of black people, women, disabled people, etc. in an effort at ensuring substantive equality? Also, while accepting that vulnerability needs a central place in political and moral

¹¹⁶ M. Fineman, (n. 92).

¹¹⁷ M. Fineman, (n. 92), at p. 94.

¹¹⁸ J. Herring, (n. 93), at p. 626.

¹¹⁹ N. Kohnt, (n. 108), at p. 26.

theory, Goodin argues that vulnerability as a theory could be more practicable if conceptualised in relational (rather than universal) terms.¹²⁰ To Goodin, although all are potentially vulnerable, all are not actually vulnerable in equal terms in all departments of life. This critique may, however, require a second look. If the theory lacks prescriptive value, it is doubtful if it would be because of its rejection of identities. This is because identity itself may be a product of the myth of autonomy and the resulting unequal allocation or distribution of social goods that come with that myth. In other words, gender, race or disability, etc., and what they may mean to a society are borne out of the inequality that comes with the assumption of autonomy (and the parallel disregard for universal vulnerability). Accepting the universality of vulnerability (that is, rejecting autonomy) may not only have the potential to do away with inequality (and, thus, the resulting identity) going forward, but also will make any acknowledgement of their past or present existence quite unnecessary.

Secondly, the theory is accused of promoting paternalism.¹²¹ Paternalism within this context, it is argued, results from over-protection of the vulnerable subject as a way of building resilience for them. The concern of the critiques is that legislating to protect may necessarily result in paternalism, another social vice. This critique, too, may be addressed. Indeed, over-protection may result in undue restraint on personal agency and freedom. However, the theory avoids this result by arguing that protective legislation or other measures be in respect of outsiders (rather than the subject of protection). For example, a legislation on contract which is based on the vulnerability theory would not restrain a mental-health patient from entering into a particular contract. Rather, it would require persons with whom the patient deals to follow some procedures other than what they would be required to follow in entering the same contract with a non-patient. Viewed this way, the accusation of paternalism becomes a little less forceful.

Indeed, one of the less developed aspect of Martha Fineman's vulnerability theory is its susceptibility to application. The theory's applicability is even more challenged because of its rejection of formal identities. However, it is also exactly in this challenge that this thesis finds

¹²⁰ R. Goodin, *Protecting the Vulnerable: A Re-analysis of our Social Responsibilities*, (University of Chicago Press, 1985) 112.

¹²¹ N. Kohnt, (n. 108). Also see, C. Mackenzie, "The Importance of Relational Autonomy and Capabilities for an Ethics of Vulnerability", in C. Mackenzie, et al., (eds.), *Vulnerability: New Essays in Ethics and Feminist Philosophy*. (OUP, 2013), 33 at pp. 45 – 48.

its strength and novelty. The thesis' initial approach to addressing this challenge is to make a claim that disabilities is a universal (not an exclusive) identity group. In support of this claim, the thesis will argue that disability (like aging, for example) is a situation in respect of which the human embodiment does not enjoy immunity. This claim is consistent with Fineman's argument that "the vulnerability of our embodied beings and the messy dependency that often comes in the wake of physical or psychological needs cannot be ignored throughout any individual life and must be central to theories about what constitutes a just and responsive state."¹²² Accordingly, while persons with disabilities (as an identity group) will form the beginning point of the investigation in this thesis, the thesis and its findings will not end in treating persons with disabilities as an exclusive identity group, but rather disability as a universal element in respect of which the human condition may not be immune.

3.7. The Vulnerability Paradigm and this Thesis

The vulnerability theory not only offers a framework for explaining the social challenges of disability in a systematic way (disability being one of the human conditions which are considered vulnerable), it also provides a framework for understanding the effects of disability on disabled people and their relations – their family and the community. Further, it offers a framework within which the role of the State – the primary duty-bearer of rights – could be methodically analysed and explained in relation to the traditional roles of the family – the primary care providers. Lastly, it provides a broad framework for thinking about and identifying the policies and strategies that a State may adopt in ensuring resilience and substantive equality for persons with disabilities. In this respect, the discussion of how the vulnerability paradigm fits as the theoretical framework for this research is organised around the following points: (1) the vulnerability paradigm and the social model of disability (2) dependency and the roles of the formal State and the informal State; and (3) legal framework and strategy.

3.7.1. The Social Model:

The social model is the dominant prevailing model for disability human rights. Fineman's theory relates to the social model of disability in a way. This relationship derives from the primary claim that vulnerability – susceptibility to harm – is universal, ontological and exists

¹²² M. Fineman, (n. 92) at p. 119.

throughout life's course. And, since the consequence of vulnerability is dependency, dependency too becomes universal, making a claim of autonomy under the liberal subject model a "myth".¹²³ Because of the central claim of universality, the paradigm, as noted, rejects identity-based (and, in consequence, intersectional) approaches to inequality.¹²⁴ This rejection is founded on the notion that identities tend to create an avenue for further deepening stigma, discrimination, stereotyping and unjustifiable social responses. The theory, while calling for State responses in building resilience for all, eschews responses that are hinged on the idea that some persons constitute a vulnerable population which requires special care than other population groups. Such social responses tend to throw light on and scrutinises the disadvantaged while promoting privilege. Particularly in respect of disabled people, Scully argues that persons with impairment as an identity group are not vulnerable in a special way compared to persons without impairments: that treating disability as a special form of vulnerability is a "social response to impairment and differences."¹²⁵

These claims (of socially created disadvantage) bring the vulnerability paradigm in line, at least, with the social model of disability. The social model holds that social factors play a significant role in the creation of disadvantage and marginalisation of people with impairment; and, therefore, that social change is required in order to achieve equality and inclusion.¹²⁶ The model, thus, explains disability as a disadvantage caused by the "confluence of (1) personal impairment and (2) a social setting comprising architecture, economics, politics, culture, social norms, aesthetic values, and assumptions about ability."¹²⁷ Again, like the social model, the vulnerability paradigm calls for institutional actions, in the form of political, economic, social

¹²³ M. Fineman, (n. 31), at p. 7 - 25.

¹²⁴ M. Fineman, (n. 104), at p. 635.

¹²⁵ J. Scully, "Disability and Vulnerability: On Bodies, Dependence and Power", in C. Mackenzie *et al.*, (eds.), *Vulnerability: New Essays in Ethics and Feminist Philosophy* (Oxford University Press, 2013), 204 at p. 218.

¹²⁶ A. Lawson & A. Beckett, "The Social and Human Rights Models of Disability: Towards a Complementarity Thesis," (2020) *The International Journal of Human Rights*, DOI: 10.1080/13642987.2020.1783533R; Lang, "The United Nations Convention on the right and dignities for persons with disability: A panacea for ending disability discrimination?" (2009) Vol. 3 *ALTER, European Journal of Disability Research*, 266, at p. 268; M Oliver, "The Social Model in Action: If I had a Hammer" in C. Barnes and G. Mercer (eds), *Implementing the Social Model of Disability: Theory and Research* (The Disability Press, 2004) 21. See also: M. Oliver, *'Understanding Disability: From Theory to Practice'* (MacMillan, 1996), 33.

¹²⁷ A. Samaha, "What Good is the Social Model of Disability?" (2001) Vol. 74(4) *The University of Chicago Law Review*, 1251 at p. 1251; Also see: M. Oliver, *The Politics of Disablement: A Sociological Approach* (St. Martin's, 1990), 11.

and cultural redistribution, aimed at enhancing an individual's capacity to withstand the harms that are borne out of the reality of universal vulnerability. In consequence, the theory stresses the need for the State to intervene in helping individuals to build resilience to unavoidable human vulnerabilities and, in consequence, derivative vulnerabilities too. The State may achieve this through a restructuring of social and political institutions and a redistribution of socioeconomic resources with the aim of ensuring substantive equality.

3.7.2. *The Formal and the Informal States*

As noted in Chapters Two, about 10% of Ghana's population experiences some form of impairment.¹²⁸ About 54% of persons with disabilities who are above the age of 15 are employed, while 3% and 43% are unemployed and inactive respectively.¹²⁹ Even when employed, persons with disabilities tend to earn far less than the average worker. This, coupled with the fact that persons with disabilities spend more resources to get the same level of access to basic needs (food, education, transportation and other social services), makes it quite apparent that a large percentage of persons with disabilities are economically disadvantaged and in need of support to build economic resilience. Further, the economic conditions of persons with disabilities have a direct impact on the welfare of their families and communities, just as the economic conditions of their families and communities have a direct impact on members with disabilities. These factual situations create a web of dependency relationships. Therefore, the vulnerability paradigm (with its emphasis on dependency) helps this research to analyse the issues arising from the dependency relationships between disabled people, their families and communities. The paradigm, thus, provides a framework for analysing how the DCF addresses the issues that arise from such dependency relationships.

The DCF, a state-sponsored program, is premised on the assumption that work – “dignified labour” – has the potential to reduce poverty among persons with disabilities and, thereby, raise their social standing. The program deploys money (and other resources) to train and provide capital to disabled people to engage in various economic activities. Putting this into the context of the vulnerability paradigm, the DCF may be seen as a State response to vulnerability through resilience building. Consequently, the DCF may be seen as a State effort in ensuring social and

¹²⁸ WHO & World Bank, (n. 2), at p. 273; Statistical Service of Ghana, *Disability in Ghana*, (October 2014), p. 28.

¹²⁹ Statistical Service of Ghana, (n. 128), at p. 30.

economic equality for persons with disabilities who have historically suffered stigmatisation and social exclusion, particularly in the area of work. However, whether work really achieves these aims and whether the DCF in particular is achieving these aims and how it is doing so in respect of whom within the various contexts of the Ghanaian society remains a question to be answered. Such is the aim of this study.

As will be explained in Chapter 8 of this thesis (in respect of the sociocultural make up of Ghana), Ghanaian sociocultural set up may be divided into two complementary systems – the formal State and the informal State. The formal government system constitutes the formal State. The informal State, on the other hand, is organised around kinship and lineage, the focal point of which is the family, albeit extended (rather than nucleus). As will be pointed out in Chapter 8, the life of a significant portion of Ghana’s population is dominated by informal kinship and economic structures, constituting the informal State. The implication of this is that an overwhelming majority of persons with disabilities are dependent on the family (rather than the formal State) for resilience. The formal State, which is the duty-bearer in respect of disability human rights not only remains out of the reach of many persons with disabilities, but it also has a legal system which categorises the family as a private unregulated sector. Concomitantly, the formal State also stays its hands off the family and, thereby, the informal State. This leaves the family and carers (rather than the formal State) to shoulder almost the entire responsibility that arises from derivative dependency. The family shoulders this responsibility either without a reward or without commensurate reward. Here again, the vulnerability theory provides a framework for investigating and analysing the roles of the informal State (the family) and the formal State (the formal government) in ensuring equality. This capacity of the vulnerability approach to contain the concept of both the formal and the informal States also makes it particularly unique and, therefore, suitable for this thesis.

3.7.3. *Legal Framework and Strategies*

Further, as will be explained in Section 7.1 of this thesis, Ghana has a legal system which prioritises civil and political rights over economic social and cultural rights.¹³⁰ While the Constitution offers a clear judicially enforceable regime for the civil and political rights in its Chapter 5, the socioeconomic rights (under Chapter 6), on the other hand, are treated as mere

¹³⁰ J. Srem-Sai, “The hugger-mugger of Enforcing Socio-economic Rights in Ghana: A Threat to the Rights of Persons with Disabilities,” (2015) Vol. 3 *African Disability Rights Yearbook*, 135-159.

guidelines which are not considered justiciable. This arrangement is likely to limit the country's potential for ensuring substantive equality for persons with disabilities. The very foundation of the vulnerability theory provides a framework for analysing the relationship between legal systems, human rights and equality. Again, the vulnerability paradigm provides a powerful alternative to the liberal subject model and its resulting anti-discrimination or formal equality approaches to human rights. The paradigm calls for legal reforms that will attain equality without being paternalistic to the subjects of protection. This makes the theory appropriate for not just answering the question presented in this thesis, but also helping in devising legal strategies for resolving the challenges that may be identified from the research.

The primary object of this project is to identify an effective social intervention mechanism that Ghana can adopt to reduce poverty levels and improve the social image of persons with disabilities. This includes an investigation into how effective the DCF has been at ensuring equality of access to work for persons with disabilities. An aspect of this thesis will, thus, involve a search for strategies for improving upon existing strategies. The vulnerability theory prescribes some implementation strategies. For instance, it suggests the payment (by the state) of a 'social subsidy' as a means of redistributing privileges towards ensuring equality. The implementation of the 'social subsidy' strategy, according to Fineman, requires a 'tenable state' which would be involved in the allocation or redistribution of social goods and economic opportunities. It is important to note that the 'social subsidy' strategy reflects in the DCF program to the extent that the DCF, too, transfers cash to disabled people. Quite apart from the 'social subsidy' strategy, the vulnerability theory also advocates for rigorous legislative measures for realigning institutional relationships. This entails redistribution of privileges as well as the education and awareness creation that comes with such redistribution mechanisms, all of which call for a tenable or a responsive state. Consequently, the vulnerability theory will not only provide a beginning point for exploring how the State could intervene in improving access of persons with disabilities to work, it will also give a guidance as to the strategies that may be adopted for ensuring that such work rights are realised in practical terms.

Chapter Four

4. METHODOLOGY

Chapter Overview: The thesis seeks to answer a broader question and a sub-question. The broader question is – how effective has the DCF program been at minimising poverty among persons with disabilities and raising their social image? As explained in the introductory chapter of this thesis, the DCF was established in 2005 by the government of Ghana as an intervention program to specifically address the right of persons with disabilities to work. It has two broad aims: (1) to minimise poverty among all persons with disabilities, particularly those outside the formal sector of employment; and (2) to enhance their social image through dignified labour.¹³¹ Thus, this broader question enquires into whether the program’s aims are being met and how. Quite apart from this broader question, the thesis will also answer the question – for whom does the program work better? Answering this second question requires a disaggregation of the study’s population into two subgroups (contexts), namely, disabled people who live predominantly under the informal State and those who live predominantly under the informal State. It also, further, requires a comparison of the findings (of how the program works) in respect of the two sub-groups. The thesis will use the Realist Evaluation technique to find an answer to these questions. This chapter of the thesis describes and explains the methodology for finding the answers to these questions.

4.1. Evaluation Technique

The DCF is a large-scale program covering persons with disabilities from different backgrounds across Ghana’s 254 administrative districts, each district having an average population of about 110,000 people. The DCF is also implemented within a system which has

¹³¹ Statistical Service of Ghana, (n. 128), at p. 24; Also see: NCPD/GFD, *Guidelines for the Disbursement and Management of the District Assembly Common Fund Allocation to Persons with Disability*, (2010), 3.

other social intervention and safety nets, formal and informal, going on simultaneously. This makes the control of variables or live conditions in the classical experimental sense extremely difficult, if not impossible. Further, the DCF is designed and intended to be implemented in accordance with the standards or theories implicit in the DCF program policy itself, the disability right clauses of Ghana's Constitution, Ghana's Persons with Disabilities Act and the CRPD. These factors form part of the context within which the DCF works. Accordingly, the study will require an evaluation technique which emphasises context and is also capable of telling not only *how* the DCF is achieving its aims, but also in respect of *whom* and under what circumstances.

In program evaluation, theory-based evaluation techniques are often distinguished from method-based evaluation (experimental) techniques. Method-based evaluation techniques measure the impact of an intervention by controlling or holding all variables other than the one whose impact is being measured constant. They, thus, measure whether an intervention has an impact. While powerful at telling *whether* a program works, such techniques are found to be inadequate in determining *how* a program works. In other words, method-based evaluation techniques are incapable of opening the program 'black-box'.¹³² A program black box is defined as the "space between the actual input and the expected output of a programme."¹³³ In other words, method-based techniques are generally incapable of disclosing how a program works, for whom and under what circumstances. For example, an experimental evaluation technique may reveal that the installation of a security alarm system at the city centre correlates with reduced gang violence there. However, it does not tell exactly how the alarm system achieves this result. The limitation of such methods, however, becomes obvious if gang violence surges back in the same place after a while, the alarm system notwithstanding.

Theory-based designs, on the other hand, are a category of program evaluation techniques "in which the selection of program features to evaluate is determined by an explicit conceptualisation of the program in terms of a theory, a theory which attempts to explain *how*

¹³² H. Chen, & P. Rossi, "Issues in the Theory-driven Perspective", (1989) Vol 12(4) *Evaluation and Program Planning*, 299-306.

¹³³ N. Stame, "Theory-based Evaluation and Types of Complexity," (2004) Vol 10(1) *Evaluation*, 58 at p. 59.

the program produces the desired effects.”¹³⁴ According to White, a theory-based evaluation is a means of “examining the assumptions underlying the causal chain from inputs to outcomes and impact.”¹³⁵ In this regard, a theory may be considered as any framework which draws a causal link between a process and an outcome. A theory-based technique, thus, measures *how* program inputs bring about program deliverables. They open the black box or turn it into a white box by inquiring into causality. Going back to our city centre alarm system example, the subsequent surge in gang violence may be because gang members have imbibed police response time and have devised ways of evading the system. A theory-based technique, because it investigates *how* (not just whether) the alarm system works, would be able to offer an explanation to the various circumstances under which the alarm system works or does not work. This – the capacity to explain causality – makes a theory-based evaluation technique suitable for this thesis question, which seeks to find out how the DCF minimises poverty, for whom and under what circumstances.

4.2. Realist Evaluation

While there are types of theory-based evaluation techniques – Chen and Rossi’s theory-driven evaluation (TDE), Weiss’ theory-based evaluation (TBE), among others, – Pawson and Tilly’s Realist Evaluation (RE) technique has a particular merit of bringing out the relevance of the roles of people and context in the working of programs.¹³⁶ Realistic evaluation is described as “a theory-based approach developed primarily to assess large social programmes occurring in open systems such as towns or national societies, where controlled conditions for comparative analysis or experimentation are difficult or impossible to isolate.”¹³⁷ According to Pawson and Tilly, people (rather than programs) make things work; and things work because people interact with context.¹³⁸ Therefore, realist evaluation examines how people interact with a program’s

¹³⁴ C. Fritz-Gibbon & L. Morris, “Theory-based Evaluation,” (1996) Vol. 17(2) *Evaluation Practice*, 177 at p. 177.

¹³⁵ H. White, “Theory-based Impact Evaluation: Principles and Practice,” (2009) Vol.1(3) *Journal of Development Effectiveness*, 271 at p. 271; See generally: C. Weiss, *Evaluation: Methods for Studying Programs and Policies*, (Prentice Hall, 1998).

¹³⁶ N. Stame, (n. 133).

¹³⁷ M. Simons *et al.*, “Understanding the Civic Impact of Journalism,” (2017) Vol. 18(11) *Journalism Studies*, 1400 at p. 1406.

¹³⁸ R. Pawson & N. Tilley, *Realist Evaluation*, (Sage, 1997), 32-4.

factors and resources in contexts to give specific patterns of outcome for distinct groups. They argue that “programs work (have successful ‘outcomes’) only in so far as they introduce appropriate ideas and opportunities (‘mechanisms’) to groups in the appropriate social and cultural conditions (‘contexts’).”¹³⁹ This understanding sets out the three elements that make up the realist evaluation technique configuration – context, mechanism and outcome (C-M-O). The C-M-O configuration becomes relevant because, as Astbury and Leeuw would argue, it is “not enough to simply cite programs as a cause of outcomes – the mechanisms connecting causes and their effects must also be identified.”¹⁴⁰ This means that realism goes beyond the general to the specific ways by which programs influence ideas and behaviours. That way, policymakers are able to identify the specific strengths and weaknesses of programs in respect of each distinct program subject; and are, therefore, able to revise them for better outcomes for each group within the program’s coverage.

4.2.1. Context

According to Pawson and Tilley, context entails the “features of the conditions in which programs are introduced that are relevant to the operation of program mechanisms.”¹⁴¹ To Sayer, it is the “material resources, social structures, including conventions, rules and systems of meaning in terms of which reasons are formulated”.¹⁴² Context, therefore, refers to a web of factors that come together to create a relatively unique condition in relation to which program mechanisms operate. Contexts are the “sociological characteristics of an environment,”¹⁴³ Stame notes. “The context within which a causal process occurs is, to a greater or lesser extent, intrinsically involved in that process,”¹⁴⁴ they do not just influence the causal process. Neither

¹³⁹ R. Pawson & N. Tilley, (n. 138), at p. 57.

¹⁴⁰ B. Astbury & F. Leeuw, “Unpacking Black Boxes: Mechanisms and Theory Building in Evaluation.” (2010) Vol. 31(3) *American Journal of Evaluation*, 363 at p. 366.

¹⁴¹ R. Pawson & N. Tilley, *Realist Evaluation*, 2004; available at http://www.communitymatters.com.au/RE_chapter.pdf, (Last visited on April 10, 2018).

¹⁴² A. Sayer, *Method in Social Science: A Realist Approach* (revised 2nd ed.), (Routledge, 2010), 75.

¹⁴³ N. Stame, (n. 133), at p. 63.

¹⁴⁴ J. Maxwell, *A Realist Approach for Qualitative Research*, (Sage, 2012), 40.

are they a separate entity in the C-M-O configuration.¹⁴⁵ Context, thus, affects how people develop ideas and beliefs in relation to programs as well as how they do things.¹⁴⁶ It also affects whether resources are available for such new ideas and beliefs to be put into practice. For example, Prashanth *et al*, found that although capacity-building for health workers equipped them with new ideas, lack of resources (a context factor) prevented them from applying such ideas in remote locations, thus, leading to no new outcomes.¹⁴⁷ Further, contexts are time sensitive, so that program may change the functions and processes of a system over time, necessitating a change in how mechanisms work to give a particular outcome. From this, it may be clear that contexts are “bound up with the mechanism(s) through which programmes work and need to be understood as an analytically distinct but interconnected element of a Context-Mechanism-Outcome configuration.”¹⁴⁸ In this thesis, context would include not just the legal environment within which the DCF is deployed, it also includes the social and cultural environment on which the law is imposed and within which the DCF and the policy beneath it are to operate. The context of this study will be assessed through documentary analyses and interviews.

4.2.2. Mechanisms

Mechanisms are those particular things about the programme and intervention that bring about effects or the outcomes.¹⁴⁹ Programs are meant to produce change in the ideas, lifestyle or behaviours of the persons they are applied to. Accordingly, mechanisms entail the detailed “underlying causal processes” by which program resources achieve this change.¹⁵⁰ Rather than

¹⁴⁵ R. Pawson, & A. Manzano-Santaella, “A Realist Diagnostic Workshop”, (2012) Vol. 18(2) *Evaluation* 176-191. Strongly cautioning against the temptation to treat the C-M-O configuration as three separate stages.

¹⁴⁶ A. Manzano-Santealla & R. Pawson, “Evaluating Deceased Organ Donation: A Programme Theory Approach,” (2014) Vol. 28(3) *Journal of Health Organization and Management*, 366-385.

¹⁴⁷ P. Jampani *et al.*, “Advancing the Application of Systems Thinking in Health: A Realist Evaluation of a Capacity Building Programme for District Managers in Tumkur, India,” (2014) Vol. 12 *Health Research Policy and Systems*, 42.

¹⁴⁸ T. Greenhalgh *et al.*, “What realists mean by Context: Why Nothing Works Everywhere or for Everyone,” *The RAMESES II Project*, (2017), 3.

¹⁴⁹ R. Pawson & N. Tilley, (n. 141); K. Salter & A Kothari, “Using Realist Evaluation to Open the Black Box of Knowledge Translation: A State-of-the-art Review”, (2004) Vol. 9(115) *Implementation Science*, 1.

¹⁵⁰ G. Westhorp, *Realist Impact Evaluation: An Introduction*, (2014) *ODI Research and Policy in Development, Australian Government Department of Foreign Affairs and Trade*, 3.

the successive view of causation (where causation is simply attributed to observable association or correlation), realism adopts the generative view of causation (which provides an explanation of how changes occur). This is based on the understanding that “what causes something to happen has nothing to do with the number of times we observe it happening.”¹⁵¹ According to Simons and others, it is through mechanisms that Realistic Evaluation “focuses squarely on the behaviours, ideas and processes an intervention sets into motion amongst the players in the location, in order to describe and explain the outcome.”¹⁵²

However, the practical understanding of program mechanism, even under realism, has not been particularly uniform.¹⁵³ Astbury and Leeuw, for instance, suggest that program mechanisms should be extended beyond ideas and behaviours to cover hidden accounts of how and why outcome patterns occur within a context.¹⁵⁴ This brings out 3 essentials, namely, that mechanisms are (1) usually hidden,¹⁵⁵ (2) context sensitive,¹⁵⁶ and (3) generative of program outcomes¹⁵⁷. This also means that mechanisms, though related to independent variables, are different from them. Neither are mechanisms the same as program activities. Based on this understanding, Hedstrom and Swedberg have attempted to group mechanisms into typologies, giving rise to situational mechanisms (where situations influence beliefs, behaviours or actions), action-formation mechanisms (where a combination of desires or beliefs influence actions), and transformational mechanisms (where other people’s behaviours influence general behaviours).

¹⁵¹ A. Sayer, *Realism and Social Science*, (Sage, 2000), 14.

¹⁵² M. Simons, *et al.*, (n. 137), at p. 1407.

¹⁵³ R. Mayntz, “Mechanisms in the Analysis of Social Macro-phenomena,” (2004) Vol. 34 *Philosophy of the Social Sciences*, 237-259 at p. 238.

¹⁵⁴ B. Astbury and F. Leeuw, (n. 140).

¹⁵⁵ R. Pawson & N. Tilley, (n. 138), at p. 407.

¹⁵⁶ P. Hedstrom, & R. Swedberg, (eds.) *Social mechanisms: An Analytical Approach to Social Theory*, (Cambridge University Press, 1998), 6.

¹⁵⁷ E. House, “Realism in Research,” (1991) Vol. 20(6) *Educational Researcher*, 2-9, 25, at p. 4.

The concept of mechanism, thus, lies at the heart of realist evaluation,¹⁵⁸ much so in the sense that it speaks to *how* programs work. It is the discovery of program mechanisms which changes a program ‘black box’ into a program ‘white box’. Mechanisms, within the context of this thesis, are the underlying processes by which DCF recipients adapt to the ideas and opportunities presented by DCF resources and activities (rather than the resources and activities themselves). These mechanisms will include how the application of DCF monies by the recipients result in the effects or outcomes that may be observed. The mechanisms will be disclosed through the interviews that will be had with DCF recipients and their families, DPOs, and the administrators of the DCF. It is however understood that “theory-driven evaluators do not [have to] replace substantive social and behavioural science theory with a focus only on putative mechanisms,”¹⁵⁹ as mechanisms “are usually specified in relation to and often only make sense as part of a larger body of theory” which “elaborate, sharpen, transpose, and connect theories, but they do not substitute for them”¹⁶⁰ Thus, inasmuch as a search for DCF mechanisms is at the heart of realistic evaluation, such search will not be substituted for the evaluation of the general DCF theory in this thesis.

4.2.3. *Outcome*

When programs are deployed, program resources operate within contexts or circumstances to produce effects. These effects are known as outcomes. Outcomes measure the “alterations in behavioural or event or state regularities.”¹⁶¹ This implies that there cannot be a realist evaluation without adequate specification of intended outcomes; that is, data on measurable impact of the mechanisms within the context. However, social programs hardly produce one particular outcome across the board. For example, a program may produce intended or unintended outcomes across different contexts for different persons. As Westhorp puts it, the same tennis ball which is released in the air on earth will create a different impact if released

¹⁵⁸ T. Greenhalgh et al., (n. 148).

¹⁵⁹ B. Astbury and F. Leeuw, (n. 140), at p. 375.

¹⁶⁰ K. Weber, “From Nuts and Bolts to Toolkits: Theorizing with Mechanisms,” (2006) Vol. 15 *Journal of Management Inquiry*, 119-123 at p. 120.

¹⁶¹ R. Pawson & N. Tilley, (n. 141) at p. 9.

in water.¹⁶² For this reason, realist evaluation data on outcomes need to be “disaggregated according to sub-groups and contextual features identified in the realist programme theory.”¹⁶³ This subgroup-context disaggregation of outcomes enables the evaluator to answer the question – with the relevant *mechanism*, for whom within the program recipient population and in which *context* do we get this particular *outcome*? Therefore, what matters in realist evaluation is the patterns of outcomes for each distinct subgroup. In this study, the measurement of the DCF outcome will be disaggregated into the formal state and the informal state.

4.3. Sampling Criteria and Disaggregation

Realism starts with theorising.¹⁶⁴ Therefore, sampling for data sources, too, requires theory guidance. What, then, is the theory at the core of the DCF? As noted above, the DCF is intended to achieve the dual purposes of minimising poverty among persons with disabilities and raising their social image. This makes poverty minimisation and improvement of social image the DCF’s two intended outcomes. Realist evaluation, however, requires a disaggregation of outcomes against subgroups in order to answer the question – what works for whom, how, and under which contexts. This, in consequence, entails subgrouping within the program population. Similarly, outcome disaggregation requires a sampling approach which will reflect the intended program outcomes and, consequently, the program theory. Theoretical sampling, thus, becomes a suitable sampling approach for this study, since in theoretical sampling, too, “groups are chosen because the data they produce relates to a particular category in the research.”¹⁶⁵ Theoretical sampling is defined as a sampling approach whereby “the researcher is continuously guided by emerging theory as to where to go next in search of their sample.”¹⁶⁶ This implies that where research data is to be gathered from is not determined ahead of finding the program theory. Accordingly, Glaser and Strauss note that the “basic question in theoretical sampling ... is: what groups or subgroups does one turn to next in data collection? And for

¹⁶² G. Westhorp, (n.150), at p. 3.

¹⁶³ T. Greenhalgh et al., (n. 148).

¹⁶⁴ A. Manzano, “The Craft of Interviewing in Realist Evaluation,” (2016) Vol. 22(3) *Evaluation*, 342 at p. 349.

¹⁶⁵ N. Emmel, *Sampling and Choosing Cases in Qualitative Research: A Realist Approach* (SAGE, 2013). Kindle Edition (Locations 335-336).

¹⁶⁶ N. Emmel, (*Ibid.*), Locations 286-287.

what theoretical purpose?”¹⁶⁷ This underscores that critical role that program theory plays in sampling in qualitative research such as this.

As indicated earlier, Ghana’s sociocultural context may be conceptualised into two: (1) the formal State, encompassing the formal government and its institutions, which dominates urban life; and (2) the informal State, embodying the kinship and tribal systems, which dominates rural life. The claim underlining the thesis question is that the formal State impacts life differently from the informal State. This difference in impact, the claim suggests, makes persons who live in a place dominated by one form of the State have a different reality experience and, therefore, outcome under the DCF than those who live in the other. From this disaggregation, two program subgroups of DCF recipient may be sampled for the purposes of this thesis. They are DCF recipients who live in rural areas and DCF recipients who live in urban areas. How does the relevant program theory – that the DCF program enables recipients to minimise poverty and raise social image – play out in respect of the rural dwellers and, also, in respect of urban dwellers? In other words, how does the DCF enable disabled people in rural areas or in urban areas to minimise poverty and, thereby, enhance social image? To answer this question, the program outcome – poverty minimisation and enhancement of social image – will be measured in respect of selected participants in the two subgroups, namely, recipients who live in urban areas and those who live in rural areas. The data from each subgroup will, then, be compared in order to understand for whom the program works better and how. This will enable the study to ascertain whether the candidate hypothesis that a recipient’s sociocultural circumstances – whether under the formal State or under the informal State – is a key factor is validated, discarded or refined.

¹⁶⁷ B. Glaser & A. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research*, (Aldine de Gruyter, 1967) 47.

Chapter Five

5. RESEARCH DESIGN AND METHODS

Chapter Overview: The Realist Evaluation technique forms the basic framework for the research design. The technique requires that data collection be purposive, and theory driven. According to Manzano, this is because research designs and data collection methods “are supposed to be the best tools to uncover patterns and regularities about the programme.”¹⁶⁸ It also dictates that the selection of interviewees be informed by the type of data needed for the various aspect of the Realist Evaluation context-mechanism-outcome (C-M-O) configuration. This Chapter of the thesis will describe the research location and explain the selection criteria for each location and data collection setting. It will outline how data on the Realist Evaluation C-M-O configuration will be collected and the selection criteria and recruitment mode for the participant/interviewee categories. The chapter will end with a short note on the ethical clearance for the field interviews.

5.1. Data on Context

The Realist Evaluation technique emphasises program context. That is, the context within which a program is implemented. Program context entails all the relevant factors that may influence the ideas, beliefs and behaviours of the intended program subjects. Accordingly, the context of this study covers not just the sociology and culture of the communities within which the study was conducted, it also includes the legal and policy frameworks within which the programs was designed to work. Therefore, a part of the research will focus on reviewing the context of the DCF. The program context review will start with the documentary review of the DCF program policy, the laws underlying the program and the literature on the social and cultural beliefs and practices of the communities within which the study took place. Further, data on the context will be gathered through semi-structured individual interviews with persons who were involved in the development of the policies behind the DCF. These interviews will be helpful in clarifying or filling in the gaps that were found in the literature. For example, the

¹⁶⁸ A. Manzano, (n. 164), at p. 349.

meaning of poverty and the type of poverty measurement that formed the DCF program theory; the meaning of social image and how, if so, the program policy intends social image to be measured among others.

5.2. Data on Mechanisms

The search for mechanisms entails finding out how program resources actually interact with the people and the context in producing the outcome. Accordingly, this stage of the study will require the collection of empirical data on the ‘how’ aspects of the research question, namely, how the DCF is reducing poverty and raising the social image of recipients. This include data on: (1) *how* the DCF is administered (including, particularly, *how* recipients are selected and *how* the money-use is monitored); (2) *how* recipients use the monies and other resources they receive from the DCF; and (3) *how* the administration of the Fund and use of the monies and resources impact the recipients’ access to basic poverty indicators – food, shelter, healthcare, education, among others.

Data on these issues will be gathered from interviews with four categories of participants. The sampling and selection of the categories were guided by the program theory – that the DCF enables persons with disabilities to minimise poverty and raise social image – and the candidate hypothesis – that a DCF recipient’s sociocultural circumstances (whether they live in a rural area or in urban area) is a key factor in how the program minimises their poverty levels and raises their social image.¹⁶⁹ The participant categories will be DCF recipients; their immediate family members; disabled people’s organisations which have a national coverage; and administrators of the DCF. Using the “teacher-learner” cycle interviewing technique, 19 persons will be interviewed on their experiences with the DCF. The Teacher-learner cycle is an interviewing technique where the interview begins with the interviewer teaching the interviewee the particular programme theory under test and the interviewee, having learned the theory under test, in turn is able to teach the interviewer about those components of a programme in a particularly informed way.¹⁷⁰ As noted by Manzano, “the roles of teacher and learner are not static but become interchangeable between the interviewer and the interviewee

¹⁶⁹ R. Pawson, “Theorizing the Interview” (1996) Vol. 47(2) *British Journal of Sociology*, pp.295–314.

¹⁷⁰ R. Pawson & A. Manzano-Santaella, (n. 145); A. Manzano, (n. 164).

during the process of thinking through the complexities of the programme.”¹⁷¹ The number of interviewees in this study falls within what is often considered acceptable according to common professional practise.¹⁷² The interviews will begin with program administrators and DPOs. This is in line with the view by Manzano and Pawson that it is better to begin a Realist Evaluation process by interviewing program practitioners or administrators before users, since the tacit knowledge of these practitioners helps to better understand the program theory and the users’ behaviour.¹⁷³ I will describe how each of the categories helped in the study as follows:

5.2.1. DCF Administrators

‘Administrators’ are government officials who administer the funds in the various districts. It is preferable to speak with officials who have administered the fund for at least 5 years. Through a semi-structure interview technique, the Administrators will speak to the following topic guides:

- a. The selection criteria for recipients.
- b. The program definition for poverty and how it is measured.
- c. The administrators’ general opinion of the DCF’s impact on the welfare or poverty levels of persons with disabilities and their families.
- d. How the program’s effectiveness is measured and monitored.
- e. If there is anything new thing which they would wish to be added or removed from the DCF or how it is administered.

5.2.2. Disabled People’s Organisations (DPOs)

DPOs in this context are disabled people’s organisations whose activities cover the DCF for the past 5 years. Recipient may (but do not need to) belong to the particular DPO which I will select. The DPO will be selected based on the availability and willingness of its officials to partake in or contribute to the research. I will interview only one DPO whose activities cover

¹⁷¹ A. Manzano, (n. 164), at p. 344.

¹⁷² M. Mason, “Sample Size and Saturation in PhD Studies Using Qualitative Interviews”, (2010) Vol. 10(3) *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 11.

¹⁷³ A. Manzano & R. Pawson, (n. 146).

Accra and Tamale. Using focused group semi-structured interviews, the 5 DPO members who will volunteered will speak to the following topic guides:

- a. Their general opinion on how families contribute to the welfare of persons with disabilities, particularly in respect of their rights to work. This will help assess the impact of the informal State.
- b. Their general opinion on the DCF's impact on the welfare or poverty levels of persons with disabilities and their families.
- c. If there is anything new which they would wish to be added or removed from the DCF or how it is administered.

5.2.3. DCF Recipients

'Recipients' are persons with disabilities who have accessed monies or other supports from the DCF program in the past. I will interview four recipients comprising two males and two females. In terms of impairment, I will select two recipients with physical impairment and two with visual impairment, one from each of the two research locations. This is partly because, as already indicated in Section 2.2 of this thesis, a majority of persons with disabilities in Ghana fall within these 2 categories of impairment. It is also because of the limitation of time for this research, which will not allow for the assessment of the full spectrum of disabilities in Ghana. This is in line with the aim of the thesis, which is to provide a framework for reflection and further questions on the issue of disabled people's right to work (rather than to generalise the findings).

The recipients will be selected based on those persons who will meet the above criteria and who are willing to participate in the study. The strategy for recruiting participants will be to have a meeting with a disabled people's organisation, explain the study's theory and purpose to them and then, through the meeting, ask for recipients who satisfy the selection criteria to volunteer. The selected recipients will serve as points of contact to recruit their respective families who will be willing to participate in the study. Because I already have a working relationship with the main disabled people's organisations, access to the recipients may be relatively easier for me. I will use semi-structured individual interview and teacher-learner cycle techniques to elicit response data from the recipients along the following topic guides:

- a. If the recipients have worked before and, if so, what work they did before they became recipients of the DCF; the sources of capital for that work; and whether families contributed to such capital. This will help assess the impact of kinship and, thereby, the informal State.
- b. How the recipients got to know about the DCF and the processes they went through to become recipients.
- c. How much (including the frequency of the) money the DCF gives to a recipient; how the recipients used such monies; and if their use of the monies were monitored, how and by whom.
- d. Their general opinion on the impact of the DCF on recipients, their families; and if there is anything they would wish to be added or removed from how the DCF is administered.

5.2.4. Families Persons

‘Families persons’ are persons, whether blood relations or not, whom the recipient consider as family members or persons who otherwise play carer roles in the recipient’s life. Each recipient will be asked to provide up to three family persons for the interview. Using focused groups with the semi-structured interview technique, I will interview family perosns along the following topic guides:

- a. If they have and, if so, how they have contributed to the work of the relative person with disabilities before and after they became DCF recipient. This will assess the impact of the informal State.
- b. How they think the DCF has contributed to the welfare of the recipient and the family.
- c. Their general opinion on how the DCF has impacted the recipient and the family; and if there were anything they would wish to be added or removed from how the DCF is administered.

5.3. Data on Outcome & Analysis

Outcomes are the results of the mechanisms’ interaction with the context. The analysis here will entail a comparison of the actual outcome patterns from the data collected with the expected standards set by the program theory. In this case, the findings from the mechanism stage will be synthesised and compared with the expected standards of the DCF program. In

other words, this aspect of the data answered the question – does the DCF minimise poverty as the program theory expects it to? If so, is the candidate hypothesis – that a DCF recipient’s sociocultural circumstances (whether they live in a rural area under the informal State or in urban area under the formal State) is a key factor in how the program minimises the poverty levels of recipients and raises their social image – validated, discarded or modified? It is the outcome patterns which will tell us whether the DCF enables persons with disabilities to minimise their poverty levels and raise their social images, how and under which circumstances.

5.4. Research Locations

Empirical data for this study will be collected in the Greater Accra area and the Greater Tamale area. The selection of these two locations is informed by the candidate hypothesis that a DCF recipient’s sociocultural circumstances – either under the formal State or under the informal State – is a key factor in how the program minimises poverty. Accra is the capital city of Ghana with a population of 1,665,086 (48.1% male and 51.9% female) spread over a land size of 139 square kilometres all of which is considered fully urban.¹⁷⁴ The area’s disability population is estimated at 2.8%.¹⁷⁵ Traditionally the home of the Ga ethnic group, Accra is now very cosmopolitan, comprising a fair representation of the Ghanaian demography.

Tamale, on the other hand, is the third biggest and the fastest growing city in Ghana.¹⁷⁶ Covering a land size of 646.9 square kilometres, Tamale’s population in 2010 was 233,252 (49.7% male and 50.3% female).¹⁷⁷ Its disability population is estimated at 2.0%.¹⁷⁸

¹⁷⁴ Ghana Statistical Service, *Accra District Analytical Report*, (GSS, 2014), xi.

¹⁷⁵ Ghana Statistical Service, (*Ibid.*), at p. 42. The report at page 13 defines persons with disability as persons “who were unable to or were restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation.” It is worthy of note however that this definition significantly narrows the scope of disability, hence, probably reducing the number of persons with disabilities.

¹⁷⁶ I. Fuseini *et al*, “City Profile: Tamale, Ghana,” (2017) Vol. 60 *Cities*, 64-74.

¹⁷⁷ Ghana Statistical Service, *Tamale District Analytical Report*, (GSS, 2014), xi.

¹⁷⁸ Ghana Statistical Service, *Tamale District Analytical Report*, (GSS, 2014), 48. The report at page 17 defines persons with disability as persons “who were unable to or were restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation.” Similarly, to Accra, it is worthy of note however that this definition significantly narrows the scope of disability, hence, probably reducing the number of persons with disabilities.

However, unlike Accra, Tamale is located in the northern part of the country and, because it is still at its early development stages, has much of its authentic traditional culture which is formed around indigenous Dagomba, Mamprusie, Nanumba and Gonja ethnic groups.¹⁷⁹ That notwithstanding, southern ethnic groups, like Akans, Ewes and Gas, inhabit the area. According to the Tamale Metropolitan Assembly, there are a total of 116 communities, 41 (35%) of which are urban, 15 (13%) being peri-urban and 60 (52%) being rural in nature.¹⁸⁰

One of the reasons for selecting these two cities is that they provide the needed rural-urban context for answering the thesis question and the candidate hypothesis. Accra, being the most urbanised place in Ghana, presents an appropriate setting for evaluating the impact of the formal State, while Tamale, with its high rural traditional features, presents a relatively better setting for evaluating the impact of the informal State. Secondly, I chose these two cities because I have contacts with the disabled people's organisations in them, which, I believe, will help me have a fairly easier access to the intended research participants.

5.5. Positionality and Reflexivity

The personal characteristics of a researcher may influence the outcome of the research in many ways. This concept is referred to as positionality.¹⁸¹ Researcher's positionality, thus, deals with the extent to which research findings, observations and conclusions are influenced by the researcher's personal characteristics – gender, ethnicity, social status, nationality, etc. This is from the background that researcher independence in qualitative research is not a requirement and, particularly, that “to maintain the myth of the ‘independent researcher’ within the context of disability research – or any kind of social research, for that matter – can only exacerbate the gulf between researchers and research subjects – the very opposite of what is needed.”¹⁸² The

¹⁷⁹ A. Akinyoade & J. Gewald, *African Roads to Prosperity (African Dynamics)*, (BRILL, 2015), 198.

¹⁸⁰ Tamale Metropolitan Assembly, Profile of Tamale Metro, available at <<http://www.tamalemetro.gov.gh/tamalemetro/?profile-of-tamale-metro&page=5143>> (Last visited: April 26, 2018)

¹⁸¹ K. England “Getting Personal: Reflexivity, Positionality, and Feminist Research”, (1994) Vol. 46(1) *The Professional Geographer*, 80-89; S. Relles “A Call for Qualitative Methods in Action: Enlisting Positionality as an Equity Tool”, (2016) Vol. 51(5) *Intervention in School and Clinic*, 312-317

¹⁸² C. Barnes, “Disability and the Myth of the Independent Researcher, (1996) Vol. 11(1) *Disability & Society*, 107 at p. 110.

concept of positionality is, therefore, the framework for explaining the issues of researcher's bias.

In the same vein, my positionality will affect the findings in this research. I am a lawyer and law teacher. This study is in respect of Ghana and the persons interviewed are Ghanaians living in Ghana. In Ghanaian society, lawyers are generally treated with a relatively higher level of respect and, sometimes, even with awe. The power relation between me and my interviewees are disproportionate in my favour. My interviewees – largely disabled people and their close friends and families – may not be free to express themselves the way they ordinarily would to a researcher with a different background. This characteristic may, therefore, affect not only how the interviewees relate or interact with me, but also how I relate and interact with them and, even, how I interpret their responses. For example, would my interviewees have answered the questions I posed to them differently if I were not a lawyer? Secondly, I do not have any known disability, but the core of my interviewees are persons with disabilities. This, too, may have affect not only how the interviewees related or interacted with me, but also how I interacted with them and interpreted their responses. For instance, one of the key questions that kept coming up throughout this study, both in my mind and from the persons I interacted with, is how a person without a known disability has come to develop such a keen interest in the subject of disability human rights so as to pursue a PhD research in it. Also, would my interviewees have answered the questions differently if I were a person with a disability? Further, how did I interpret their responses? Would I interpret their responses differently if I were a disabled person? These questions touch on the researcher biases that may influence the study's findings, analysis and conclusions. I will end this chapter on the thesis methodology with a brief attempt at addressing these very important questions on positionality. First, I will give a brief narration of my background and how that might have influenced my decision to undertake this study. Narrating my background may also amount to a disclosure which the readers of this thesis may need to contextualise the study's findings, my reflections and conclusion.

I may place the beginning of my journey to this study in the year 2011 in Accra when I was an intern with a local law and development think tank, LADA Institute. The Institute and another NGO (called Mind Freedom) were jointly hosting (in Ghana) a group of law students from Harvard University, Massachusetts, USA. The students were researching on Ghana's Mental Health Bill (which would later be passed into the Mental Health Act in 2012). As a law intern

called to the Ghana bar a few weeks earlier, I was scheduled to help the team with explanations to the then Mental Health Decree of 1972. My involvement in the research, a part of which entailed an international comparative analysis of mental health legislation, left a mark on my thoughts and views about mental health in particular and disabilities in general. It was during this research that I first came to the idea that social factors are key to understanding the concept of disability. I began to appreciate not only the extent of the injustice that society's decisions, actions and beliefs visit on persons with disabilities, but also how a lot could change about disability merely through education on disabilities. Therefore, when, a few months after the research, Mind Freedom approached me to apply to the George Soros Open Society Foundation disabilities rights scholarship program later in the year (they might have noticed my passion and motivation during the research), I quickly did.

My application was successful, and I was selected as one of the dozen young persons from across the world to embark on a fellowship in selected universities across Europe and North America. I was placed with the Cardiff Law School in Wales in the United Kingdom under the supervision of Prof Luke Clement, the Cerebra Professor on social care law. Professor Clements' supervision was a landmark in my career. At Cardiff, I chose to focus my LLM dissertation research on disability human rights in Ghana. More specifically, my dissertation involved research into the enforcement of the socioeconomic rights of persons with disability in Ghana with a comparative analysis in two developing economies – South Africa and India. Writing my dissertation, I observed that civil and political rights were only a component of the many rights that may ensure the individual's development. I also observed that the individual's development is even more sustainable and complete if socioeconomic rights are taken seriously together with civil and political rights. My findings from that dissertation made me even more curious and enhanced my interest in the development of the largest minority group of our society – persons with disabilities. Even more particularly, my dissertation, a part of which was later published in the Volume 3 of the African Disability Rights Yearbook, disclosed the challenges that the jurisprudence of Ghana's Supreme Court posed to the enforcement of socioeconomic rights in general and, in particular, to Ghana's fulfilment of the obligations under the CRPD. Ghana had signed up to the CRPD 5 years earlier (in March 2007) and had ratified it (in July 2012) a few months before I enrolled in the Cardiff LLM program.

From Cardiff, I got admitted to another LLM program in Harvard Law School where I was introduced to poverty law studies. There, my close interactions with three professors further

shaped my thoughts and interest in law career. For instance, I was a Teaching Assistant to Professor Lucie White, the Louis A. Horvitz Professor of social welfare law, whose research focus was law, development and poverty in Africa. I also interacted quite closely with Professor William Alford, the Henry L. Stimson Professor of Law, who was the Director of the Harvard Law School Program on Disability; and, also, with Professor Michael Stein, who was at the time a visiting professor at the Harvard Law School Program on Disability. Both men inspired and encouraged me to embark on the journey to this program. Thus, while Professor Clements and Cardiff Law School raised and entrenched my curiosity in disability law studies, Harvard Law School helped to shape and focus that curiosity on the poverty dimension to disability. The two-year experience left me a clear path to follow in my professional law career as law teacher and researcher. I left back to Ghana in June 2014 thinking more deeply about the estimated 10% of Ghanaians who are exposed to long-term discrimination, stigmatization and exclusion from mainstream society as a result of the various forms of impairment that they have.

I returned to Ghana to join LADA Institute, this time around as an Associate. Coincidentally at the time, LADA Institute was the consultant on the revision of Ghana's Disabilities Act. The Act was passed in 2006, just around the same time that the negotiation of the CRPD was about concluding. Ghana having ratified the CRPD about half a decade later, there was definitely a need to align the promises of Act to the country's obligations under the CRPD. I availed myself of the privilege to lead a team of researchers at the LADA Institute to hold a countrywide consultation on revising the Disabilities Act. The revision program was under the joint auspices of the Ghana Federation for the Disabled (GFD), the National Council on Persons with Disability and the government ministry responsible for social welfare. The consultations helped me significantly to properly contextualized disability rights to Ghana law and social situations. That conceptualisation would be elevated to the African level when, in August 2014, I was invited by the Centre of Human Rights of the University of Pretoria, South Africa, to be part of a roundtable of expert on disability rights. The roundtable was to investigate the feasibility of the proposed "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa." The roundtable workshop was part of the processes that led to the adoption in January 2018 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa. It brought me into a rich network of human rights practitioners (particularly, those who practiced disability rights law, research and advocacy) and judges across the continent.

While my postgraduate education did bring me closer to disabled people's community, I must admit that my formative years were spent in relatively privileged circles. Quite apart from an uncle and a cousin who had mild physical impairments (caused by polio), my close relatives and friends were non-disabled people. I wish to admit that my minimal contact with disabled people during my formative years might have inevitably made me to, subconsciously, consider or even treat disabled people to be 'other'. Although as an adult, my friendship with many people who would self-identify as persons with disabilities and my work have done much to erase this as a conscious feeling, I have to acknowledge that these biases which were formed during my formative years may still exist. They (my biases) may have an influence on how I conduct this research, namely, how I interact with my interviewees and interpret their responses and situations. However, as stressed by Shakespeare "independent research is indeed ultimately a fiction" in social science research.¹⁸³ Nonetheless, I do hope that my background of years of experience in disability human rights research and in interacting with disabled people has prepared me in a way that will minimise the extent to which these biases may have affected the study.

Consequently, I have built some reflexivity into the design of this research so as to not only make the influences of my personal attributes and biases known, but also to attempt to reduce their influences on the research. For instance, my entry strategy was particularly designed to minimise the effect of my positionality. Therefore, I did not approach the various interviewees personally or directly. I approached them through the leadership of the national DPO federation, with whom I have worked in many capacities over the years. By this entry strategy, the social gap between me and the interviewees may have been minimised significantly. Thirdly, the interviewees were not selected. They were asked to volunteer for the study after I had given a thorough introduction of myself, background and experiences and the aim and scope of the thesis to them. This meant that persons who did not feel particularly comfortable with my personality or the research did not volunteer to become interviewees. Fourthly, even after settling on the interviewees, I allowed a minimum of 3 weeks between my first contact with them and the actual interviews. Throughout the 3 weeks, I have had repeated telephone interactions with the interviewees on casual issues as well as issues pertaining to the research. Through these repeated interactions, we were able to get to know each other's background and

¹⁸³ T. Shakespeare, "Rules of Engagement: Doing Disability Research, (1996) Vol. 11(1) *Disability & Society*, 115 at p. 117.

understanding even before the actual interview. Finally, I kept my appearance, dressing and language as ordinary and simple as I could. This is to ensure that I do not create the intimidation and rigidity that by professional background may create in my interviewees. Nonetheless, it is true that the outcome of this research may well be influenced, to a large extent by my personal attribute. The research may, thus, be viewed within the context of my personal background of biases.

5.6. Limitations of the Study

The findings of this study have to be considered in the light of the following limitations. Perhaps, the most obvious limitation on the study is the novel coronavirus (covid-19) pandemic with its accompanying social distancing, restriction on movements and travel bans which were not anticipated in the designing stage of the study. These restrictions have had an interruptive effect on the study. Particularly, they have affected my travels between Ghana and the United Kingdom and also within Ghana where the field research took place. For example, the covid-19 restrictions have made it impossible for mop-up interviews, which would have filled the finding gaps and, thereby, enriched the research analyses and conclusions. The second limitation is time. Being a doctoral research, the study is limited by the time that a doctoral research may be allowed to last – three years. This, coupled with the covid-19 restrictions, has further limited the time that was available for the study's field research and interviews, which also, further, limits the scope, depth and number of persons that could be interviewed. These limitations affect the representativeness of the findings. However, being a qualitative research, the aim of the thesis is not to generalise the findings. Rather, the aim is to provide a framework for inquiry, reflection and further questions on the issue of disabled people's right to work. The choice of the Realist Evaluation technique, thus, fits to mitigate these limitations. The Realist Evaluation technique's inbuilt qualitative methods such as interviews and focus group discussions have enhance the capacity of the study to bring out these qualitative dimensions of the DCF program. The purpose of Realist Evaluation is to find out how an intervention has worked in the circumstances and contexts under which implementation took place, therefore traditional notions of reliability and validity may not apply to this study. Nonetheless, a higher number of interviewees and more time would have provided a wider variety of experiences and realities which may enrich the findings and the discussion. To overcome the limitations that have been identified and explained – time and the covid-19 restrictions – a future study on the

subject will have to incorporate other techniques into the research design which will take care of such eventualities as the covid-19 related restrictions.

5.7. Ethical Clearance

The University body which is responsible for the ethical approval for this study is the Faculty Research Ethics Committee, Environment and LUBS (AREA) of the Faculty of Education, Social Sciences, and Law (ESSL). The Committee vetted my research methods and design and granted me ethical clearance prior to my field research interviews. The ethical clearance certificate, which was issued by the Committee in January 2019, is attached to this thesis as Appendix A.

Chapter Six

6. THE DISABILITY COMMON FUND

Chapter Overview: This chapter presents a descriptive analysis of the DCF. It provides an account of the DCF's history and background and, also, explains its primary characteristics in context. The Chapter goes on to describe the program's policy background and its management and administrative structure. It also explains the program's aims and purpose, which are to use work as a tool to minimise poverty among persons with disabilities and raise their social image. Accordingly, this chapter also explains the core concepts of the program's purpose, namely, 'poverty' and 'social image' and the meanings that they are adopted for them in this study. The chapter, thus, gives an understanding of the subject matter of the study.

6.1. Fund Origin

As indicated in the introductory chapter to the thesis, the DCF program, was established in 2005 to specifically address the right of persons with disabilities to work. The program forms a part of the wider District Assembly Common Fund. Districts¹⁸⁴ are the second (but main) level of local government administration in Ghana.¹⁸⁵ Currently there are 254 Districts in Ghana spanning across 16 administrative regions. Each District has an administrative-cum-legislative organ called a District Assembly. District Assemblies are thus local government authorities. They provide almost all public services in the district. An Assembly is headed by a District Chief Executive who reports directly to the President of the Republic at the central government level. The District Assemblies Common Fund was, thus, established by the Constitution to augment the fiscal resource capacities of the various local government districts. Accordingly, the Constitution requires the "allocation of not less than five percent of the total revenues of Ghana to the District Assemblies for development."¹⁸⁶ The fund is to be applied

¹⁸⁴ 'District' is also generically to refer to Metropolitan, Municipal and District Assemblies (MMDAs).

¹⁸⁵ See the Local Government Act, 2016 (Act 936) which repeals the Local Government Act of 1993.

¹⁸⁶ Article 252(2), (n. 78); Also see: K. Fynn, *Joint Decentralisation Review Mission: DACF (Our Common Welfare)*, (Accra, 2011).

to, among others, “promote local development through the involvement of the indigenous people as a way of improving ownership and commitment to enhance implementation, leading to improvement in the living conditions of the local people.”¹⁸⁷ It is from this fund – the District Assemblies Common Fund (DACF) – that the Disability Common Fund (DCF) is culled. A total of 2% of the District Assemblies Common Fund for every district was originally allocated to the DCF program towards its purposes. This would later be increased to 3% in 2018.¹⁸⁸

6.2. DCF Characteristics

The DCF is a cash transfer program. Cash transfer programs are designed to alleviate poverty among the poor of the poor in society through the sharing of cash. Cash transfer programs are a right-based poverty alleviation strategy.¹⁸⁹ According to Handa and Davis, cash transfer programs are aimed at “combining long-run human-capital development with short-term poverty alleviation.”¹⁹⁰ A paper commissioned by the UK Department for International Development (DFID) describes the problems that cash transfer programs are primarily intended to solve as follows:

“Research into the multidimensional aspects of poverty and vulnerability has made an important contribution to the development of cash transfers. Poor and near-poor households in low- and middle-income countries face a wide range of risks (such as crop failure, natural disaster, illness, accident, employment failure) which make it harder, and often impossible, to improve and sustain their standard of living over the long term. There is an established body of evidence to show that the poor are rarely able to insure themselves against such shocks. As a result, they cope with shocks by selling productive assets, taking children out of school, and reducing nutritional intake. This vulnerability affects both the non-poor, who are vulnerable to falling below the poverty line, as well as those

¹⁸⁷ R. Bandie, “The Effects of the District Assemblies’ Common Fund on District Assemblies Internally Generated Revenue Mobilisation in Ghana: An Analysis of the Early Years of the Fund,” (2015) Vol. 5(9) *International Journal of Asian Social Science*, 529 at p. 530.

¹⁸⁸ Ghana’s Ministry of Finance, *2018 National Budget and Economic Policy Statement*, para. 871 at p. 161.

¹⁸⁹ J. Farrington, *et al*, “Cash Transfers in Development and Relief Contexts: A Review of the Recent Literature” (Overseas Development Institute Briefing paper, July 2007), 15.

¹⁹⁰ S. Handa & B. Davis, “The Experience of Conditional Cash Transfers in Latin America and the Caribbean”, (2006) Vol. 24(5) *Development Policy Review*, 513 at p. 514.

already in poverty, who are vulnerable to falling into ever deeper destitution and chronic poverty.”¹⁹¹

A cash transfer program may be conditional, where the beneficiaries of the cash must commit to use the cash for a particular purpose, usually, “on the condition that those households make prespecified investments in the human capital of their children.”¹⁹² Such investment may include school attendance, healthcare facility visits, etc. A cash transfer program may also be unconditional, where beneficiaries are not subject to any particular condition, for example poverty-targeted transfers and old-age pensions. Again, cash transfer programs may be targeted on the basis of poverty to relatively-narrow groups or more universally targeted (such as pensions which are provided to all people over a certain age).¹⁹³ Cash transfer programs have been described as having, in recent years, been “increasingly adopted as key elements of national poverty reduction and social protection strategies.”¹⁹⁴ In Brazil and Mexico, for instance, cash transfer programs have, as at the year 2006, reached approximately 8 million and 5 million households respectively, with budgets of over US\$2 billion a year.¹⁹⁵

The DCF program bears the main characteristics of a cash transfer program. First, the program recipients receive cash supports. That is notwithstanding that management committees of the fund may, where a peculiar situation demands, purchase the materials needs – refrigerators, sewing machines, etc. – directly for recipients who ask for such materials. Second, the DCF is a right-based social intervention program – all persons with disabilities are eligible as of right (of course, subject to the availability of funds). Third, it is also non-contributory in the sense that a recipient needs not contribute to it or pay a premium in order to be eligible for support. The DCF is also government funded and sustained. These characteristics fit the DCF into the cash transfer social intervention framework. Accordingly, the evaluation in this study (of the

¹⁹¹ DFID, *DFID Cash Transfers Evidence Paper* (April 2011), 8. Available at <https://www.who.int/alliance-hpsr/alliancehpsr_dfidevidencepaper.pdf> last visited on September 12, 2020; Also see: A. Barrientos, *Social Protection and Poverty*, (UNRISD Social Policy and Development Programme Paper Number 42 January 2010).

¹⁹² A. Fiszbein & N. Schady, *Conditional Cash Transfer: Reducing Present and Future Poverty*, (A World Bank Policy Research Report, 2009, 1.

¹⁹³ J. Farrington, et al, (n. 189), at p. 15.

¹⁹⁴ J. Hagen-Zanker *et al.*, *Understanding the Impact of Cash Transfers: The Evidence*, (Briefing Paper, July 2016), 1.

¹⁹⁵ S. Handa and B. Davis, (n. 190), at p. 514.

DCF) will be done within the broader framework of cash transfer programs. Again, apart from being the only State program, which is dedicated exclusively to persons with disabilities, the DCF is also the most extensive of all the State social intervention programs for that purpose. It is present and operational in all the administrative districts of the country. Additionally, by being tied to the national revenue, the DCF may be said to be one of the most financially stable social intervention programs in Ghana – its primary source of funding is in the least very secured.

6.3. Policy and Purpose

As already indicated in the previous chapters, the DCF was established to achieve two broad but interdependent and interrelated aims: (1) to minimise poverty among all persons with disabilities, particularly those outside the formal sector of employment; and, (2) to enhance their social image through dignified labour.¹⁹⁶ From these broad aims, it may be said that the DCF is aimed at promoting the right of persons with disabilities to work. Primarily, the fund is to provide capital support for the income-generating activities of persons with disabilities. That notwithstanding, the DCF may be used for other ancillary purposes. According to the National Council on Persons with Disabilities guidelines for the disbursement of the DCF (the “Guidelines”), the DCF may be applied to provide support for the education, training or rehabilitation of persons (including children) with disabilities and also for the purchase of technical aids and other assistive devices and equipment. It may also be applied towards capacity building for Organisations of Persons with Disabilities (OPWDs) in the districts “to enable them to advocate and assert their rights and undertake awareness raising and sensitisation on disability issues.”¹⁹⁷

However, the policy background to the DCF is quite vague. Even though the program was established in 2005, there appears to be no deliberate comprehensive policy or particular legal framework on it. This study did not discover any specific documentation, or explicit policy statement explaining its purposes or aims when the program was established. Indeed, the view abounds among key stakeholders that there was no clear or specific policy preceding the program; and, that the DCF Guidelines which would be developed later in 2010 (five years after the policy came into existence) was an attempt to fill the policy background gap by

¹⁹⁶ Statistical Service of Ghana, (n. 131), at p. 24; Also see: NCPD/GFD, (n. 131), at p. 3.

¹⁹⁷ NCPD/GFD, (*Ibid*).

streamlining the program and defining its purpose going forward. An official of the national federation of DPOs explained the situation in a focus-group discussion I had with the DPO executive in Accra on May 28, 2019 at about 1:30 pm as follows:

The truth of the matter is this – when the Common Fund was initiated in 2005, it did not come out with any form of guidelines ... So, [this DPO] says, then, we should help to develop guidelines for the disbursement and utilisation of the Fund. So, we came out; we're able to bring all the stakeholders together, including the Ministry of Local Government and the Ministry of Manpower and Social Welfare. We brought all that together and we endorsed the guidelines. So, it was these guidelines, initiated by [this DPO] that says that there should even be a Fund Management Committee.”

However, a review of the general government policy landscape on social intervention within the period that the DCF was established – between years 2005 to 2006 – would provide an insight into the program's policy background. In this regard, I found that the DCF was conceptualised and established within the Ghana-IMF framework for the so-called Highly Indebted Poor Countries (HIPC) initiative. The HIPC initiative was launched in 1996 by the IMF and World Bank, with the aim of:

“... ensuring that no poor country faces a debt burden it cannot manage ... Countries must meet certain criteria, commit to poverty reduction through policy changes, and demonstrate a good track record over time. The Fund and Bank provide interim debt relief in the initial stage and, when a country meets its commitments, full debt relief is provided.”¹⁹⁸

Subsequently, successive Ghanaian government's (together with development partners) developed medium-term development programs that are aimed at reducing poverty and improving the social wellbeing of Ghanaians. Two of such programs were the Ghana Poverty Reduction Strategy (GPRS I) and the Growth and Poverty Reduction Strategy (GPRS II).¹⁹⁹ GPRS I was a bundle of policies, strategies, programmes and projects to support growth and

¹⁹⁸ IMF, *Fact Sheet: Debt Relief Under the Heavily Indebted Poor Countries (HIPC) Initiative*, p. 1, available at <<https://www.imf.org/external/np/exr/facts/pdf/hipc.pdf>> (last visited: April 28, 2019)

¹⁹⁹ IMF, Ghana: Poverty Reduction Strategy Paper, Vol. II, IMF Country Report No. 12/204 (July 2012), p. 1-2.

poverty reduction in Ghana over a three-year period, 2002-2004.²⁰⁰ GPRS I came in 2002 as a pre-condition for the HIPC debt relief program under the IMF. One of the components of the GPRS I is human development. The human development component is aimed at empowering communities that are considered to be vulnerable. This includes persons with disabilities. Specific to disability, the human development component of GPRS I aims at improving “the quality of life of the physically handicapped.”²⁰¹ To achieve this, the program was designed to strengthen the work of the Department of Social Welfare, equip disabled youth with employable skills and provide care and support for street beggars. The program was also designed to increase and ring-fenced budgetary allocation for the Department of Social Welfare, particularly, those earmarked for training and rehabilitation.²⁰² For example, in 2005 (the year of the DCF’s establishment) the national budget statement stated at page 265 that:

“[932] Mr. Speaker, In the last year of implementation of the first part of the GPRS (2003-2005) Government’s commitment to accelerated poverty reduction and the protection of the vulnerable and excluded has not waned. [933] To achieve this, Government has allocated a total of ₵7,693.24 billion for poverty related expenditure. This represents 31.06 per cent of total Government expenditure and a nominal increase of about 49 per cent over 2004 planned allocation of ₵5,158.45 billion. The total amount excludes donor funds but includes HIPC resources. [934] Mr. Speaker, about ₵1,992.9 billion of HIPC relief is expected this year. About ₵398.6 billion representing 20 per cent of the 2005 relief will be used to reduce domestic debt and the rest allocated to MDAs and MMDAs to implement poverty reduction and growth enhancing programmes and projects.”

Quite clearly, the object of the disability component of the human development component of GPRS I – equipping disabled youth with employable skills – ties in considerably well with the object of the DCF. In spite of this, the 2005 national budget and economic policy did not specifically mention the DCF, particularly, as the DCF did not even have a formal name at the

²⁰⁰ IMF, *Ghana Poverty Reduction Strategy 2003-2005: An Agenda for Growth and Prosperity* (Vol I, Analysis and Policy Statement, February 2003, p. i.

²⁰¹ IMF, (*Ibid*).

²⁰² IMF, (*Ibid*), at p. 178.

time. Nonetheless, it may be inferred that it was within the GPRS-HIPC framework that the DCF was conceptualised and established. This is because, the broad social intervention policy objective of the government (as disclosed in the 2005 budget statement) aligns considerably with what the DCF has been seeking to achieve since its establishment – attempts at minimising poverty among persons with disability and raising their social image. This broad social intervention policy objective of the program is seen running through subsequent national budgets. For example, the 2006 budget statement has it at page 77 that:

“[231] The new development framework, the Growth and Poverty Reduction Strategy, (GPRS II) covers the period 2006-2009 building on the achievements made and lessons learnt from GPRS I. Its goal is to achieve accelerated and sustained shared growth, poverty reduction, promotion of gender equity, protection and empowerment of the vulnerable and excluded within a decentralized democratic environment.”

As a result of this lack of explicit policy framework for the DCF, the program does not explicitly define the key concepts contained in its overall objective, particularly, ‘poverty’ and ‘social image’. Nonetheless, a review of Ghana’s development policy environment would give a significant lead to the meaning that the policymakers intended these two principal concepts to bear. Accordingly, ascertaining the meaning of poverty and social image will be essential to evaluating the effectiveness of the DCF.

6.4. Meaning of Poverty

Poverty may be measured in absolute terms or in relative terms.²⁰³ Measuring poverty in absolute terms involves setting a threshold below which a person is considered poor irrespective of the living standards in his or her society. Measuring poverty in relative terms, on the other hand, entails a comparison of a person’s standard of living with others in his or her society. Accordingly, Sen frames the question this way: “should poverty be estimated with a cut-off line that reflects a level below which people are in some sense ‘absolutely

²⁰³ See generally, J. Iceland, “Measuring Poverty: Theoretical and Empirical Considerations,” (2005) Vol 3(4) *Measurement: Interdisciplinary Research and Perspectives*, 199-235; A. Sen, “Poor, Relatively Speaking”, (1983) Vol 35(2) *Oxford Economic Papers*, 153-169; A. Sen, (n.19); A. Sen, *Inequality Re-examined*, (Harvard University Press, 1992); S. Chen and M. Ravallion, “How have the World’s Poorest Fared Since the Early 1980s?” (2004) Vol. 19(2) *World Bank Research Observer*, 147-153.

impoverished’, or a level that reflects standards of living ‘common to that country’ in particular?”²⁰⁴ The European Commission, for instance, defines poor people as persons whose “income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live.”²⁰⁵ It may be seen that this definition confines poverty to the society’s living standard; and, therefore, measures poverty in relative terms. The World Bank, on the other hand, considers a person as poor who lives on less than \$2 per day.²⁰⁶ This measurement of poverty is in absolute terms – it does not take a society’s living standard into account. However, as Sen strongly noted, the measurement of poverty to be adopted may not always affect the core concept of poverty, since “if there is starvation and hunger, then, no matter what the relative picture looks like, there clearly is poverty.”²⁰⁷

Primarily, disability is located within the right-based approach. And, as noted above, the cash transfer social intervention program derives from the right-based to fighting poverty.²⁰⁸ This makes the human rights approach a good beginning point to discovering the meaning of poverty that the DCF adopts. The UN Committee on Economic, Social and Cultural Rights (CESCR) defines poverty as “a human condition characterised by sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living.”²⁰⁹ Further, the GPRS programs explain poverty from a multi-dimensional perspective. They define poverty as “unacceptable physiological and social deprivation”²¹⁰ which may be caused or exacerbated by an array of factors. These factors range from national macroeconomic variables, through global economic conditions, denial of access to public life, lack of education, vocational skills, entrepreneurial abilities, poor health and poor quality of

²⁰⁴ A. Sen, (n. 203), at p. 153.

²⁰⁵ European Commission, *Joint Report on Social Inclusion* (2004) p. 10; Also see generally W. Beckerman and S. Clark, *Poverty and Social Security in Britain Since 1961* (Oxford University Press, 1982).

²⁰⁶ The World Bank considers this as the average poverty line and describes it as a “measurement of deep deprivation”, See: The World Bank, “Working for a World free of Poverty: Overview,” Available at: <http://www.worldbank.org/en/topic/poverty/overview> (last visited on May 21, 2013)

²⁰⁷ A. Sen, (n. 203), at p. 159

²⁰⁸ J. Farrington, (n. 189).

²⁰⁹ See: CESCR, *Statement on Poverty and the ICESCR, E/C.12/2001/10* (May 10, 2001), paragraph 8.

²¹⁰ IMF, (n. 200), at p. 3.

life, among others.²¹¹ However, the overall analysis of poverty in the GPRS focuses on 3 dimensions – income or consumption poverty, lack of access to basic services, and deprivations in human development.²¹² This conceptualisation of poverty mirrors that of the UN CDESCR. It also, in many ways, reflects the World Bank-IMF measurement of poverty which considers a person to be poor if he or she lives on less than US\$ 2 a day.

The literature review above on disability in Ghana indicates that the general picture of disabled people in Ghana bears a striking semblance to poverty in this human rights sense.²¹³ It also reflects the understanding of the stakeholders of the DCF. For example, Mr Klutse, a director at the Department of Social Welfare, who has been in charge of the disability rehabilitation centre in Accra for over 13 years and over 30 years at the disability schedule officer, in an interview with me on April 29, 2019 at about 12:30 pm in Accra, explains “poverty” as follows:

“As I said earlier on, I will relate to persons with disability if you are talking about poverty as far as persons with disabilities are concerned. Go to our communities. There are most of persons with disabilities who find it difficult to even get a meal a day, [not] to talk about three times a day ... Parents find it very difficult to get money. All that they rely on is the farm produce. So, there are people there that it is very difficult to get money to take care of their needs, shelter, clothing, food and all the necessities of life ... So, poverty in terms of persons with disabilities are people who cannot have their necessities of life, like food, shelter, water, clothing, healthcare and assistive devices like wheelchair, walking aids, white canes, hearing aids and those who cannot have these things at all, I will refer to them as poor persons with disability.”

Thus, “poverty” as used in the stated aim of the DCF, though not explicitly defined, seems to align with or reflect the sense in which the UN, the World Bank and the IMF employ the term – sustained deprivation of resources leading to lack of access to basic human needs (food, water

²¹¹ IMF, (*Ibid.*), at p. 3.

²¹² IMF, (*Ibid.*) at p. 13.

²¹³ A. Naami *et al.*, (n. 57) at p. 192. M Avoke, (n. 60) at p. 773; J. Agbenyega, (n. 60); G. Dogbe, (n. 60); A. Kassah, (n. 60).

and shelter). Therefore, the absence of an explicit definition or measurement of poverty in the DCF documentary analysis or interview notwithstanding, this study will adopt the rights-based approach to measuring poverty – absolute poverty.

6.5. Meaning of Social Image

One objective of the DCF is to minimise poverty. The other is to raise the “social image” of persons with disability through dignified labour. Just like poverty, “social image” is not explicitly defined or explained in the 2010 DCF policy guideline, as this two-prong objective itself postdates the commencement of the program. This absence of explanation may also be attributed to the unavailability of a documentation which clearly details the policy background for the program. However, policy administrators and implementers seem to have an idea what “social image” means within the policy framework. Mr Klutse, again, explains the term as follows:

“But ‘social image’ as I gave an example of some of the people, that before they came to the Rehab Centres, they were seen as nobody in their community. They were seen as one of the beggars because they were not doing anything. You know when you are a person with disability, especially the severe ones, anywhere you go they think you are a beggar. But when they came to the Centre and are given training, after which they had the employment. They are now seen as ‘somebody’ in society. So, the ‘social image’, I will explain it (not by the definition) as people who were of no importance or seen as less important in society; but after gaining some status in society, they have that image, that when people are going, they can go with them. When people are talking, they can equally talk and whatever people are doing in society, they can equally do it without any fear or intimidation. So, by ‘social image’, those that were very low in society by some circumstances like through rehabilitation, it could be medical rehabilitation, it could be vocational rehabilitation, it could be education to the highest level, have reached the status of being called ‘somebody’.”

Thus, clearly, lack of work (“not doing anything”) could, by itself alone, mean less social image, regardless of income. Similarly, doing things that are not considered as “work” – like “begging” for alms – may be an indicator for less or no social image. Consequently, the DCF’s second

aim of raising social image through dignified labour may reveal an understanding that work, by and of itself, is a means of improving a person's social image. Again, a person who is excluded and relegated to the fringes of society, whose voice or opinion are not recognised, may be considered as having or being of less social image. Raising social image, therefore, may be related or likened to disability mainstreaming, a concept which entails not just making disability issue a part of development programs and projects, but also bringing the individual persons with disabilities from the fringes of society (social exclusion) right to the mainstream of social life (social inclusion).²¹⁴ The DCF's aim of enhancing the social image of persons with disabilities in Ghana may, thus, be defined to include empowering individual persons with disability, micro level mainstreaming, to play an active role in every aspect of society – work, politics, religion, culture, etc.

6.6. Management and Administration

The DCF Management Committee system was established 5 years after the program was instituted. By the Management Committee arrangement, the DCF is to be managed by a committee of persons drawn from the district branches of the National Council on Persons with Disabilities, the Ghana Federation of the Disabled (the largest DPO in Ghana), the Social Welfare Department, and other technical experts. Each district has its own management committee. The committee is responsible for vetting applications and monitoring how allocated funds are used by beneficiaries. They also create awareness about the DCF and present annual reports to the District Assembly and the National Council on Persons with Disabilities, which are responsible for monitoring the DCF fund and accounts. Notwithstanding these structures, SEND Ghana discovers that the program is confronted with implementation challenges.²¹⁵ Again, Mprah investigated the impact of the DCF in the Kumasi Metropolis. He found that “the major challenges were delays in release of funds, insufficiency of the fund and misuse of funds by beneficiaries.”²¹⁶ Furthermore, Tuggun names lack or inadequacy of information on the DCF to potential beneficiaries; government's borrowing or diversion of the fund monies to

²¹⁴ K. Skarstad & M. Stein, “Mainstreaming Disability in the United Nations Treaty Bodies, (2018) Vol. 17(1) *Journal of Human Rights*, 1-24; P. Meier, *et al.* “Mainstreaming Disability in Policies: the Flemish Experience, (2016) Vol. 31(9) *Disability & Society*, 1190-1204.

²¹⁵ SEND Ghana, *Making Decentralisation Work for the Poor*, (SEND Ghana, 2010).

²¹⁶ W. Mprah *et al.*, *Assessing the Impact and Uses of the Disability Common Fund Among Persons with Disabilities in Kumasi Metropolis in Ghana* (2017) Vol.12(4) *Review of Disability Studies*, 1.

other sectors of the economy; side-lining the representative of disabled people's representatives on the fund management committee; political interference in the work of the fund management committee, among others, as key challenges.²¹⁷ Even though these programs are in place, interviews conducted by Slikker reveal that “most respondents do not know if there is any support from the government for PWDs.”²¹⁸ Also, some of the people who know of the DCF's existence are yet to appreciate how to access support from it.

These findings, to some extent, impugn the strategies that are employed by the Management Committees and the other agencies for the DCF's implementation. Part of the strategy void is currently filled, somehow, by local or community civil society organisation self-help activities which are aimed at coordinating and assisting persons with disabilities to identify and explore work opportunities. Some disability employment specific CSOs includes the is Africapay Ghana²¹⁹ and the Centre for Employment of Persons with Disabilities.²²⁰ The effectiveness of these civil society activities and the DCF itself, however, remains a primary subject of inquiry. Thus, the object of this study – to find out how the DCF is achieving its aims and in respect of whom within which sociocultural and legal contexts. Accordingly, the following two chapters will describe, analyse and explain the context within which the DCF operates.

²¹⁷ I. Tuggun, “Challenges and Prospects of the Common Fund Allocation for Persons with Disability,” (December, 2014) Issue 2, *The DACF Newsletter*, 11.

²¹⁸ J. Slikker,(n. 63) at p., 46.

²¹⁹ See: <https://africapay.org/ghana/home/labour-law>

²²⁰ <http://www.cepdghana.org/>

Chapter Seven

7. THE LEGAL CONTEXT OF THE STUDY

Chapter Overview: The DCF program operates within a context of many interconnected variables – legal, political, economic, social and cultural. These variables work together concurrently to influence people’s behaviour and, ultimately, how a program works. Both the selected research technique for evaluating the program – the Realist Evaluation technique – and the chosen theoretical framework for conceptualising and analysing the findings of the study – Martha Fineman’s vulnerability paradigm – emphasise the effect of context on the working of an intervention. The context of a program, within the framework of Realist Evaluation, entails all the relevant factors that may influence the ideas, beliefs and behaviours of the persons who are recipients under the program.²²¹ Context determines the circumstances under which the program works and for whom. This function underscores the importance of context to Realism. Evaluating the context of a program, thus, requires the evaluator to first identify or tease out the program theory.²²² For it is out of the program theory that the evaluator identifies the various relevant contexts within which the mechanism could operate to present an outcome.²²³ Once identified, context, then, forms the pivot around which the candidate hypotheses for the evaluation are formulated. The formulated candidate hypothesis, then, forms the basis for comparing the outcomes of the identified contexts, thereby, helping to draw conclusions how the program works, in respect of whom and under what circumstances. Therefore, this chapter of the thesis begins the contextual description and analysis of the study. It will present the legal context within which the DCF program is imbedded and, also, explain how the context may

²²¹ A. Sayer, (n. 142), at p. 75.

²²² A. Manzano, (n. 164), at p. 349.

²²³ B. Glaser & A. Strauss, (n. 167).

affect the program's working. Accordingly, Ghana's broader constitutional framework will be explained in this chapter. This will be followed by a discussion of how that national legal framework sits with Ghana's obligations under international human rights law, particularly, under the UNCRPD. In the end, the Chapter will explain how the DCF program helps Ghana to perform its legal obligations, not just under international law but also under its local law.

7.1. The Constitutional Framework

Ghana's 1992 Constitution sets out the country's broad human rights law framework. Accordingly, disability human rights law may be placed within the context of the broader human right framework of the country's Constitution. Human rights law in Ghana may be framed around two main chapters in the Constitution. The first, Chapter V, is titled "Fundamental Human Rights and Freedoms". This Chapter contains the traditional civil and political rights, which are to be enjoyed equally by all persons within the territory of Ghana and without discrimination on "ground of gender, race, colour, ethnic origin, religion, creed or social or economic status."²²⁴ Also, the Chapter has a clearly outlined judicial enforcement mechanism. Where a person alleges that his or her rights under the Chapter "has been, or is being or is likely to be contravened ... that person may apply to the High Court for redress."²²⁵ The remedies available to such persons include (but are not limited to) "orders in the nature of *habeas corpus*, *certiorari*, *mandamus*, prohibition, and *quo warranto*."²²⁶ Further, the Rules of Court Committee has enacted Order 67 of the High Court (Civil Procedure) Rules, 2004 (CI 47), to regulate the practical enforcement of Chapter V rights. The Constitution further creates an opening for human rights which, even though are not expressly mentioned under Chapter V but which are nonetheless "considered to be inherent in a democracy and intended to secure the freedom and dignity of man"²²⁷, to be enforced as if they were expressly mentioned in the

²²⁴ Article 17(1), (n. 78).

²²⁵ Article 33(1), (n. 78).

²²⁶ Article 33(2) (n. 78); *Awuni & Ors. v. West African Examinations Council* [2004] 1 SCGLR 471

²²⁷ Article 33(5), (n. 78).

Chapter. The implication of this is that the 1992 Constitution is open to the admission of new civil and political rights.²²⁸

The other Chapter which, together with Chapter V, forms the core of the human rights regime of the Constitution is Chapter VI (Articles 34 – 41). The Chapter is titled “The Directive Principles of State Policy” (DPSP). This Chapter contains the second-generation rights – the rights to education, employment, social welfare, healthcare, housing, etc. Indeed, some of the rights under the Chapter are clothed in internal limitation clauses which naturally subject them to the availability of resources. For example, the right to secondary and university education.²²⁹ However, some of the provisions, too, give strict timelines within which these rights must be realised. For example, Article 38(2) expressly requires the Government to “within two years after Parliament first meets after the coming into force of this Constitution, draw up a programme for implementation within the following 10 years, for the provision of free, compulsory and universal basic education.” The DPSPs are intended to “enumerate a set of fundamental objectives which a people expect all bodies and persons that make or execute public policy to strive to achieve”; and to “constitute, in the long run, a sort of barometer by which the people could measure the performance of their government”.²³⁰ Quite apart from these two objectives, the DPSP also “elaborated the social and economic aspects of human right – aspects which are of particular relevance to the conditions of Africa and the developing world generally.”²³¹ They also propose “specific provisions relating to the rights of identity groups whose situation calls for special or specific guarantees and protection in the Constitution.”²³² These purposes were again cited for the inclusion of the DPSPs in the Constitution. According to the Committee of Experts, who deliberated and proposed the Constitution for acceptance, the DPSP are the:

²²⁸ *Ahumah-Ocansey v. Electoral Commission; Centre for Human Rights and Civil Liberties (CHURCIL) v. Attorney-General and Electoral Commission (Consolidated)* [2010] SCGLR 575.

²²⁹ Article 38(3), (n. 78).

²³⁰ See Republic of Ghana, *Report of the Committee of Experts on the 1992 Constitution*, (Assembly Press, Accra, 1992) para. 95, (cited in 31st December at p. 149-50).

²³¹ Republic of Ghana, (*Ibid*), para 139; cited in *CIBA Case* at p. 396

²³² Republic of Ghana, (*Ibid.*) para 139; cited in *CIBA Case*, at p. 396

“[c]ore principles around which national political, social and economic life will revolve.” This is precisely what the Directive Principles of State Policy seeks to do. Against the background of the achievements and failings of our post-independence experience, and our aspirations for the future as a people, the Principles attempt to set the stage for the enunciation of political, civil, economic and social rights of our people.”²³³

According to the proposals of the drafters of the Constitution, the DPSP are meant to follow the Indian approach.²³⁴ The Indian Constitution, too, makes a structural distinction between civil and political rights (which are listed under its Part III) and socioeconomic rights (which are under its Part IV); and states expressly that Part IV rights are not justiciable.²³⁵ The view – that the DPSPs in Ghana’s Constitution were not intended to be justiciable – was clear from the *travaux préparatoires* to the two Constitutions.²³⁶ However, unlike the Indian situation, that intention was not written into Ghana’s Constitution. What is rather found in the 1992 Constitution is a provision that the DPSPs “shall guide all citizens, Parliament, the President, the Judiciary, the Council of State, the Cabinet, political parties and other bodies and persons in applying or interpreting this Constitution or any other law and in taking and implementing any policy decisions, for the establishment of a just and free society.”²³⁷ This leaves the status of the DPSPs in a dilemma as to whether the rights contained in the Chapter could be enforced through a court action – justiciability. However, the failure of the drafters to write the intention (of non-justiciability) into the final Constitution may be interpreted as a rejection of that intention; thus, making them justiciable like any other provision of the Constitution. A contrary view is that the 1992 Constitution was drafted at a time when it was customary, globally, that directive principles are not justiciable, making it needless or superfluous for the drafters to

²³³ Republic of Ghana, (*Ibid.*) para. 94; Also cited in *Lotto Case*, at p. 1101

²³⁴ See Republic of Ghana, *Proposals for Draft Constitution of Ghana*, (Assembly Press, Accra; 1991) General Introduction para. 7

²³⁵ According to Article 37 of Part IV of the Constitution, “[t]he provisions contained in this Part shall not be enforceable by any court.” For detailed discussion of this see: M. Khosla, *The Indian Constitution (Oxford India Short Introduction Series)* (OUP, 2012); G. Austin, *The Indian Constitution: Cornerstone of a Nation*, (Clarendon Press, 1966); N. Robinson, “India and the Rise of the Good Governance Court” (2009) Vol. 8(4) *Washington University Global Studies Law Review*, 1.

²³⁶ Republic of Ghana, (n. 230) para. 95, cited in the *31st December case* at p. 149-50.

²³⁷ Article 34(1), (n. 78).

write that into the Constitution. It really may not matter now which view accurately reflects the intention of the framers of the Constitution. Suffice it to say, however, that this dilemma (of whether the DPSPs are justiciable or not) continues to bother the Supreme Court of Ghana, even today and possibly into the future. The DPSPs *per se* have never been enforced by the Supreme Court.²³⁸ Rather, they only get enforced if they are read together with the so-called fundamental human rights and freedoms in Chapter 5 of the Constitution.

This jurisprudence of Ghana's Supreme Court (on the enforcement of rights) puts socioeconomic rights (the second-generation rights) at a great disadvantage. This is in the sense that the Supreme Court has held that they are not enforceable alone in court (they have to be read together with a first generation right). They are, thus, often treated as mere advice or are largely ignored by public policymakers. Even more importantly, the jurisprudence gives the first generation (the civil and political rights) a priority – they have an elaborate framework for judicial enforcement which make them easily accessible. The consequence of this jurisprudence is that it creates a legal system which tilts heavily towards the liberal subject model and all that come with it – individual autonomy, formal equality, antidiscrimination approach, among others, at the formal level. The other resultant effect of this jurisprudence is a significant shift away from the traditional welfare communal system of living that characterises the traditional Ghanaian or the African social system as epitomised by the informal State. This ultimately puts Ghana's formal legal system (which was imported through colonisation and which forms the basis of the formal State) at variance with the traditional customary informal legal system of the informal State. In other words, while the informal State, under which a majority of Ghanaians live, functions along the lines of communal living, the formal State, which is superimposed on to the larger and more pervasive informal State, functions along the lines of the liberal subject. It is within this broad constitutional law framework that one must begin to consider the country's disability laws such as the CRPD, the Disabilities Act and, even more particularly, the issue of disabled people's right to work. This broad constitutional law framework will also aid the understanding of the suitability of the vulnerability theory for the study.

²³⁸ *New Patriotic Party v. The Attorney-General* [1993-94] 2 GLR 35; *New Patriotic Party v. Attorney-General* [1997-98] 1 GLR 378; *Ghana Lotto Operators v. National Lottery Authority* [2007-2008] SCGLR 1088.

7.2. The CRPD Framework Generally

The CRPD and its Optional Protocol were adopted in December 2006, by the UN General Assembly. A State Party which signs up to the CRPD undertakes to ensure and promote the full realization of all human rights and fundamental freedoms under it. If the States goes on to sign up to the Optional Protocol, it “recognizes the competence of the Committee on the Rights of Persons with Disabilities (“the Committee”) 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.”²³⁹ Such is the general obligation under the CRPD regime. The two instruments would, about two years later, enter into force, thereby kickstarting what promised to bring substantive equality to the over 1 billion people who experience some form of disability. The CRPD may be described as a unique ground-breaking piece of international law. There are many reasons for this. First, even though human rights and the concept of equality and non-discrimination had developed significantly (with as many as seven²⁴⁰ UN human rights treaties in place²⁴¹), an international human rights instrument which focuses and comprehensively addresses the issue of disability rights was a landmark.²⁴² By this, the CRPD projected disability rights to the level of attention that other subject-specific human rights treaties have had over the decades.

Second, the CRPD constituted an official global shift from the medical model to disability to the social model to disability.²⁴³ By this, Waterstone, for instance, notes that the CRPD “formalizes [the] move away from treating people with disabilities through a medical lens and

²³⁹ Article 1, The Optional Protocol to the CRPD.

²⁴⁰ International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (CAT), the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD); the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child (CRC) (except Article. 23(1)); and the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICPMW).

²⁴¹ A. Lawson, “The United Nations Convention on the Rights of Persons with Disabilities: New Era or False Dawn”, (2006-7) Vol. 34 *Syracuse Journal of International Law & Commerce*, 563, at pp. 575-6; Also, M. Stein, “Disability Human Right”, (2007) Vol. 95 *California Law Review* 75, at p. 79

²⁴² L. Clements & C. Parker, “The UN Convention on the Rights of Persons with Disabilities: A New Right to Independent Living?” (2008) Vol. 4 *European Human Right Law Review*, 508, at p.509

²⁴³ R. Lang, (n. 126), at p. 268.

as objects of pity.”²⁴⁴ The social model (which is more particularly explained in Section 3.7.1 of this thesis) stresses the role of social factors in conceptualising and addressing disability. The social model, therefore, demands a change in social factors as an approach to ensuring substantive equality for persons with disabilities.

The third way in which the CRPD attains its uniqueness derives from the body of general principles upon which the instrument is based. These principles are contained in Article 3 of the CRPD. The first of the general principles is independence and freedom to make a choice. Historically, disabled people have, in many cases, been denied the freedom to decide personal matters. While many events and social structures may evince this denial of freedom to decide and make a choice, institutionalisation of disabled people has, perhaps, been the most explicit tool for the denial of independence. However, institutionalisation itself may be a consequence of the medical model which explains disability in medical (rather than sociological) terms. The English Lunacy Act of 1890, for instance, has supplied a significant part of the world with the legal regime for the treatment of persons with psychosocial impairments. This legislation formed the foundation for the law on the treatment of mental health patients across the commonwealth and beyond.²⁴⁵ These ‘lunacy legislations’ provided, for instance, for the appointment of “guardians”. Guardians were vested with broad powers over mental health patients, whether institutionalised or not. The principle of independence and freedom, thus, brings to the fore the need to not only deinstitutionalise, but also to empower disabled people to be independent in their life choices and decisions. Another principle which underpins the CRPD is “full and effective participation and inclusion in society”.²⁴⁶ As outlined in Section 2.2 and, again, in Section 8.4 of this thesis, disabled people have historically been a subject of systemic exclusion, stigmatisation and relegation to the fringes of society. This has resulted in a denial of social and economic resources which, in turn, has culminated in a situation where disabled people find themselves disproportionately poorer – in terms of access to food, healthcare, shelter, education and employment – than the general population. Consequently, it is found that persons with disabilities form as much as 20% of the world’s poorest

²⁴⁴ M. Waterstone, (n. 10), at p. 2; Also See, J. Lord & M. Stein, “The Domestic Incorporation of Human Rights Law and the United Nations Convention on the Rights of Persons with Disabilities” (2008) Vol. 83 *Washington Law Review*, 449, at p. 460.

²⁴⁵ A. Renton, “Comparative Lunacy Law”, (1899) Vol. 1(2) *Journal of the Society of Comparative Legislation*, pp. 253-275.

²⁴⁶ Article 2(c), CRPD.

population.²⁴⁷ Despite forming probably the largest minority group,²⁴⁸ disabled people are often ignored in policy. For example, the UN Millennium Development Goals, a concerted effort to fight global poverty, did not initially mention disability in any of the 8 Goals or the attendant 21 Targets or 60 Indicators, nor in the Millennium Declaration.²⁴⁹ The CRPD seeks to correct this injustice through inclusion and effective participation. Accessibility is another important general principle which underpins the CRPD. One of the factors which have, beside attitudinal barriers, kept disabled people from mainstream society is physical barriers. The infrastructural design of public places and facilities have, historically, not really had in mind visual, hearing, physical or the other forms of impairments for that matter. Accordingly, disabled people struggle to mingle and use public goods and services. School and workplace facilities were, therefore, inaccessible to disabled people. The principle of “accessibility” is intended to transform the physical space, more importantly, those that form part of the public space and mainstream society. By this principle (of accessibility), persons with disabilities are expected to be drawn from society’s fringes to its mainstream. The other general principles are non-discrimination, gender equality, equality of opportunity, acceptance and respect for human diversity and “respect for evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.”²⁵⁰ What makes these general principles a useful and a contributory factor to the uniqueness of the CRPD is not that they are new.²⁵¹ Rather, they contribute to the uniqueness because they give a clearer indication to State not only in respect of how to interpret the CRPD, but also in respect of how to implement it practicably. The general principles are, therefore, to serve as a guide to the interpretation and the application of the Convention and to make the provisions therein less vague.

However, it is Article 4 of the CRPD which outlines the nature of States Parties’ obligation under the CRPD. This, too, contributes to the CRPD’s uniqueness. Being the first international

²⁴⁷ A. Elwan, (n.15), at p. 15.

²⁴⁸ See T. Degener, “Disabled Persons and Human Rights: The Legal Framework”, in T. Degener & Y. Koster-Dreese (eds.) *Human Rights and Disabled Persons: Essays and Relevant Human Rights Instruments* (Martinus Nijhoff, 1995) 9.

²⁴⁹ See generally General Assembly Resolution 55/2, U.N. GAOR 55th Sess., U.N. Doc. A/RES/55/2 (Sept. 18, 2000). This grave omission compelled the UN General Assembly to subsequently adopt a new Resolution “Realizing the Millennium Development Goals for Persons with Disability” (A/RES/64/131) to fill the gap.

²⁵⁰ Article 3(h), (n. 246). Also see, R. Lang, (n. 126), at p. 273-5.

²⁵¹ L. Clements & C. Parker, (n. 242), at p. 509.

human rights instrument to be negotiated and adopted following the Vienna Declaration and Program of Action, 1993,²⁵² the CRPD offered an opportunity to address, to a much greater extent, the challenges that have been caused by the ideological divide between the so-called first generation human rights and the second generation human rights.²⁵³ It may be noted from Article 4 that the nature of States Parties' obligation goes beyond the negative obligation of civil and political rights (which requires States to abstain from interfering with the rights and freedoms of persons). The nature of States Parties' obligation under the CRPD extends to include the positive obligations of social and economic rights (which requires States to take positive steps to intervene in ensuring the redistribution of social and economic factors and resources). The emphasis on socioeconomic rights was, perhaps, necessary for a meaningful treaty on disability rights. For example, how does a State ensure accessibility (a key general principle undergirding the CRPD) without making resources available and without corrective or retributive? Accordingly, Article 4 (on the "General Obligations") sets out the broad tone for the CRPD's practical implementation. It requires States Parties to, for instance, invest in "research and development of universally designed goods, services, equipment and facilities"²⁵⁴ and, also, in "research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost"²⁵⁵. The Convention also requires States Parties to promote the training of professionals and staff working with persons with disabilities. Thus, clearly, the CRPD demands that States be responsive or tenable in the sense which Martha Fineman uses the term²⁵⁶. Accordingly, Article 4(2) explicitly entreats States parties to, "with regard to economic, social and cultural rights ... take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving

²⁵² World Conference on Human Rights, June 14-25, 1993, Vienna Declaration and Programme of Action, U.N. Doc A/CONF. 157/24 (July 12, 1993); See also: A. Dhanda, "Legal Capacity in the Disability Rights Convention: Stranglehold of the Past or Lodestar for the Future?" (2007) Vol. 34(2) *Syracuse Journal of International Law & Commerce* 429, 432

²⁵³ A. Sachs, "Social and Economic Rights: Can they be made Justiciable?", (2000) Vol. 53 *Southern Methodist University of Law Review*, 1381, 1385-7.

²⁵⁴ Article 4(1)(g), (n. 246).

²⁵⁵ Article 4(1)(g), (*Ibid*).

²⁵⁶ M. Fineman, (n. 102).

progressively the full realization of these rights.” Further, States parties are obliged to “adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention.”²⁵⁷ Thus, Quinn notes that “Article 4 converts the Convention into a trigger for worldwide disability law reform.”²⁵⁸

Meanwhile, these detailed statements of obligations are not limited to the General Obligations clauses of the Convention. They may be seen throughout the Convention’s body itself. Thus, with respect to the right to work under Article 27, for instance, the State is specifically required to employ disabled persons in the public sector whilst creating conditions that will encourage the private sector to employ more disabled persons. Further, the State is to particularly promote “vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.”²⁵⁹ The level of specificity which runs through the CRPD, particularly those in respect of socio-economic rights seems unprecedented. Thus, it is argued that:

*“Comparing these clauses with those of the earlier instruments reveals a different approach to addressing socio-economic rights, namely, that States are no longer left on their own to determine the content of the socio-economic rights. So, when a State signs and ratifies the CRPD, it is clearly not into business-as-usual.”*²⁶⁰

The CRPD obligations may, thus, be summed up as, to: repeal or adopt certain laws; mainstream concern for persons with disabilities; launch public awareness campaigns; build or adapt certain infrastructures; train specialized personnel; employ certain individuals; provide certain forms of services or assistance; and consult with the representative organizations of persons with disabilities.²⁶¹

²⁵⁷ Article 4(1)(a), (n. 246).

²⁵⁸ G. Quinn, “The United Nations Convention on the Rights of Persons with Disabilities: Toward a New International Politics of Disability”, (2009-10) Vol. 15 *Texas Journal on Civil Liberties & Civil Rights* 33, at p. 41.

²⁵⁹ Article 27(1)(k), (n. 246).

²⁶⁰ J. Srem-Sai, (n. 130), at p. 142.

²⁶¹ See: F. Megret, (n. 10), at 506; Also see, J. Lord & M. Stein, (n. 244), at p. 457-9.

7.3. The CRPD and the Right to Work

Historically, the meaning of disability has been tied to work. This is in the sense that a person was considered ‘disabled’, mainly, because he or she is unable to ‘work’. The question – who is ‘unable to work’? – is, itself, answerable in and, thereby, a product of social policy or practice. It is society which defines ‘work’ and classify persons as ‘able to work’ or as ‘unable to work’. Thus, Waddington *et al.* found that “in some countries, legal definitions of what it means to be ‘disabled’ (for the purposes of social policy and administration) are based quite explicitly on measures of a person’s work capacity or ‘ability to work’.”²⁶² Though along the same line, Stone takes the point a little further by noting that the definition of disability relates substantially to the political decision to control the supply of labour.²⁶³ For example, in times of high labour demand, the scope of disability (persons who are categorised as ‘unable to work’) is narrowed. Narrowing the scope releases more people into the labour force. On the other hand, lower demands for labour sees policy decisions which broaden the scope of the definition of disability, thereby disqualifying more people from joining the labour force. This view highlights the close connection that disability has with work. It also means that the ability of States and their policymakers to include more people in the ‘able-to-work’ category and, concomitantly, less people in the ‘unable-to-work’ category will have a significant transformative effect on its disability situation. Consequently, the inclusion of more people in the ‘able-to-work’ category will necessarily bring more disabled people from the fringes of society into its mainstream. This makes work and access to it an effective barrier-breaking arrow in the quiver of disability rights programs. Work and an increased access to it, therefore, come up as an enabler and a means for eradicating segregation and ensuring inclusion of disabled people. For example, it has been argued that:

“The struggle to achieve integration into ordinary employment is the most vital part of the struggle to change the organisation of society so that physically impaired people are no longer impoverished through exclusion from full participation. Only when all physically impaired people of working age are as a matter of course helped to make whatever contribution they can in ordinary work situations, will secure foundations for full integration in

²⁶² L. Waddington, *et al.*, (n. 11), p. 74.

²⁶³ D. Stone, (n. 11). See also M. Priestley, (n. 11), 87.

society as a whole be laid. All the other situations from which physically impaired people are excluded are linked, in the final analysis, with the basic exclusion from employment."²⁶⁴

It is in this light – the State’s role in defining and making policy and programs in respect of disability through the prism of right to work – that this thesis discusses States’ obligation under the CRPD.

Article 27 of the CRPD protects the rights of persons with disabilities to work. The Article defines this right to include “the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.” This provision underscores the right of disabled people to not only earn a living through work, but also to works which they have freely chosen or accepted. From this perspective, it may be obvious that the CRPD’s protection for the right to work extends beyond works that are offered in the employment market to cover those that persons with disabilities may choose to create for themselves and others. It includes self-employment and entrepreneurship. Accordingly, States are obligated to “promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business.”²⁶⁵ Article 27 also enumerate, in specific terms, the obligations that a State assumes in respect of the right to work when it signs up to the CRPD. The Article prohibits discrimination against disabled people in the area of employment. Therefore, a person with disability may not be discriminated against in respect of “conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions.”²⁶⁶ Accordingly, a person may not be denied promotion at work, for instance, on the basis of his or her disability. Also, equal wages for equal work is guaranteed for persons with disabilities.²⁶⁷ The CRPD protects disabled people from harassment and requires that effective avenues be created for redressing grievances. These obligations are in the nature of

²⁶⁴ Union of Physically Impaired Against Segregation/Disability Alliance, *Fundamental Principles of Disability* (UPIAS / Disability Alliance 1976) 15.

²⁶⁵ Article 27(f), (n. 246).

²⁶⁶ Article 27(1)(a), (*Ibid.*). See generally: A. Lawson, “Disability and Employment in the Equality Act 2010: Opportunities Seized, Lost and Generated,” (2011) Vol. 40(4) *Industrial Law Journal*, 40(4), 359; A. Lawson, “Accessibility Obligations in the UN Convention on the Rights of Persons with Disabilities: Nyusti and Takacs v Hungary,” (2014) Vol. 30(2) *South African Journal on Human Rights*, 380.

²⁶⁷ Article 27(1)(b), (*Ibid.*).

negative obligations on the State and reflects the liberal approach to human rights. As noted above, however, ensuring a substantive protection of work rights to persons with disabilities requires more than the liberal non-discrimination approach. This has led to the emergence of the so-called ‘active labour market policies’ (ALMPs). ALMPs function on the assumption that “market forces alone will not deliver optimum employment or social outcomes, even with legislative protection for employment rights in place.”²⁶⁸ This approach – the ALMP approach – is also reflected in the CRPD’s right to work regime. Thus, States Parties are obligated to take positive steps to reshape work opportunities for disabled people. Article 27(1)(d), therefore, requires States Parties to “enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training”. Further, States Parties are also required to “promote vocational and professional rehabilitation.” Indeed, these positive obligations, when performed by States, will improve access to employment for disabled people. But the performance by the State of these positive obligations may also help persons with disabilities to create their own jobs of their choice for themselves and for others.

7.4. The CRPD Obligations and the DCF’s Purposes

Ghana signed up to the CRPD on March 30, 2007,²⁶⁹ and ratified it together with the Optional Protocol on July 31, 2012.²⁷⁰ However, since Ghana is a dualist State,²⁷¹ the CRPD needed to be incorporated by Parliament into Ghana’s laws in order to take effect domestically. The process of incorporation is currently taking the form of an amendment to the Disabilities Act,²⁷² following a gap analysis done in 2012 between the Disabilities Act and the CRPD (where

²⁶⁸ L. Waddington, *et al*, (n. 11), at p. 74; Also see: G. Esping-Andersen, *The Three Worlds of Welfare Capitalism* (Polity 1990).

²⁶⁹ United Nations, *Treaty Series*, Vol. 2515, p. 3.

²⁷⁰ United Nations, *Treaty Series*, Vol. 2518, Doc.A/61/611, p. 283.

²⁷¹ See Article 75 of the Ghana’s Constitution, 1992, stating that: “(1) The President may execute or cause to be executed treaties, agreements or conventions in the name of Ghana. (2) A treaty, agreement or convention executed by or under the authority of the President shall be subject to ratification by (a) Act of Parliament; or (b) a resolution of Parliament supported by the votes of more than on-half of all the members of Parliament.” See: A. Kludze, “Constitutional Rights and their Relationship with International Human Rights in Ghana”, (2008) Vol. 41(3) *Israeli Law Review*, 677 at pp. 679-683.

²⁷² Ministry of Gender, Children and Social Protection, “Consultative Meeting with Stakeholders to Review Disability Act,” (Published on February 21, 2018 2:26 pm), available at <<http://mogcsp.gov.gh/consultative-meeting-with-stakeholders-to-review-disability-act/>> (last visited on March 20, 2018)

significant gaps were found).²⁷³ Quite apart from these statutory gaps, the core principles of the CRPD also vary significantly with the above-mentioned constitutional jurisprudence (of the bifurcation of rights into first and second generation and the resulting question of justiciability). For example, the CRPD specifically highlights the universality, indivisibility, interdependence and interrelatedness of all human rights.²⁷⁴ As may be observed, a host of the CRPD's provisions and the obligation it places on State parties – access to physical environment, education, employment, shelter, independent living, etc – are not only dependent on socioeconomic resources, they are, to some extent, also redistributive and welfarist in nature; and require that second generation rights be treated with considerable level of seriousness. As a result of this, Stein and Stein, explaining the nature of a State's obligation under the CRPD, advocate for a legal framework which “combines the type of civil and political rights provided by antidiscrimination legislation (also called negative or first-generation rights) with the full spectrum of social, cultural, and economic measures (also called positive or second-generation rights).”²⁷⁵ This, to a large extent, sets the CRPD up against Ghana's constitutional jurisprudence which, as explained above, significantly favours the liberal subject model and its resulting anti-discrimination approach to disability. Quite apart from this jurisprudential challenge, there also exist other contextual and practical implementation issues for the CRPD in Ghana.

The purpose of the DCF program (as discussed in Section 6.3 of this thesis) seems to reflect, to a very large extent, the work rights obligations of States Parties under the CRPD. As noted above, the first aim of the DCF is to minimise poverty among all persons with disabilities, particularly those outside the formal sector of employment. This object discloses a clear intention on the part of Ghana to perform its obligation to not only recognize the right of persons with disabilities to work, but also to create an opportunity for them to gain a living by a freely chosen form of work, particularly the “opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business.”²⁷⁶ Further, the specific objects of the DCF, as enumerated in the DCF program guidelines, reveals

²⁷³ Global Disability Watch, (n. 77).

²⁷⁴ Paragraph C, Preamble of the Convention.

²⁷⁵ M. Stein & P. Stein, “Beyond Disability Civil Rights”, Vol. 58 *Hastings Law Journal*, 1203, at p. 1203.

²⁷⁶ Article 27(1)(f), (n. 246).

a strong likeness with the various Article 27 obligations of the CRPD. For instance, the DCF has the object of providing capital support for the income-generating or entrepreneurial activities of persons with disabilities. This aligns with the CRPD's Article 27(1)(f) obligation. Funds from the DCF may also be applied to provide support for the education, training or rehabilitation of persons (including children) with disabilities and also for the purchase of technical aids and other assistive devices and equipment. These objects also align with Article 27(1)(d)(j) and (k) obligations of the CRPD. Additionally, it may appear that the DCF's purpose even extends beyond the strict work rights obligations of States Parties under the CRPD and extend to cover States Parties obligations to secure adequate standard of living and social protection for disabled people (under Article 28) and, even, their obligations to ensure the participation of disabled people in political and public life (Article 29). This extended object of the DCF is reflected in the concept of "social image", which is defined or explained (more particularly in Section 6.5 of this thesis) to include the empowerment of individual persons with disability, micro level mainstreaming, to play an active role in every aspect of society – work, politics, religion, culture, etc. From the above discussion, it may be noted with significant emphasis that the DCF program provides a fairly appropriate framework for assessing Ghana's effort at complying with its obligations under the CRPD.

Additionally, international right-based instruments (like the CRPD) and domestic laws (like Ghana's Disabilities Act) can establish cogent legal frameworks for persons with disabilities. However, law alone does not deliver legal entitlements. In spite of the legal provisions in Ghana's disability laws and subsequent efforts to implement them, it was found by Naami et al., for instance, that State interventions in respect of education, training and rehabilitation of disabled women (and disabled people in general) are not effective, as rehabilitation facilities are not well resourced to train the candidates to meet the demands of the job market.²⁷⁷ While several factors may account for this gap between laws, programs and expected outcomes, Grischow identifies "lack of political will among government officials to develop adequate disability legislation; limited capacity among national DPOs; and deeply rooted patron-client relationships" as three main factors that render the disability legal framework in Ghana ineffective.²⁷⁸ For example, even though legislation exists for rehabilitation and subsequent

²⁷⁷ A. Naami *et al.*, (n. 57).

²⁷⁸ J. Grischow, "'I Nearly Lost my Work': Chance Encounters, Legal Empowerment and the Struggle for Disability Rights in Ghana," (2015) Vol. 30(1) *Disability & Society*, 101 at p. 110.

employment, Naami et al., again, found that graduates from these rehabilitation centres who wished to go into self-employment are often faced with lack of needed capital and other resources.²⁷⁹ Further, they found that even where employment opportunities are available, persons with disabilities lack basic information about such employment, training and rehabilitation opportunities. The work also reveals that stakeholders, government officials and employers seem to have a very limited understanding of disability, many of them tending to reduce disability issues to physical structural issues only. While some of the challenges above may be attributed to strategy level causes, a further look may implicate broader legal and sociocultural factors.

7.5. Effect of the Variance between the Formal State's Legal Context and the Customs of the Informal State

The variance between Ghana's jurisprudence on human rights (which privileges civil and political rights over socioeconomic rights and, thereby, promoting an anti-discrimination approach) and the sociocultural circumstances (which promotes communal welfare and, to some extent, redistributive measures) affects the implementation of the CRPD, Ghana's domestic laws and policies on disability in 2 ways. First, the formal State, the primary duty-bearer, often, does not consider itself responsible for ensuring equality in the supply of social goods and services, at least in the informal sectors. As noted above in the discussion on the constitutional framework, the State shifts that duty onto the family (the informal State). Second, citizens in the informal State, often, do not consider the formal State as responsible and, therefore, do not hold it accountable for its obligation under the CRPD. This is probably because the concept of formal State (government) and its responsibilities to the citizen is yet to ingrain in the worldview of the Ghanaian, the country having been fully introduced to a formal State self-government barely six decades ago. On the other hand, however, the demands of modern lifestyle and the shift from agrarian communal living is fast weakening the capacity of the informal State to continue to provide the needed social goods and services for the individual.²⁸⁰ This has ultimately resulted in a gap (in the provision of social goods and services) created, on one hand, by the formal State's inability (or, perhaps, unwillingness) to

²⁷⁹ A. Naami *et al.*, (n. 57).

²⁸⁰ C. Avendal, "Social Work in Ghana: Engaging Traditional Actors in Professional Practice", (2011) Vol. 2 *Journal of Comparative Social Work*, 1 at p. 3.

perform its obligations or take them seriously and, on the other hand, by the incapacitation of the informal State to continue supplying such social goods and services. In this social gap is found many deprived groups including persons with disabilities and their families. The next chapter will continue the descriptive analysis of the program context. It will discuss, in detail, second context of the study – the informal State and its characteristics.

Chapter Eight

8. THE SOCIOCULTURAL CONTEXT OF THE STUDY

Chapter Overview: The thesis is investigating whether and, if so, how effective Ghana's DCF program has been at minimising poverty and at raising social image of persons with disabilities. To find an answer to this question, two broad contexts have been identified – the informal State and the formal State – leading to two sub-group disaggregation. The formal State is made up of persons who live in urban areas and, thus, live predominantly under the influence of the formal legal system, the formal economy and the formal government. The informal State, on the other hand, entails persons who live in rural areas and, thus, live predominantly under the family or kinship system and the customary law system. This subgroup disaggregation results in the formulation of a candidate hypotheses, namely, that the DCF works differently for persons who live under the formal State than for persons who live predominantly under the informal State. To answer this question, the program outcome – poverty minimisation and social image upliftment – will be measured in respect of selected participants who live in urban areas and under the formal State; and also in respect of participants who live in rural areas and under the informal State. The data from each subgroup will, then, be compared in order to understand for whom the DCF program works better and how. This will enable the study to ascertain whether the hypothesis that a recipient's sociocultural circumstances – whether under the formal State or under the informal State – is a key factor is validated, discarded or refined. This chapter of the thesis continues the contextual description and analysis of the study. It will present the sociocultural context within which the DCF program is imbedded and, also, explain how the context may affect the program's working. It describes and explains the informal State.

8.1. Tonnies' Gemeinschaft-Gesellschaft Dichotomy

Classical sociology conceptualises societies into type dichotomies.²⁸¹ Accordingly, we may have general typologies such as urban versus rural, literate versus nonliterate and primitive versus civilised societies. Sometimes, such typologies may be based on specially defined characteristics. For example, Sir Henry Maine wrote of a movement from a status society (where the terms of relations are determined by ascribed positions usually acquired by birth) to contract society (where the terms of relationships are voluntarily determined).²⁸² Hebert Spencer classified society into the militant type (where violence was the preoccupation of society) and the industrial type (where economic activity was much more peaceful).²⁸³ In a similar vein, Emile Durkheim classified social relations into mechanical solidarity (where societies are small and undifferentiated) and organic solidarity (where societies are large and are connected with a complex web of specialised activities).²⁸⁴ Other typologies include Ratzel's conquest state and culture state; Sorokin's familistic relations versus contractual relations; Berkeley's sacred and secular societies; Wundt's natural and cultural polarity; Cooley's primary and secondary groups; MacIver's communal and association relations; Zimmerman's localistic and cosmopolitan communities; Odum's folk-state pair; and Redfield's folk-urban continuum.²⁸⁵ Another dichotomy type is Tonnies' Gemeinschaft-Gesellschaft dichotomy. It is Tonnies' Gemeinschaft-Gesellschaft dichotomy which will form the basic framework for comparing and analysing the sociocultural context of this thesis and the candidate hypothesis. Tonnies' dichotomy is preferred because of its particular emphasis on kinship and other natural connections, which are also the primary point of distinction between the formal State and the informal State. The primary purpose of these dichotomies or typologies is to allow for better contextual analysis and comparison of social phenomena. In this thesis, too, it is to allow for a structured way of comparing the two contexts of this study.

²⁸¹ J. McKinney, *Constructive Typology and Social Theory*, (1966), at pp 100-102.

²⁸² H. Maine, *Ancient Law* Chapter V, (1861).

²⁸³ H. Spencer, *Political Institutions, Being Part V of the Principles of Sociology* (1876) (Republished: Williams and Norgate, 1882).

²⁸⁴ E. Durkheim, *The Division of Labour in Society* (1893).

²⁸⁵ J. McKinney, (n. 281).

According to Tonnies, humans are connected by an “original and natural” condition, whose common root is the “coherence of vegetative life through birth and the fact that the human wills, in so far as each of these wills is related to a definite physical body, are and remained linked to each other by parental descent and by sex, or by necessity become linked.”²⁸⁶ These links or relationships influence how people relate to one another and, consequently, how society itself is organised and sustained. In the most intense form, Tonnies says that these relationships are represented by kinship relations; that is, the relations between mother and child, between husband and wife or between siblings. In a less intense form, the relationships are represented, for example, in father-child relation and other derivative kinship relations. Tonnies call this relationship type *Gemeinschaft* (or the community). *Gemeinschaft* is organic, real and intimate. In these relationships, members are intimately and organically connected by blood, place, mind, neighbourhood, friendship or kinship. By kinship, Tonnies meant people, whether living in the same household or not, who:

*“... share their possessions and their pleasures; they feed from the same supply; they share sit at the same table. The dead are venerated here as indivisible spirits, as if they were still powerful and held a protecting hand over their family. Thus, common fear and common honour ensure peaceful living and co-operation with greater certainty.”*²⁸⁷

By neighbourhood, however, Tonnies meant “the general character of living together in the rural village.”²⁸⁸ The proximity of dwellings among members, the communal fields and even the mere contiguity of holdings do “necessitate many contacts of human beings and cause inurement to and intimate knowledge of one another”. Neighbourhood also necessitate co-operation in labour, order, and management, and lead to common supplication for grace and mercy to the gods and spirits. Tonnies also distinguished the concept of friendship from the concept of neighbourhood. Friendship, according to him, is different and independent of

²⁸⁶ F. Tonnies, *Community and Society (Gemeinschaft and Gesellschaft)*, (1887/1963), 37 (republished: Cambridge University Press, 2001).

²⁸⁷ F. Tonnies, (*Ibid*), at p. 43-44.

²⁸⁸ F. Tonnies, (*Ibid*), at p. 34.

kinship and neighbourhood. While friendship is conditioned by and results from similarity of work and intellectual attitude of members, neighbourhood is conditioned on living together.

According to Tonnies, *Gemeinschaft* is founded upon three gradated relationships: the first is the “closeness of blood relationship and mixture of blood” (kinship); the second is “physical proximity” (neighbourhood); and, finally, “intellectual proximity” (friendship).²⁸⁹ Placing these relationships within the broader social structure, Tonnies distinguishes, in general graduation, the following structures: the family (or the house), the clan (organically connected families), the village, the town (which he describes as “nothing but a large village, a multitude of neighbouring villages or a walled-in village”), the district and the country. In this analysis, the house is the basic unit of the *Gemeinschaft*; and according to Tonnies:

*“The house consists of three strata, or spheres, which are grouped, so to speak, in concentric circles. The innermost sphere is the oldest: the master and the mistress of the house and the other wives, if they are of equal rank. The descendants follow in the next sphere, and they may remain in it even after their marriage. The servants, male and female, form the outermost circle.”*²⁹⁰

The town, however, is the highest expression of *Gemeinschaft*. That is because it is in the town that we find, as its typical products, “the fellowship of work, the guild or corporation, and the fellowship of cult, the fraternity, the religious community.”²⁹¹ Further, in the *Gemeinschaft*, it is understanding (not contract) which binds the people together. Understanding is a special social force borne out of sympathy, togetherness and reason which, according to Tonnies, is “based upon intimate knowledge of each other in so far as this is conditioned and advanced by direct interest of one being in the life of the other, and readiness to take part in his joys and sorrows.”²⁹² For example, clear gender roles and age roles, which are key features of *Gemeinschaft*, are direct products of understanding. Similarly, the system of governance and decision-making, including the judicial functions of the people, are based on the various kinds

²⁸⁹ F. Tonnies, (*Ibid*), at p. 48.

²⁹⁰ F. Tonnies, (*Ibid*), at p. 53.

²⁹¹ F. Tonnies, (*Ibid*), at p. 50.

²⁹² F. Tonnies, (*Ibid*), at p. 47.

of understanding, all of which bind the Gemeinschaft. Thus, in Gemeinschaft, life is communal, and the will is natural (in the sense that thinking does not develop beyond the physiological process).

On the other side of Tonnies' dichotomy is the Gesellschaft. Gesellschaft is fundamentally artificial (rather than natural), mechanical (rather than organic) and imaginary (not real). Here, the will is rational (in the sense that the will becomes the product of thinking rather than the thinking process itself).²⁹³ Relations in the Gesellschaft are guided by contracts or conventions (rather than by understanding or traditions). A "convention" (as used by Tonnies) may have some elements of tradition or custom. For example, both convention and tradition (or custom) regulate behaviour and relations. However, "a convention is not, as in the case of tradition, kept as sacred inheritance of the ancestors."²⁹⁴ They are formed out of commercial (gain or profit motivated) non-natural relations. This is because in Gesellschaft, relations are competitive, with each person aiming at getting the most of every interaction while giving the least possible. Tonnies explains:

*"In the conception of Gesellschaft, the original or natural relations of human beings to each other must be excluded. The possibility of a relation in the Gesellschaft assumes no more than a multitude of mere persons who are capable of delivering something, and consequently, of promising something. Gesellschaft as a totality to which a system of conventional rules apply is limitless ... In Gesellschaft, every person strives for that which is to his own advantage and he affirms the actions of others only in so far as and as long as they can further his interest."*²⁹⁵

In Gesellschaft, work is, to a very large extent, merely a means to an end, and these are works "in which pain and suffering is involved."²⁹⁶ In Gemeinschaft, however, work is an end in itself – agriculture, for instance, is at the subsistence level, and art is for self-enjoyment than for commerce. Again, unlike in Gemeinschaft (where the household is "independent and strong ...

²⁹³ F. Tonnies, (*Ibid*), at p. 103-104

²⁹⁴ F. Tonnies, (*Ibid*), at p. 76.

²⁹⁵ F. Tonnies, (*Ibid*), at p. 77.

²⁹⁶ F. Tonnies, (*Ibid*), at p. 164.

preserved and has a certain beauty”), the household in *Gesellschaft* is “sterile, narrow, empty and debased to fit the conception of a mere living place which can be obtained everywhere in equal form for money.”²⁹⁷ According to Tonnies, therefore, “wherever urban culture blossoms and bears fruits, *Gesellschaft* appears as its indispensable organ.”²⁹⁸ As a result of this, Tonnies predicted, the future person of *Gesellschaft* “must be educated to methodical, correct thinking.”²⁹⁹

As will be explained below, the Ghanaian sociocultural set up, too, may be divided into two separate but complementary systems – the formal State and the informal State. The formal government system constitutes the formal State, which is also predominantly urban. The informal State, on the other hand, is organised around kinship and lineage, the focal point of which is the family, albeit extended (rather than nucleus). The informal state is predominantly rural as the central government has less influence in the rural areas. Further, the candidate hypothesis of this study is that the DCF works differently for persons living in rural areas than for persons living in urban areas. From this background, it may be seen that Tonnies’ *Gemeinschaft-Gesellschaft* analytic provides a framework which ties in with the group disaggregation for (and the candidate hypothesis of) this study. This is in the sense that rural dwelling exudes significant characteristics of *Gemeinschaft*, while urban dwelling bears stringent similarity with *Gesellschaft*. Indeed, this alignment may be supported by the analogy, which was explicitly made by Tonnies, namely, that:

*“All praise of rural life has pointed out that the Gemeinschaft among people is stronger there and more alive; it is the lasting and genuine form of living together. In contrast to Gemeinschaft, Gesellschaft is transitory and superficial. Accordingly, Gemeinschaft should be understood as a living organism, Gesellschaft as a mechanical aggregate or artefact.”*³⁰⁰

²⁹⁷ F. Tonnies, (*Ibid*), at p. 162.

²⁹⁸ F. Tonnies, (*Ibid*), at p. 35.

²⁹⁹ F. Tonnies, (*Ibid*), at p. 167.

³⁰⁰ F. Tonnies, (*Ibid*), at p. 35.

It is within this sociological framework that the findings of the research on context will be presented and analysed.

8.2. Tradition, Kinship and the Informal State

In pre-colonial Ghana, “kinship looms large and determines almost everything: property relations, political relations, economic and legal obligations, to mention a few.”³⁰¹ Societies are organised into families, lineages, clans and tribes with each unit having roles to play in the individual’s life course.³⁰² Several families of descendants from a common ancestor form a lineage; several lineages, a clan; and clans are configured together into a tribe. Indeed, the family constitutes the basic unit of the society. However, ‘family’, in this context refers to the extended (rather than the nuclear) family. While the nuclear family refers to a married couple and their children, the extended family comprises “a woman, her husband, their children and married daughters with their children; or a man, his wife (wives), their children and their married sons and their wives.”³⁰³

On the other hand, the lineage is usually that aggregate of related families found in one locality. There may be several lineages in one town. The lineage is usually a corporate body with a clearly defined leadership structure and perpetual succession, capable of owning property, suing or being sued.³⁰⁴ Therefore, a reference to family, in a sense, may also be a reference to a lineage.³⁰⁵ As noted by Bleek in respect of the Akans of Ghana, “the lineage is the great, permanent and fundamental institution which permeates every aspect of life.”³⁰⁶ It is with this background and understanding that the functions of the family are considered here in this study. Accordingly, the role of the family is pervasive. It includes not just procreation and

³⁰¹ G. Nukunya, *Tradition and Change in Ghana*, (Woeli, 2016), 23.

³⁰² G. Hagan, “An Analytical Study of Fanti Kinship”, (1968) Vol. 5(1) *Research Review*, 50-90.

³⁰³ G. Nukunya, (n. 301), at p. 62.

³⁰⁴ G. Nukunya, (n. 301), 26 & 27.

³⁰⁵ See: National Research Council, *Factors Affecting Contraceptive Use in Sub-Saharan Africa*, (Washington DC, 1993), 91-93.; J. Caldwell, “The Cultural Context of High Fertility in Sub-Saharan Africa,” (1987) Vol. 13(3) *Population and Development Review*, 409-437.

³⁰⁶ W. Bleek, “Family and Family Planning in Southern Ghana,” in C. Opong, (ed), *Sex Roles, Population and Development in West Africa*, (Portsmouth, N.H.: Heinemann, 1987), 138-153.

socialisation, but also economic co-operation of members. In other words, economic welfare was a function of the family – access to land, labour and other factors of production of goods and services as well as their distribution are determined along lineage and custom.³⁰⁷ The family's role also reaches into religion.³⁰⁸ The members of the lineage revere the same ancestors³⁰⁹ and, through libations³¹⁰ and other rituals, pray to them for guidance and other forms blessings.³¹¹ The family sees to the social welfare of its members. For example, Nukunya finds that “when the mother's milk is not sufficient, another woman could breastfeed the child. When the mother is not around as the baby cries, another woman calms it down with her breast ... and it is a recognised tradition that children should spend at least some of their time with relations.”³¹² Social welfare was, thus, a function of the family. For instance, at customary law, it is the duty of a man to maintain and support his wife and children,³¹³ while the wife and children have the duty to support their husband and father. Accordingly, the courts have held that “it is a domestic responsibility of a man's wife and children to assist him in the carrying out of the duties of his station in life, e.g. farming or business... The right of the wife and the children is a right to maintenance and support from the husband and father.”³¹⁴ Similarly, Dankwa concludes that it is largely the duty of adult children to maintain their aged parents.³¹⁵

The implication of the above situations is that each member of the family, including the elderly, the ill and the disabled, has the customary law right to be maintained and supported by the other members of the family. In fact, the customary law duty of a man to maintain his wife and

³⁰⁷ J. Caldwell, “The Cultural Context of High Fertility in Sub-Saharan Africa,” (1987) Vol. 13(3) *Population and Development Review*, 409-437.

³⁰⁸ R. Rattray, *Religion and Art in Ashanti* (Oxford University Press, 1959).

³⁰⁹ K. Busia, *The Position of the Chief in the Modern Political System of Ashanti* (Oxford University Press, 1951), 24.

³¹⁰ P. Sarpong, *Libation* (Anansesem Publication, 1996).

³¹¹ M. Kilson, “Libation in Ga Ritual” (1970) Vol. 3(1) *Journal of Religion in Africa*, 161-178.

³¹² G. Nukunya, (n. 301), 63- 65.

³¹³ A. Kuenyehia, “Distribution of Matrimonial Property on Dissolution of Marriages – An Appraisal” [1990-92] Vol. 18 *University of Ghana Law Journal* 94 at p. 94

³¹⁴ *Quartey v. Martey & Another* [1959] GLR 377 at p. 379.

³¹⁵ E. Dankwa, “Property Rights of Widows in their Deceased Husband's Estate” [1982-85] Vol. 14 *University of Ghana Law Journal* 1, at p. 2.

children is so strong that a failure on the part of a husband to meet this duty entitles the wife to, as of right, divorce him on that ground alone.³¹⁶ In the same vein, a widow is entitled to be maintained by the extended family of her deceased husband until and unless she remarries.³¹⁷ An elderly widower on the other hand may count on his other surviving wife or wives, adult children or extended family for support. In matrilineal societies, children are entitled to rely on their maternal uncles (rather than fathers) for primary care and upbringing. Even though there are as many customary laws as are tribal or ethnic communities in Ghana,³¹⁸ the above position of the law seems to apply, substantially, throughout the country.³¹⁹ And, it is this conceptualisation of the family and its culmination into lineages, clans and then, into tribes, and the bundles of roles, rights, duties, privileges and responsibilities which forms the informal State of Ghana.

8.3. Urbanisation, the Informal State and the Conflict of Norms

However, these sociocultural circumstances are changing. Urbanisation with its consequences of migration and resocialisation have affected these traditional sociocultural circumstances quite significantly. The institutions of custom and their hold on the individual as well as the society have weakened since colonisation. Tamale, one of the two research locations of this study, falls under the Dagbon Kingdom of the people of Dogomba. Haruna, a customary law expert and counsellor at the Gbewaa Palace (the palace of the King of Dagbon), confirms to me in a one-on-one interview on July 12, 2019 t about 10:20 am in Tamale that tradition has weakened over the decades. He said that the power of a chief or a traditional leader to perform their customary law duties and enforce their wishes and commands. Consequently, the wishes or commands of traditional authorities have become merely advisory:

“Even if they send the [abandoned disabled] person to the chief palace, the chief has to pay everything. That one, when a chief sees a disabled person in

³¹⁶ *Abebrese v. Kaah & Orthers* [1976] 2 GLR 46, at p.58.

³¹⁷ J. Sarbah, *Fanti Customary Law*, (1st Ed.), London (1897) p. 42; See also: N. Ollenu, “The Law of Testate and Intestate Succession in Ghana”, *Law in Africa*, No. 16, (Sweet & Maxwell, 1966), at p. 266, citing Sarbah with approval.

³¹⁸ Article 11(3) (n. 78).

³¹⁹ G. Nukunya, *Tradition and Change in Ghana: An Introduction to Sociology* (Ghana Universities Press, 2003), 68.

his palace, he has to do something. He may also call the family to advise them that they shouldn't do that because they are part of us. But to give sanction, I've never seen it. Maybe if they are yet to implement such too, I don't know."

Tema is a part of the Greater Accra area. Traditionally, Tema is a home of the Ga tribe which spreads along the Accra coast. Amartey, a counsellor at the Tema Mantse's Palace gave a similar account of the sociocultural circumstances of the Accra area. I interviewed him one-on-one on October 22, 2019 at about 2:00 pm in the Palace of the Tema Mantse in Greater Accra. According to him, too, the powers of the Ga Mantse, like the other traditional rulers across the country, have weakened significantly. The views of Haruna and Amartey find a confirmation in the Supreme Court case of *Nana Adjei Ampofo v Attorney-General & the President of the National House of Chiefs* (Suit no. J1/8/2008, Supreme Court judgement of July 20, 2011). In that case, the Supreme Court struck down a legislation which made it a criminal offence if a person deliberately refused to honour a summons from a traditional leader to attend to an issue. That legislation acknowledges the customary power of chiefs and traditional authorities to, under the pain of criminal sanctions, issue summons on persons to appear and be tried for such neglects. However, the Supreme Court held that criminal jurisdiction is reserved for the formal courts only and that traditional customary authorities do not have the jurisdiction to create a criminal offence or try or convict a person.

The *Nana Adjei Ampofo* case also offers an explanation to how a conflict between customary law and the formal laws are resolved in Ghana. Even long before independence, the British colonial authorities have acknowledged the relevance of traditional authorities and customary laws of the indigenous people. Thus, when a colonial inquiry was commissioned to investigate how to treat customary law and its institutions in the light of the formal colonial government system (and with the possibility of abolishing it), the commission found that:

"The whole institution of Chieftaincy is so closely bound up with the life of our communities that its disappearance would spell disaster. Chiefs and what they symbolise in the society are so vital that the subject of their future must be approached with the greatest caution. No African of the Gold Coast [now Ghana] is without some admiration for the best aspects of chieftaincy and all would loathe to do violence to it any more than to the social values embodied in the institution itself. Criticisms there have been, but none coming from

responsible people whom we have known or met is directed towards the complete effacement of chiefs.”³²⁰

Accordingly, Ghana’s successive constitutions have recognised and enforced customary laws, which has been defined as “the rules of law, which by custom are applicable to particular communities in Ghana.”³²¹ The Constitution also recognises and guarantees customary law institutions (the chieftaincy institutions of the various tribes and communities).³²² Thus, Owusu-Mensah argued that:

“Ghana’s political system is a duality of traditional and modern systems of government. Thus, the Constitution of Ghana recognizes the institution of Chieftaincy within its statutory democratic governance. This recognition of chieftaincy emanates from the role played during three phases of Ghana’s political history (pre-colonial, colonial and post-colonial). Chieftaincy has been the bedrock of Ghanaian society over the years.”³²³

Pursuant to this recognition, the Constitution has organised and structured traditional authorities in Ghana into “Traditional Councils” and “Houses of Chiefs”. Consequently, the National House of Chiefs is the highest body of traditional leaders in Ghana. The Constitution mandates the National House of Chiefs to, among others, “undertake the progressive study, interpretation and codification of customary law with a view to evolving, in appropriate cases, a unified system of rules of customary law, and compiling the customary laws and lines of succession applicable to each stool or skin.”³²⁴ This mandate expects that customary rules and laws are streamlined and codified. Accordingly, the National House of Chiefs is required to “undertake an evaluation of traditional customs and usages with a view to eliminating those

³²⁰ Gold Coast: Constitutional Reform Commission; Coussey Report 1950, (FCO 141/5157 or GOV 199; Constitution No. 20) available at the United Kingdom National Archives <<https://discovery.nationalarchives.gov.uk/details/r/C12751450>> Last visited on September 17, 2020.

³²¹ Article 11(3), (n. 78).

³²² Article 270, (*Ibid*); Also see: *Republic v Techiman Traditional Council; Ex Parte Tutu* [1982-83] GLR 996-1003.

³²³ I. Owusu-Mensah “Politics, Chieftaincy and Customary Law in Ghana’s Fourth Republic” (2014) Vol. 6(7) *The Journal of Pan African Studies*, 261 at p. 261.

³²⁴ Article 272(b), (*Ibid*).

customs and usages that are outmoded and socially harmful.”³²⁵ However, the Constitution, in formulating the hierarchy of laws,³²⁶ does subject customary laws to the formal laws of the central government – the Constitutions, the Acts of Parliament and other enactments and the decisions of the superior courts – so that a customary law which is inconsistent with any formal laws will be declared void to the extent of the inconsistency. This hierarchy of norms (which subjects customary norms to formal legal norms) finds its foundation in the English colonial rule known as the doctrine of repugnancy. The doctrine of repugnancy states that a customary rule shall not be recognised or enforced if it is repugnant to natural justice, equity and good conscience or incompatible either directly or by implication with any law for the time being in force.”³²⁷ Accordingly, it may be said that a customary law or practice of the informal State is only valid and enforceable in Ghana if it is not inconsistent with the laws of the formal State.

But legal norms are not the only factors that have diminished the power and influence of the informal State. Urbanisation, too, has had its toll on the informal State. In Ghana, a town is considered urban if it has 50,000 or more inhabitants. By this criterion, about 44% of the country’s population lives in urban location.³²⁸ Further, the private sector employs almost about 93.1% of the economically active population (informal, 86.1% and formal, 7.0%), with the public sector employing only 6.3%.³²⁹ The formal sector jobs involves jobs which are taxed directly, while informal sector job involves jobs that are not so taxed. What may be drawn from this data is that only a handful of the economically active population work in the formal sector. Meanwhile, the formal sector of the economy, to a very large extent, defines the formal State and its extent. This is partly because the formal State’s social welfare and intervention programs are often informed or limited by and tied to tax, resulting in a significant aspect of such social welfare and intervention programs concentrating on the formal sector of the economy – those who are captured by the income tax net. Accordingly, such social reliefs have, if at all, an extremely faint presence in the informal sectors of the economy – the informal

³²⁵ Article 272(b), (*Ibid.*).

³²⁶ Article 11, (*Ibid.*).

³²⁷ See J. Danquah, “The Historical Significance of The Bond of 1844,” (1957) Vol. 3(1) *Transactions of the Historical Society of Ghana*, 3-29; Also see: *Angu v Attah* (1916) PC 24-28, 43; D. Nii-Aponsah, “The Rule in *Angu v Attah* Revisited” [1987-88] Vol. 26 *Review of Ghana Law*, 281.

³²⁸ Population Reference Bureau, 2012 *World Population Data Sheet*, p 10.

³²⁹ *Ibid.*, at p. 11

State. So much so that the Supreme Court recently, in the case of *Centre for Juvenile Justice v the Ghana Revenue Authority & Attorney-General*, (Suit No. J1/61/2018 Supreme Court judgement of July 30, 2019) had to strike down a legislation which bars persons who do not pay income tax from accessing a court. In essence, the impugned legislation had the effect of limiting court access to persons who are within the tax net. In that case the Supreme Court noted that:

“The bulk of the populace resides in rural areas and operates in the informal sector. GRA [Ghana Revenue Authority] offices may only exist in urban, high populated areas and enforcing these provisions will leave the rest of the country without proper access to the formal justice system. There is no doubt that it is not practical for people in remote areas to have easy access to a tax office to obtain a TIN [Tax Identification Number].”

This also suggests that most of the people in the rural and peri-urban areas of Ghana do not benefit from the welfare and social intervention programs of the formal State. This leaves a great number of people with no option than to look to the much-weakened informal kinship relationships of the informal State (the *Gemeinschaft*) for social care and welfare.

8.4. The Changing Sociocultural Circumstances and Persons with Disabilities

These changes in sociocultural circumstances have affected persons with disabilities differently than the average person. The literature shows that persons with disabilities have, traditionally, been pushed to the fringes of society and subjected to all manner grim discriminatory cultural practices. Haruna of Gbewaa Palace recounted the premodern treatment of persons with disabilities in the Tamale area:

“Traditionally and customarily, of Dagbon, I can say that persons with disabilities were not regarded, even before the advent of Islam and the other religion, that is Christianity. Before, they were not regarded. We believed that they were devils, let me put it that way. They were not supposed to be accommodated. It was the Islam that came, because Christianity came to Dagbon before Islam. So, when Christianity came, they started preaching to the people that if you see someone who is blind, limping or a cripple or any

other person with a disability, you have to treat him as an equal. But initially, about the 14th or 16th Century, they were not regarded as human beings.”

The situation appears to be similar to the experiences in the Accra (Ga) area. Amartey, a counsellor in the Tema Manste (Tema Chief) Palace, recounts the Accra experience as follows:

“Gas don’t accommodate children born with disabilities. So, when you are born disabled, there is a customary rite that needs to be performed and you are removed from the community. Now, when a woman gives birth and they immediately realize that the child is disabled at birth, the woman’s eyes are tied and the message they give her is that her child is dead. From there, the child is given to an old woman who performs the ritual. It’s not just the old woman but there are people we call “Agbaafoi”. The leader of the Agbaafoi is called the “Agbaafoatse”. Agbaafoatse means herbalist-doctor and the people he works with are called “wooyee” (a priestess) ... The Agbaafoatse looks at the disabled child and determines whether he is from the sea or forest. So, if he determines that the disabled child is from the sea, the ritual is performed at the beach; and, if he determines that the disabled child is from the forest, they perform the forest ritual for the disabled child. So, the Agbaafoatse goes to look at the disabled child at birth to determine whether he is either. When he goes to look at the child, the gongong is sounded to tell people not to go to the riverside or the beach because on their way to the beach they are not supposed to meet anyone. So, the Agbaafoatse puts herbs in a pan, carries it and the Agbaafoi will follow him in a queue without looking backwards. When they get there, they will sprinkle the water from the herbs in the pan around and also on the disabled child and say to the child to go back to where he is from and then he is killed.”

These accounts confirm the literature on the issue, which suggests that the discriminatory treatments given to persons with disabilities are motivated by cultural and religious beliefs that persons born with disabilities were from evil gods.³³⁰ According to Haruna it is “believed that

³³⁰ P. Sarpong, (n. 59) at p. 11.; See Al-jazeera, (n. 59). Also, see: M Avoke, (n. 60) at p. 773; J. Agbenyega, (n. 60); G. Dogbe, (n. 60); Naami *et al.*, (n. 57); A. Kassah, (n. 60)

whenever a human being gives birth to a cripple or a blind man, traditionally, they will say, that is a devil, and they will prepare some date to go and eliminate the baby ... that fellow will be killed.” Because of this belief, the killing of babies with disabilities is often characterised by religious rituals. Amartey details out the killing procedure in the Accra custom as follows:

“They go to a place called “Gbenta” (crossroad) which is where the ritual is performed. After they kill the child, they bath themselves with the herbs from the pan to cleanse themselves, so that they don’t come back home with the “dirt”. After they take their baths, they come back in the same queue they went in without looking backwards till they get home.”

The type of impairment and how it was occasioned, whether at birth or later in life, in a way, also, determined the nature of treatment that a person would get from the society. However, an impairment, regardless of type and how it was occasioned, disqualified and still disqualifies a person from holding certain customary royal offices. Haruna explains this as follows:

“But actually, we have a different way of treating them. Somebody who was born with that disability is different from somebody who has an accident. Because if you are born with it, we believe that initially, you are a demon or a ghost. But for accident, there are some rights that you will be denied. You can’t become a chief or leader, you can’t lead the society or a group of people or be nominated as a leader. They will look at you like you don’t have the strength to do it. But somebody born with blindness, that fellow will be treated somehow than somebody born with autism or somebody that shakes his body and cannot talk normally. That one, since time immemorial, that was the 14th century to 16th century, even up to 18th Century, it was those people that they were believing they were devils so that they kill them. But born a cripple or limping or a lame, sometimes they will try to use local treatment just to see if this person will walk or the blindness will vanish, or he can see very well. But the bad thing was the autism or somebody lying down. We believe that they are devils.”

Haruna also recounts a particular instance he discovered in his research into the history of the Gbewaa Palace, where a prince and heir to the Dagbon skin was disqualified because he was impaired in one eye:

“I could remember somewhere in the 17th Century when I was doing some research about the Dagbani chieftaincy. I came across this that one chief was not born disabled but later on, when he was young man, he was playing with his friends, so unfortunately, he was hurt in the eye. But it came to a time that he was supposed to be the Ya-Na and everyone was expecting him to become the Ya-Na; but because of the accident, he was denied totally. So, they gave him the mirror to look at it and he took the mirror and he was looking at the mirror, and the elders and kingmakers asked him whether he has seen some defects. And, he said yes, and he was asked why, which he said that it was an accident.”

In indigenous Accra custom, however, it appears that the practice of killing babies with disability was so strict and effective that there seemed to be no crystallised practice of how children with disabilities and their families are treated by the society. According to Amartey, persons who acquired impairments later in life are often ostracised. However, when I asked him about how babies with disabilities and their families were treated, he questioned me as follows:

“I will ask Prof a question – that even in the first place, when a disabled person is born and the child is taken to be killed, how do we even have the disabled in the society at that time? ... I think if I am to answer the question properly, at that time the disabled children were killed, so even if somebody hid their child then she would have to leave the town and live far far away so as not to be close to society. So, during that time you wouldn't even meet someone who was disabled.”

I also found that in a case where the impairment occurred later in life, the person was often treated with contempt and discriminated against. Amartey explained to me as follows:

“When you are already grown and you are discovered to have a disability, firstly, people insult you with the disability, and people don't like to mingle with you. Again, what is worst of all is that because of that disability when you are a royal or next in line for the chieftaincy title, you lose your royalty status. For instance, I could be in line for the title but because I'm disabled, there is no way I could be chief. It is the greatest disadvantage of all.

Secondly, like I said, you can't mingle amongst people and people insult you based on your disability and so because of this you are always isolated and if care is not taken you will not be happy in life."

In Accra custom, just like in Tamale, Amartey says that disability disqualifies a person from royalty, even today. He said, further, that the treatments that the society mete out to disabled people have improved significantly over the centuries. However, some of the practices are still enduring. He explained:

"The only thing that hasn't changed is your royalty status because even when you are a lefthanded person and you use your left in doing everything, you can't be chief talk less of you being crippled or having one ear. That is the only thing that hasn't changed but the system where they take the child and the child is killed is no more."

However, the emergence of Islam and Christianity seems to have altered the customary beliefs upon which some of the discriminatory practices were based. The interviews suggest that foreign religions have significantly reduced the ill-treatment that the society metes out to persons with disability. For instance, children who are born with disabilities are no longer killed for their disabilities. Haruna, of Tamale, confirmed this when he said:

"A person with disability in the Dagbon custom, now that I said changes have come, we have now looked after them. Like when I was coming out, if I have a disability man in my house or a woman, I have to go and assist him or her. So, it means that the whole family, even now the Ya-Na has some donations, probably, monthly; because in his appellations, they say, someone who takes care of the disabled and those who are able. So, every year, he has some amount of money to donate for the disabled because of the changes. So that they will send it to those who are disabled and can't afford [basic needs]. Even when you come to Tamale and you are going to the bus stop, you will see plenty of them. When it is Damba festival, they will give them or even the festivals like Eid-ul-Adhar and Eid-ul-Fitr, they have to give them something. And then the Imam too, those who know much about the Islam give them something every month, items to be specific. Religiously there was another man who died, Dr. Abdulai, he was having some clinic here and he died like

three years ago. But that man, he's from the royal family too. But because of the religion, Christianity, even when he died that thing did not stop. The disabled people within Tamale and outside Tamale are given breakfast and around 12 noon, they are also given food."

Amarthey, of Accra, also gave a similar account in respect of the indigenous Accra experience:

"Even now there are blind people who go to school and even those who don't have legs are going to school which goes to show that learning and intelligence was what we lacked back then. So, for now, the killing has stopped. Culture doesn't allow that anymore. Who determines whether or not a person is disabled? It is the doctor and even if the child is a disabled child, it is the doctor who tells what can be done to help the child not the Agbaafoatse. So, now advancement and development has now helped us to know that now there shouldn't be killings. Also, now disabled people can mingle with abled people. We have come to understand that it makes a disabled person happy if he gets to mingle and socialize with everyone else, and it even adds more years to their ages, so now there is no more killings."

It would also appear that the Tamale community does not shun the works, businesses or trades of persons with disabilities anymore. Their crafts and other products and services are patronised by the community with little or perhaps no discrimination. For example, Ahmed, who is family with Abiba, said this in a focused group interview I had with him and other families of Abiba in Tamale on July 11, 2019 at about 11: 00 am of how disabled people's businesses and services are patronised in Tamale.

"That one we don't discriminate. Whether this is weaved by a blind man or not, we don't look upon it as evil. Some people even like their weaving because they take their time. Somebody who is seeing, he will be rushing to finish but because they are not seeing, they will take their time. I know some are weaving doormats and other things. They will purchase it. That one we don't discriminate."

Abiba, is a DCF recipient in Tamale. She has physical impairment. She converts plastic wastes into pillows, doormats and other accessories. In Accra, a similar account emerged. Kodzo, is a

tailor apprentice with physical disabilities. In a one-on-one interview on September 17, 2019 at about 1:30 pm in Accra, Kodzo rejected the suggestion that people shun the products of persons with disabilities. He said: “For me, I am free with everybody, so they treat me [and my products] well, especially when I come to my master.” Further, Kodzo’s master, Kpakpo, also in a separate one-on-one interview earlier on September 17, 2019, gave an example of his former apprentice, Kotey, who has gone on to be so successful with his tailoring trade so much so that he has been able to, within 3 years, marry, have kids, build a house and a shop. Kotey has a physical impairment. The assumption that may be made from Kotey’s experience is that people patronise his products well (for if they did not, he could not have made much money from the trade to achieve all the above. Nonetheless, Kpakpo (the apprentice master) admits that some people do shun the work of persons with disabilities. I asked Kpakpo if there are instances where people object to his disabled apprentice sewing for them. He answered in the affirmative and explained that it “is very true. The truth is, all fingers are not equal; and some of us discriminate among others. When some people come here and I give their job to him [Kodzo], then, they become angry.” Similarly, Klutse, a senior civil servant who has been working with the Social Welfare Department for over 3 decades confirms how persons with disabilities who have even acquired the relevant skills and training in particular trades are treated in the communities. He recounted in a one-on-one interview I had with him in Accra on April 29, 2019, at about 12:00 pm that:

“We have been training persons with disability in employable skills and they go out there and they can’t get jobs. They go and do doormats. They go back to their communities but because they do not even train in their communities, their communities do not accept them in the first place. So, they are rejected... They went back to their communities and they were practicing, doing the best that they can but they were rejected. People were saying why should you deal with the person with disability when I’m there. So, they came back and being the head, I accommodated them. Even though they have completed, and they went back home, they had to come back to the Centre because when they are in the Centre, they feel at home. So, they were there, and these people, we train them, they go to the communities and they find it difficult to work and they don’t get jobs.”

To overcome this challenge, Klutse, during his term as the head of the Rehabilitation Centre, devised and implemented a strategy to ensure that persons who received training at the Rehabilitation Centre do not remain unemployed or unproductive. He explains the strategy as follows:

“So, I initiated this idea of people that we train should get employment in their departments so that if they are employed, automatically, you are earning a monthly salary. We give you accommodation because all the staff at the institution, they accommodated them. And if you have salary, you have accommodation, the next thing is probably marriage, you have your children and when it comes to social image, you are part of the society.”

After interviewing Klutse, I visited the Rehabilitation Centre to ascertain his account. The visit to the Rehabilitation Centre confirmed Klutse’s account. I found Kwame and other persons, who were sewing at the Rehabilitation Centre and they confirmed what Klutse told me.

The above discussion highlights the shift in the social responsibility and support system in Ghana and how that transition has impacted the life of persons with disabilities. In spite of the fact that modernization has weakened the traditional welfare system,³³¹ the customary law position (that the family is responsible for the care of its disabled, sick and the elderly) could be seen through Ghana’s laws even today. It has influenced provisions in the Constitution and consequent legislation in respect of social care. For instance, when it comes to the care of persons with disability, the Persons with Disability Act, 2006, (Act 715) provides that “[a] person with disability shall not be deprived of the right to live with that person's family ...” This is almost a reproduction of Article 29(1) of the Constitution. Also, Article 28(1)(a) of the Constitution makes it the right of children including ill children and children with disability to receive “... maintenance as is necessary for its development from its natural parent ...” These, perhaps, also show that the formal State itself operates along the dictates of the customary laws of the informal State, fixing such welfare duty and responsibility for the individual (including persons with disabilities) on the family – the pivot of the informal State. This is notwithstanding that Ghana has ratified the CRPD and has, thereby, undertaken to perform such duty. This situation of placing the duty to provide care for disabled people on the informal State, when

³³¹ C. Avendal, (n. 280), at p. 3.

put within the context of the traditional sociocultural responsibilities of Ghanaian families, creates a heightened responsibility on the family and a slightly lesser one on the State compared with what may exist in the Western world. This, as explained in the previous chapter on the formal legal context, sets Ghana's welfare system up against its obligations under the CRPD in particular and international human rights law in general.

Chapter Nine

9. PRESENTATION OF FINDINGS (FUND ADMINISTRATION AND UTILISATION AND IMPACT)

Chapter Overview: This chapter, primarily, presents and explains the findings from the interviews which were conducted as a part of this thesis' fieldwork. More particularly, it focuses on the findings on the administration of the DCF. It will present and explain the findings on the eligibility criteria for selecting the DCF recipients, the procedure for applying to the DCF for support, the determination of the forms and amounts of support that a recipient may be given. The chapter will also present and explain the findings on the use to which recipients put the supports that they receive, how the use of the support is monitored and the general impact of the funds on recipients, their families and the community at large. In the presentation, the findings will, where possible, be compared with the formally established guidelines for the administration of the DCF. The purpose of this chapter, therefore, is to explain the mechanism (M) dimension of the C-M-O (context-mechanism-outcome) configuration of the Realist Evaluation technique. Within the C-M-O structure of the Realist Evaluation technique, mechanisms are those particular features of the programme that bring about the outcomes.³³² Programs are intended to have impacts, one way or the other. They are intended to produce a change in the ideas, lifestyle or behaviours of the persons they are applied to. Accordingly, mechanisms entail the detailed "underlying causal processes" by which program resources achieve this change.³³³ This Chapter, thus, lays the foundation for analysing not only what outcomes that there may be, but also (or even more particularly) how the DCF achieves the outcomes. It is important to note once again that the names used for the interviewees in this these are pseudonyms and are not the real names of the persons interviewed.

³³² R. Pawson & N. Tilley, (n. 141); K. Salter & A Kothari, (n. 149).

³³³ G. Westhorp, (n. 150), at p. 3.

9.1. The Interviews and the Program Mechanisms

In investigating the DCF program's mechanism, the study selected persons who, according to the program theory, could speak to the issues that would help answer the thesis questions. The selection criteria for the interviewees are explained in Section 4.3 and Section 5.2 of the thesis. The interviewees included DCF recipients, their immediate families or carers (who are generally referred to throughout the thesis as "family persons"), disability rights activists or members of DPOs and government officials. The interviewees were asked a series of questions based on the topic guides that are explained in Section 5.3 of this thesis. These questions were informed, in line with the dictates of the Realist Evaluation technique, by the program theory and the thesis hypotheses. The questions, primarily, related to the interviewees' views on the DCF and how the program has worked so far. It also included questions about suggestions on changes to the program, namely, what the interviewees thought could be added to or taken out of the program's processes and procedure in order to improve its workings. Their suggestions helped in understanding the individual needs of the recipients. For example, a recipient who suggests that the program should focus on feeding, is more likely to have challenges in affording food than the interviewees who says that the program should focus on rent. The suggestions also helped in understanding how the recipients perceived the program in general. The questions and their import are more particularly explained under Sections 5.1 to 5.3 of the thesis.

Before asking these questions, however, the program theory and purpose were explained to the interviewees. This is in line with the prescription of the Realist Evaluation technique, which requires that a "teacher-learner" cycle interviewing approach be adopted.³³⁴ The approach requires the interviewer to begin the interview process by, first, explaining the program theory and other features of the research to the interviewee before moving on to asking questions. The 'teacher-learner' interviewing approach is also more particularly explained under Section 5.2 of this thesis. In this regard, my preliminary interactions with the interviewees revealed that all the recipients who were interviewed had a good appreciation of the purpose of the DCF, even prior to my contacting them.

³³⁴ R. Pawson & A. Manzano-Santaella, (n. 146).; A. Manzano, (n. 164).

Quite apart from the fact that the program administrators and DPOs (of which 3 of the 4 of Recipients are members) have explained the program theory and purposes to them, the recipients did, also, intuitively understand that the support that were given to them under the DCF program was intended to help them out of poverty and make their lives better, generally. Also, my preliminary interactions with the interviewees revealed that program administrators, government officials and DPO officials who were interviewed were all, unlike the family persons, very much aware and knowledgeable about the DCF, its theory, purpose and workings. Particularly, they knew that the DCF was intended as a support to the recipients in their works or personal development. The same could, however, not be said of all the family persons or carers who were interviewed. While some of the family persons knew about the DCF and also knew that their respective recipients had received support from it, others merely knew that their respective recipients had been receiving supports from the government, civil society or other NGOs, generally. Some of them did not know of the DCF specifically. However, they showed sufficient understanding of the program theory and purposes once it was explained to them during the preliminary interactions.

A key point which needed considerable stressing was the link between poverty reduction and social image improvement. I found that the family person interviewees, though very clear on the DCF's aim of reducing poverty, were less clear on what "social image" really meant within the context of the research. However, after explaining to them using phrases like "moving from nobody to becoming somebody", "being respected", "being acknowledged", "being given responsibilities", etc. they easily understood the term. It may, therefore, be said that all the persons who were interviewed did know about the DCF program, its theory and purpose before the actual interviews took place. Particularly, they knew that the DCF was intended as a government support to the recipients in their works or personal development for work. They also knew and understood that work has the ability to make the recipients less dependent on their families; and more helpful or supportive to their families and communities at large. They, thus, understood and were able to draw a direct link between working and earning a livelihood, on one hand, and, on the other, how work and participation in community life have the potential to raise a person's social image.

9.2. The DCF Guidelines

As noted in Section 6.1 of this thesis, the DCF was established in 2005 but without a clear or coherent policy framework or documentation. It did not also have or a body of guidelines for

its administration, disbursement or utilisation of funds. There was, therefore, no objective standards for the program's implementation. Each district did what was convenient, giving room for arbitrariness, patronage and, sometimes, misapplication of the funds. This gap resulted in many fundamental challenges which adversely affected the effectiveness and efficiency of the program. Lack of transparency, absence of effective accountability measures and, even, allegations of corruption and diversion of the funds on the part of administrators have been named in the literature as some of the fundamental challenges of the DCF at this point.³³⁵ These allegations were also disclosed in the interviews conducted in this research. For instance, during one of the focused group interviews,³³⁶ an official of the national federation of DPOs recounted as follows:

“When the [Disability] Common Fund was initiated in 2005, it did not come with any form of guidelines. So, it was opened to varied interpretation and application by the various [District, Municipal or Metropolitan] Assemblies. And, I quite remember, at a certain point, initially, some of the Assemblies were disbursing it [the funds] out as loans, while others were taking for free.”

Another official added in the same interview that “[e]ven the executives were giving it [the funds] to their favourites for free”. These factors affected the functioning of the fund significantly at the initial stages of the program. These circumstances also created a culture of arbitrariness, patronage, favouritism and nepotism around the program leading questions of public trust and confidence in respect of the program. This culture seems to still haunt the program 15 years down the line and may well persist into the future. To forestall these challenges, a discussion ensued on reforms to the program.

Efforts at overcoming these challenges led to the joint publication in 2010 of the Guidelines for the Disbursement and Management of the District Assembly Common Fund Allocation to Persons with Disabilities (the Guidelines). The Guidelines was published by the National Council on Persons with Disabilities and the Ghana Federation of Disability Organisation (GFD). The Guidelines were adopted under the joint authority of the Minister for Employment and Social Welfare, the District Assembly Common Fund (the mother Fund of the DCF) and

³³⁵ I. Tuggun, (n. 217), at p. 12.

³³⁶ This focused-group interview was with the executive of a national DPO and some DCF policymakers. The interview took place in Accra on May 28, 2019 at about 1:30 pm.

the Ministry for Local Government and Rural Development. An official of the national federation of DPOs recounted during the focused group interview the efforts that went into the preparation of the Guidelines as follows:

“So, GFD says – then, we should help develop guidelines for the disbursement and utilisation of the Fund. So, we came out. We’re able to bring all the stakeholders together, including the Ministry of Local Government and the Ministry of Manpower and Social Welfare. We brought all that together and we endorsed the guidelines. So, it was these guidelines, initiated by the GFD, that says that there should even be a Fund Management Committee. The Fund Management Committee comprises of the Assembly Social Service Committee Member, the District Social Welfare Director, GFD Representative, the Disability Council representative, and so forth.”

The Guidelines have, since its establishment, become the official standard for administering the DCF across all the 254 district assemblies in Ghana. The coming of the Guidelines may have moved the program away from arbitrariness and the challenges that were noted above. However, it remains a question – to what extent it has filled the huge policy gap that the program came with or how far it has moved towards a cogent and comprehensive policy framework. Answering this question will require a review of the guidelines.

The Guidelines provide a structured system for administering the DCF. It states the broad dual aims of the DCF – (a) reduction of poverty through dignified labour and (b) improvement of social image.³³⁷ The aims are further explained into objectives. Accordingly, the DCF may provide support for not only the income generating activities of individual persons with disabilities, but also for their education, training or rehabilitation all towards their economic empowerment. Another objective of the DCF is to support DPOs in capacity building. The Guidelines also call for the education and sensitisation on the aims, the purposes and the procedures of the DCF. This sensitisation, according to the Guidelines, is intended to be for the general public, persons with disabilities across the country, the chief executives of the 254 district assemblies, the core management staff of the district assemblies and elected assembly members, and other relevant stakeholders. Form this broad scope (for the sensitization), it may

³³⁷ Guideline No. 1, See NCPD/GFD, (n. 131), at p. 4.

be seen that if this sensitisation mandate is implemented effectively, not many people in Ghana should be ignorant of the basic rights of persons with disabilities and how to respect them. However, as the research has revealed, disabled people in Ghana are still subject to the tenets of superstitious beliefs and practices.

The Guidelines also established an implementation body – the Fund Management Committee. There is a Fund Management Committee in each of the 254 districts across the country. Each Fund Management Committee is to be made up of 4 *ex-officio* members. The 4 *ex-officio* members are representatives of the district branch of the National Council on Persons with Disabilities, the chairperson of the district social service sub-committee, the district director of the Department of Social Welfare and one representative from the district branch of the Ghana Federation of Disability Organisations. Quite apart from these *ex-officio* members, the Fund Management Committee is allowed to co-opt “technical member(s) that the Committee deems fit”.³³⁸ This may mean that the membership or presence of every additional person in the Committee must be for a particular or a specified technical function which could not be performed without that person. The Guidelines, however, gives no clear indication of what “technical” functions the Committee may need. It will, however, be disclosed later in this chapter of the thesis that the power to co-opt technical experts on to the Committee has become a target of allegations of abuse. The Fund Management Committee’s responsibilities include receiving, vetting and approving applications. The Committee also has the mandate of monitoring and supervising the utilization of the funds; and sensitising all relevant stakeholders at the district level. It is also required to present quarterly report on their activities and function to their respective District Assemblies and district branches of the National Council on Persons with Disabilities. Accordingly, the Fund Management Committee is the pivot around which the implementation of the DCF revolves. They determine almost all the questions on implementation and also carry such decisions out. For example, the Committee determines whether an applicant has met the eligibility criteria for support, how much support the applicant needs and, also, how much support to make available to successful applicant and at what time.

³³⁸ Guideline No. 4, NCPD/GFD, (n. 131), at p. 5.

9.3. Eligibility of Recipients

The Guidelines set out the eligibility criteria for obtaining a support from the DCF. Primarily, it states that DPOs or individual persons with disabilities may access support from the Fund. However, eligibility is only the first factor to be considered by the Fund Management Committee in awarding a support. The Committee will go beyond eligibility to consider other factors before approving an application. In a one-on-one interview in Tamale, Kareem, a member of the Fund Management Committee in the Tamale Metropolitan Assembly, explains the application and vetting process as follows:³³⁹

“The money is applied to persons with disability who are poor and are in urgent need of the money. Normally, these persons will apply and there is a committee known as the Fund Management Committee, who will meet to vet the applications. During the vetting, the committee calls the person and undertake an interview whether the person really needs the support before it can be approved.”

Kareem’s account, however, merely reflects the provisions in the Guidelines. The actual vetting process, as will be disclosed later in this chapter, may vary significantly from district to district and even in the same district from time to time and sometimes from applicant to applicant as the circumstances may require. The point to note here, however, is that the Guidelines do not make membership of a DPO an eligibility criterion. In other words, it is not a requirement under the Guidelines that a person needs to be a member of a DPO in order to be eligible to apply for support from the Fund. The Guidelines specifically prescribe that “individual PWDs [persons with disabilities] who are not members of any OPWD [organisations of persons with disabilities] can access funding from the DACF for any of the purposes ...”³⁴⁰ This elaborate eligibility criterion and procedure notwithstanding, the research found widespread allegations that the funds from the DCF are only given to disabled people who are members of DPOs.

³³⁹ The interview took place in Tamale on July 11, 2019 at about 3:00 pm

³⁴⁰ See NCPD/GFD, (n. 131), Guideline number 6, at page 6.

Klutse, a senior director at the Social Welfare Department in Accra explained in a one-on-one interview³⁴¹ the allegation in the following way:

“As I was saying, currently as it is, if you don’t belong to an association, there is no way you can benefit from it [the Fund]. Because an individual cannot go to the [District] Assembly and say, I need this amount of money.”

Klutse has worked across the country as a social worker with responsibility for the affairs of persons with disabilities for more than 3 decades. It follows that this account is one that needs to be taken seriously. Further, I observed from the fieldwork that the main channel to the DCF in Accra (unlike Tamale) was through the DPOs. For instance, the two DCF recipients that the research investigated in Accra got their DCF support through DPOs. It was the DPOs which informed them of the existence of the DCF; and also led them to make their applications. It even appeared in some cases that access to the DCF may have been used as a recruitment message by DPO leaders. For instance, it was observed that members felt a sense of allegiance to the individual leaders who recruited them into the DPOs, so that when it came to DPO internal politics and executive elections they supported their recruiters should they stand for elections. Sika is a recipient with visual impairment in Accra. Kuma was the leaders who recruited her into the local DPO at Amasaman. Sika told me in a one-on-one interview³⁴² that “Bro Kuma is the reason we go for meetings at Amasaman. Those of us who are blind go for meetings at Amasaman... Kuma is our leader for the meeting. So, if there is something, he is the one who tells us.” This allegiance seems to have also translated into votes for the recruiters during DPO leadership elections. Kodzo, also a recipient with physical impairment in Accra, explains how he and his friends voted for Kuma after he recruited them into the DPO in Amasaman. He told me in a one-on-one interview³⁴³ that: “I know him [Kuma]. Every month, we go to a meeting, first week in the month we go for the meeting. We voted and he [Kuma] became the master of us. That is, he is going to lead us.” From these two accounts, it appears that Kuma recruited our two interviewees – Sika and Kodzo – during his campaign to becoming the president of the association.

³⁴¹ The interview was held in Accra on April 29, 2019.

³⁴² The interview was held in Sika’s home in Medie in Greater Accra on September 12, 2019.

³⁴³ The interview was held in Nsawam near Greater Accra on September 17, 2019.

The pervasiveness of DPOs in Accra notwithstanding, the suggestion – that membership of a DPO is an eligibility criterion – has been rejected by the DCF administrators and the leadership of the national federation of DPOs (Ghana Federation of Disability Organisations). When asked if an individual needed to be a member of a DPO in order to access the DCF, an official at the national federation of DPOs denied the allegation. He told me that “[t]hat [allegation] is not true. They have bandied this story around for far too long; and we know of it.” He, however, explained the basis of the allegation in the focused group discussion as follows:

What the majority of the Districts Assemblies do is to inform the people through the organisations, then, assemblymen. Because of this, the District Assemblies were even encouraging all persons with disabilities to join the organisations. Those who are members of the organisations, they are encouraged to apply through the organisations. So that their organisations collect the applications and take them to the District Assemblies. But those who do not belong to any of the existing organisations, they channel their application through the Social Welfare Department. At the end of the day, all the applications come to the table of the Social Welfare person, who always serves as the secretary to the Fund Management Committee. So, it is never true that if you don't belong to the organisations you will not be given.”

Therefore, it appears that while there is no formal bar to individuals who are not members of a DPO from accessing the DCF, the circumstances are such that membership of a DPO does enhance a person's chances of getting support from the DCF. DPOs enhance the chances of their members for obtaining support under the DCF by educating their members on the application process, helping them complete the application form and submitting them on their behalf. Kareem, an administrator in Tamale, explains the situation as follows:

“No. You do not need to be a member of an association to access the Fund. Because the Fund is not meant for only associations. The only issue is that when you are part of an association, you have more access to the Fund than an individual. Because the one with the association will know more about the Fund than someone randomly.”

Information on the DCF and on the application process is rare and generally not very accessible to disabled people. Also, there is a higher level of illiteracy among disabled people generally

than the average member of the society. This means that even where the information is available, it is not likely that a disabled person could understand or follow through the process all by himself or herself. Additionally, the composition of the Fund Management Committee which, as discussed above, is heavily tilted in favour of DPOs. DPOs end up having a majority representation on the Fund Management Committee. This may lead to discretion being exercised disproportionately in favour of applications that are brought by DPOs on behalf of individual members. With these factors, the assistance that is offered by DPOs will considerably enhance the chances of their members and put them at a significant advantage for obtaining support from the DCF compared to a person who is not a member of a DPO. While DPO members readily get the information on the DCF and other support avenues, disabled people who are not members of an association would have to go through a lot or be lucky to access information and complete the entire process by themselves. Indeed, this research could not find any evidence to contradict the account that DPO membership enhances a person's chances of accessing the DCF. The research, however, found that, in practice, a person does not need to belong to a DPO in order to access the DCF. For example, Abiba, a DCF recipient with physical disability in Tamale, narrated to me in a one-on-one interview³⁴⁴ how she got to know of and accessed the DCF. She does not and has never belonged to any DPO, neither did she access the funds through the help of an association. She said:

“Yes, it all happened when I attended the entrepreneurial programme. I met [an official of the Tamale Metropolitan] Assembly ... He got inspired about my business and the effort I was making. He called me and invited me to his office, and he spoke about the Disability Common Fund. And, I was given 2,000 cedis [GB£289.60].”

Thus, Abiba got the support even without formally making an application, but merely on the recommendation of a district assembly official. Similarly, Kareem, a DCF recipient with visual impairment in Tamale, has accessed the DCF twice. He did not belong to any DPO when he accessed it the first time. In a one-on-one interview with me,³⁴⁵ Kareem narrated how he got the support the first time:

³⁴⁴ The interview was done in Tamale on September 24, 2019.

³⁴⁵ The interview was done in Tamale on July 11, 2019.

“Well, a friend of mine told me that the Assembly was helping students, not necessarily disabled students but students generally. So, it was when I applied to the Assembly for assistance that I realized that there were also funds available for disabled persons.”

Thus, Kareem applied for financial aid from the district assembly even without knowing that a specific fund exists for disabled people. This lends support to the above finding that information of the DCF is not readily available. While the manner in which these two recipients in Tamale accessed the DCF provides some form of evidence to rebut the allegation that only DPO members have access to the DCF, they also exposed some of the weaknesses in the administration of the DCF. For example, in Abiba’s case, it may be observed that it was the Tamale Metropolitan Assembly official who introduced her to the DCF. While this introduction *per se* may not be negative, Abiba’s account shows that there was no real vetting by the Assembly’s Fund Management Committee before she was given the money. It may be true that Abiba would, if she was properly vetted, have made the selection for the support and the amount she was given for her purposes. However, the manner in which the support was given leaves a perception or an impression that the official may have, by his status at the Assembly, influenced Abiba’s selection as well as the amount she was given.

The research also disclosed another instance where the Guideline procedures were not followed. In this instance, the recipient was accessing the DCF for the second time, having had it previously through the established process. He was on the staff of the Assembly and was working with the DCF administration at the time he got the support. He admitted that he got the second funding even though the purpose for which he wanted it – a postgraduate degree – was not exactly one of the approved purposes in the Guidelines. In a one-on-one interview with me on July 11, 2019, he narrated how he got the support to pay for a higher-level education program as follows:

“During that time, my salary was having a problem. I was having challenges with my salary. So, I could not pay for that course. And, it was a requirement for an administrator; for admin workers, you need to acquire the certificate before you could work effectively. You need to upgrade your knowledge on public administration. So, in fact, I didn’t apply to the Assembly to support me. So, I had a discussion with the Coordinating Director [of the Assembly]. He had also seen that my salary was delayed. He said the Fund is not meant

for that. But because of the salary issue, he understood the need and approved it anyway.”

This finding provides some evidence of a conflict-of-interest situation, which may not be uncommon in the administration of the program. Additionally, the research also disclosed some elements of intra-disability discrimination in the disbursement of the DCF. Ghana’s Persons with Disability Act defines disability to mean “an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one or more of the major life activities of that individual.”³⁴⁶ This definition is expected to guide the Fund Management Committee in identifying persons who are eligible for support under the DCF. Considering that the persons who administer the DCF program are not expected to be trained lawyers or persons who are able to sufficiently digest or unpack the Act’s definition, it is imperative that an operational manual be put in place for the administration of the program. This manual would explain and guide the administrators on some basic procedures such as identifying or determining who is a person with disabilities. However, there is no further operational manual which provides a more detailed or a working explanation to the Act’s definition. The Guidelines also does not provide a working explanation on the definition. This leaves the Fund Management Committee members to use their own understanding to determine who is a disabled person. The research interviews revealed that some applicants were refused the support on the sole basis that their disabilities were either not patent or that the kinds of impairment they had were not considered by the administrators to be a disability. An official of the national federation of DPOs explained the situation as follows:

“We need to collect some data on the category of persons with disabilities. Because even at that level, the Fund Management Committee might see a person who is totally blind as a person who deserves the Fund; and not the person who has albinism or the person who has mental disability. Because, once the person comes there, you don’t see any physical thing, so you may be like – oh, the person is not qualified and doesn’t need the Fund. And, that has

³⁴⁶ Section 59, Ghana’s Persons with Disability Act, 2006 (Act 715).

also been a challenge – you have a group of people who feel that they have been left out and have never benefitted from the Common Fund and so forth.”

Intra-disability discrimination not only limits the DCF’s impact, it also creates public suspicions and disaffection for the program. Persons who have genuine cases of need and are eligible may be denied access unfairly.

9.4. Determination of Support and Amount

The source of funding for the DCF is the District Assembly Common Fund. The District Assembly Common Fund was established by Ghana’s Constitution as “Ghana’s solution to the problem of fiscal decentralisation”³⁴⁷. The Constitution provides that Parliament shall, annually, make provision for the allocation of not less than 5% of the total national revenue to the District Assemblies for development.³⁴⁸ The Amount is to be shared and allocated to the various district assemblies on a quarterly basis.³⁴⁹ The total money allocation to all the 254 Districts for the 1st quarter of the year 2018 was GH¢ 336,168,522.78 (GB£ 44,817,052.71). The DCF, on the other hand, derives its funds from the District Assembly Common Fund. A percentage – currently 3% (since 2019 fiscal year) – of the District Assembly Common Fund of each district is set aside for the DCF of that district quarterly. In other words, each district assembly is entitled to 3% of the district’s share of the District Assembly Common Fund, which is, then, spent on the purposes of the DCF in accordance with the criteria outlined in the Guidelines. The DCF is, therefore, tied to government revenue. By this, the more revenue the government generates in a particular fiscal year, the higher the amount to be allocated for the purposes of the DCF in that year. This gives the DCF, at least a constant inflow of revenue.

However, a constant flow of revenue is one thing and the adequacy of the amount for the DCF’s purpose quite another. Constant flow ensures that there is always some money coming in to the DCF, but it does not ensure that there is enough money to meet the needs of eligible applicants. The adequacy of funds remains fundamental. The question of fund adequacy is where the study began to discover the major challenges that the DCF faces. The general concern over the DCF

³⁴⁷ Government of Ghana, *Report of the Constitution Review Commission, 2012*, 495.

³⁴⁸ Article 252(1) and (2), (n. 78).

³⁴⁹ Article 252(3), (n. 78).

is that the monies or supports given to the recipients are woefully inadequate for the purposes which the recipients intend to use the monies. As with many such social intervention programs, the funds that are allocated to the districts for the DCF program appear to be simply incapable of meeting the many needs of the large number applicants in the districts. For instance, the following conversation ensued between me and Kareem on the amount of money that the Tamale Assembly DCF receives. Kareem is member of the Tamale Assembly's Fund Management Committee:

“Question: In the 2019 budget, the government said they have increased the fund from 2% to 3%. Has it taken effect?”

Kareem: Yes, it has taken effect.

Question: How much does that come to for Tamale Metro?

Answer: It is about GH¢ 60,000.00 [GB£ 7,999.03] per quarter. The money would have reduced because of bank charges and normally we reserve some for contingencies so we will be left with about GH¢ 52,000 [GB£ 6,932.50] to disburse.”

Therefore, GH¢ 52,000 is this total amount which is then disbursed to Tamale DCF recipients every quarter and in accordance with the Guidelines. The daily minimum wage in Ghana in 2018 was GH¢ 9.68 (GB£ 1.40). This was increase by 10% in 2019 to GH¢ 10.65 (GB£ 1.54). With this national minimum wage, one may be able to appreciate the real worth of the DCF amounts that is available for distribution.

According to the Guidelines, applicants – which may include individuals and DPOs – are to submit their applications to the DCF Fund Management Committee for their respective districts for vetting. There is limited official information on the details of the variables that the Fund Management Committee may consider in selecting a recipient and in determining how much to give to that recipient. However, the interviews revealed that an application should, at the minimum, include three variables. First, an applicant needs to state the purpose for which he or she requires the support. The purpose needs to relate or fall within the objects of the DCF, namely, an income generating activity, education, acquisition of assistive devices, etc. The study did not find that there is a particular format for stating the purpose. Secondly, he or she

needs to indicate the amount of money he or she requires for the purpose. If the purpose is school fees, a school fee schedule may be enough statement of the amount needed. However, there is no requirement that a formal purchase invoice be provided. This may mean that the Fund Management Committee will work with estimates. Thirdly, the applicant needs to show how he or she intends to use the amount to achieve the stated purposes. This variable is often ascertained during the vetting process (if any). This does not have to be based on a formal business plan or formal projections. Kareem recounts a typical application, vetting and disbursement process at the Tamale Assembly. He explained that:

“As a trader [applicant], you write a letter, address it, state the purpose of the fund, the amount and the type of business you want to do. In some cases, we will need the list of products and the amount the products cost. That will guide us to know how much we can give. Normally, we do not approve exactly the same amount requested. After approval, they compile the list and the list is sent to the finance officer. Some will receive cheques, other cash, others, materials they requested for like deep freezer, sewing machine, etc.”

The interviews in this study reveal, too, that the Fund Management Committee may, in some cases, ask for evidence of the need or purpose. For example, where the applicant requires the money for a re-capitalisation of an enterprise, the Fund Management Committee may ask for evidence of previous business activities and earnings. This may also require the Fund Management Committee to visit the business premises of the applicant to ascertain the applicant's claims. The vetting process, thus, determines how much a recipient may be allocated at the end of the day.

However, I observed that Kareem's account merely describes the formal process. It appears that not all applications go through that process strictly. For instance, our interviews disclosed that DPOs or, in some cases, the Fund Management Committees themselves do not do more than simply ask DPO members to indicate their needs on a piece of paper which is passed around usually at DPO meetings. For instance, Sika, a person with visual impairment in Accra, narrates the application process as follows:

“They called my daughter [carer], Ama, and she went to the Amasaman meeting, and they told us that we were to put in our request for whatever we wanted the government to do for us.”

This, clearly, is a significant departure from the procedure which Kareem has narrated and from the formal procedure. Kodzo, a tailor apprentice in Accra with a physical impairment, also recounted a similar process. He recounted how he made his application as follows: “I wrote container [shop], sewing machine, knitting machine and, then, electric iron.” These instances may show, at the minimum, that not all applicants go through the formal vetting processes that are outlined in the Guidelines and explained by Kareem.

Having reported the findings on the application and vetting process, I now turn to the process for the determination of the amount or form of support for the applicants. Once the committee satisfies itself of the applicant’s eligibility and the viability of the application, it moves to the next stage – determination of the amount or form of support. When it comes to the determination of the amount or form of support that an applicant may be given, the research found that much depended on three main factors. The first factor is the peculiar needs of the applicant. This criterion entails the urgency of the need, the viability of the purpose, the amount needed, among others. For example, a person who requests GH¢ 500 to start a charcoal selling business may be more likely to get his or her request granted earlier than the one who needs GH¢ 4,000 to buy equipment. The second factor which influences the Fund Management Committee’s decision is the amount of money that is available to the DCF in the particular quarter of application. As I have explained above, the money in the DCF is tied to the national revenue for each quarter of the fiscal year. Thus, the quantum of money in the Fund may vary from time to time. Accordingly, the higher the national revenue for the quarter, the higher the money available for distribution and the more the support an applicant may get. The third factor is the number of applications that are received in the quarter in the district. This does not necessarily mean that the number of disabled people in the district may decrease or increase. Rather, the number or form of the support that they may need may increase or decrease. From this, it may be obvious that certain circumstances may badly affect the DCF and its capacity to meet its aims. For example, the outbreak of the covid-19 pandemic will definitely weaken the DCF, as it reduces national revenue (meaning less money available); and puts more disabled people and their livelihood under extreme stress (meaning a higher demand for support). I found out how much money support an applicant, typically, gets from the DCF. When asked how much a typical recipient receives on one application, Kareem, said:

“To a particular person, for Tamale Metropolitan Assembly, our highest is GH¢ 3,500 [GB£ 466.61] and our least is GH¢ 500 [GB£ 66.66] and this is for those requesting for medical assistance.”

It was found that the Tamale range of amount allocation is a little wider than that for Accra. The range for Accra recipients is typically between GH¢ 500 and is GH¢ 1,000. Further, while the amount and nature of support from the DCF may vary from person to person or from organisation to organisation, or from location to location, one thing seems to cut across – recipients seldom get exactly what or how much support they apply for. Many of the support requests are rejected by the Fund Management Committee. Even where the purpose is approved, applicants seldom get the exact amount of support they actually need in order to achieve the purpose. In this respect, Sika of Accra narrates her experience as follows:

“So, I requested for a house. I wanted them to build a house for me, and our leader, Kuma, said they couldn’t provide that ... A lot of people requested for a lot of things, and he said that with all the things we were requesting, it was only help we were receiving from the government, and so they couldn’t do that for us. So later, they called Ama at the meetings we attend and said that at that moment, it was a container [shop] and fridge and other things that they may give us. With the container [shop] as well, if you didn’t have your own land, they couldn’t give you. So, because they said that my daughter requested for the fridge because she sells frozen fish.”

In Sika’s case, her main need, which is an accommodation (which she would also use a business premises for her petty trading) was rejected. In its place, a deep freezer was approved for her by the Fund Management Committee. In such a case, where to place the deep freezer (even if it was ever purchased) would become a challenge. Kodzo, a tailor apprentice in Accra, too, shared a similar experience with me:

“Please, the problem is that the things that I need for my work, I wrote container [shop], sewing machine, knitting machine and then electric iron. But they said the things are too much. They will only compensate me with the sewing machine. Even the sewing machine, this is not the type that I need. But I have to manage this like that because if I reject it, I will not get anything again.”

In Kodzo's case, his primary request of a business set-up was rejected. In its place, he was given a sewing machine which, according to him, was not even fit for his purposes. He had to pack the machine somewhere and, rather, continue to share with his other apprentice colleagues the machine that his master has provided for training. This situation, according to his master, has contributed to the delay in his graduation. Abiba, a craft-maker in Tamale, also raised concerns over the sufficiency of the funds for her purpose:

“I told them that I want to buy a plastic shredder. But the money they gave me was not up. So, what I think they can do is that, if they can make sure that what we really need is being provided. That one would help.”

With concerns among recipients over the adequacy of support or fund allocations, one would expect, after over a decade of its operation, that a structure would be put in place whereby allocations are made in such a way that the support that each recipient receives would be enough to meet the purposes for which they applied once the Fund Management Committee approves the application. For example, one would expect that a recipient whose application is vetted and approved is kept on the scheme over several quarters until his or her stated purposes are fully met. This may, for example, require that the stated purposes be structured or rearranged in phases. However, this appears to not be the case. Rather, applicant's whose applications are successful are, for example, given supports for just the quarter in which their applications were approved often without much regard for whether the support given is capable of meeting the approved purposes. The recipients who were interviewed confirmed this. Sika applied for a freezer, a container shop in which to put the freezer and some money for re-capitalisation for her frozen fish business in Accra. Her application was approved partly. She was given some money together with the promise that the freezer would be given. The money given to her could not purchase a freezer, neither did they give her the freezer which was promised. She explained her concern as follows:

“They called us, and we went, and they asked us this question and I wrote that I wanted a deep freezer. And, they said they would bring it, but it's been one year, and we haven't heard anything. With that, if I get the deep freezer with a little money, I can work with it and buy my own container[shop] for the business.”

In such a situation, the money given to recipient often ends up being used for purposes other than the approved purpose. This defeats the objects of the DCF in a way. For example, Ama, Sika's daughter and carer, explains what eventually happened to the money the DCF Fund Management Committee gave to her visually impaired mother for their frozen fish business. She told me in a one-on-one interview that³⁵⁰:

“It would be better if it [the money] was enough. Because she [her mother] became sick, and it was part of that money we spent on medical care at the hospital ... And that is the money I have to use to do these things. So, when something like this happens, then, the money reduces. When I use it to work for a while then it comes back up. So, I think the support is good but it's too small, in my opinion. And now, too, for the fish I buy, I have to buy it every 3 days. I don't have a deep freezer to store the fish. So, if I get a deep freezer and a little more of the money, then if I go to buy, I know that I can buy 3 to 4 boxes. That way, I know that after one week when I'm done, I can go and buy a new consignment. That would help.”

Another interviewee's experience follows that of Sika. Abiba of Tamale shared her experience on how she had to eventually spend some of the money she received from the DCF to pay her rent. She operates her hand-craft plastic recycling business from her residence. The person who used to help her pay her rent had died. She told me that:

“I ordered a sewing machine. But the sewing machine couldn't be bought. So, I just left it. Like I told you, since I'm living alone, the teacher I told you about [who used to help me with my rent] was no more, so I had to pay the rent myself. I used some of the money to pay [my rent] and I have been doing the business with the rest small small.”

The challenge (of the fund allocations not being adequate for the stated purposes) has led to the real risk of the money support being used for purposes other than that which the recipients applied for. Because of this, the interviewees have indicated that they would rather prefer that

³⁵⁰ The interview was done in Medie in Greater Accra on September 12, 2019.

the DCF supplied them with the equipment and materials that they may need for their businesses to being given cash. This conversation took place between me and Abiba:

“Follow-up question: Oh, okay. Do you mean that instead of giving you some money, it would be better if they asked you – what machines do you need? So, that they would buy it for you rather than give you the money which may not be enough to afford the machine?”

Abiba: Yes.”

My interview with Kodzo reveals the same line of preference. Kodzo told me that he would want the Fund Management Committee to buy the equipment for him directly instead of giving him the money which may not be enough to buy the equipment anyway. When asked if the money allocated to him should be increased, he said no and, rather, emphasised:

“Please, for me, I want you yourselves to buy everything for me ... I want the container and everything, so that I can work, so that one day if you come you will see what I have done... No [I don’t want the money]. But [I want] everything that I need for the shop.”

This problem (of funds inadequacy) seems to be widespread. For example, Hudu works as an assistant to the DCF administrator in Tamale. His work includes going around to monitor how recipients use the funds allocated to them. According to him the challenge of funds inadequacy seems to be a common observation in their monitoring visits. In a focused group interview with two local government staff in Tamale, Hudu recounts one of such incidents³⁵¹:

“We went out for monitoring last month and we met one man who said the money was not enough so he couldn’t get to buy all his raw materials, so he spent the money [on other things]. Because the numbers are large, the money is not able to solve all their problems.”

He however attributed the problem to the number of recipients on the scheme. His colleague, Zak, in the same focused group interview, also attributed the problem of inadequacy of the

³⁵¹ The interview took place in Tamale on July 11, 2019.

disbursed funds to the number of recipients. He, however, asked that the number be reduced. He explained to me as follows:

“That is what I was saying that they want everybody to get some portion of the money; so, people will get less money. For example, if a person needs a refrigerator, which cost GHC 1,000, and applies for the GHC 1,000, but gets less than the amount, he or she would use the money on something else. This is the reason why I suggested that we keep the number of people down and give the money to these people.”

Even though Zak was not explicit on how he thinks the number may be reduced, it appears he meant that fewer people be allocated the funds at a particular time, so that their purposes are actually achieved.

In the middle of these challenges, I found that there existed some level of favouritism in the disbursement of the funds to applicants. I found, for instance, that some individuals get allocations multiple times back-to-back, while others wait in the queue for longer, and others never getting any allocation at all. One of the interviewees, who has worked very closely with a DCF administrator, confirmed this:

“Also, how they give it [the DCF funds] out for persons with disabilities. Let’s say if 10 people apply for it, they can give it to about 3 or 4, and then the rest of the 6 will not benefit from the Common Fund. And, then, the following year, some of them can get again whilst the others have not gotten, which is not benefitting to a person with disability. It’s not fair. And, mostly, those who are leaders benefit it more than those who are not leaders.”

From this account, it appears that fairness in disbursement is not achieved. The research did not make any inquiry into how widespread the favouritism. Therefore, one cannot make a definite statement on it. However, depending on its extent the program administration may require some amount of restructuring and streamlining to be done in order to make the DCF allocation fairer and, thereby, more effective.

9.5. Fund Use

This Section of the Chapter will report the findings on how the recipients have used the monies and support they had received from the DCF. This finding will help us to answer the research question whether the DCF is working to reduce poverty among recipients and if so to what extent. The findings will also help in answering the question if the DCF works differently in the two research locations. In spite of the challenges of inadequate funding, the study found that recipients often put the funds they have been allocated to good use, generally. It was found, for instance, that most of the interviewees had generally applied the funds towards the stated purposes, the inadequacy challenge notwithstanding. Kareem, a Tamale resident with visual impairment, is the first case study for this research. He was allocated monies for his education and training when his family started facing financial challenges. According to him, he used the funds to pay his school fees for three (out of four) academic years at the university. He recounted as follows:

“I applied to the Assembly and attached my admission letter and then the bill. By that time, I had started the school. My first admission fee was paid by my aunt. She is also a trader. Her business was better than my mum’s. So, she supported my mum to pay my school. In subsequent years, I had support from the Assembly. The Assembly paid for the remaining 3 years. The Assembly paid for the whole academic years on campus except the first year when my aunty paid.”

Therefore, the money he received from the DCF was used for the purpose he requested it. Now, Kareem is gainfully employed at the Tamale Assembly as an administrator. Kareem’s brother, Tanko, would admit that without the DCF, Kareem would not be any different from the disabled people we saw begging on the streets of Tamale. Particularly, Tanko told me in a one-on-one interview³⁵² that:

“My parents were finding it difficult to get money for him to go to the school, but through ... the Common Fund, that he was able to pay a particular charge which was billed by the school and, then, buy some materials which will help him to do the studies. But if not the Common Fund, I don’t think my brother

³⁵² We had the interview in Tamale on July 12, 2019.

would have been able to go to the school successfully. But through the Common Fund, he's able to benefit."

By this account, one may conclude that the DCF has worked in respect of Kareem. The second case study for the thesis is Sika, an Accra Resident with visual impairment. Sika lives with her daughter, Ama. Ama acts as Sika's carer. They had a small business before Sika became blind suddenly in 2014. They joined a local DPO which helped them to apply to the DCF for funding to recapitalise their business. Ama recounted to me how they used the funds to sustain the business:

"So, when we came back, my mother said I was the one who takes care of her, so I'm the one who could use the money to do something from which she could get something every day for food. Because of that I invested the money in the fish-selling business. Before that I sold soap, but it got to a time when the market for the soap was very low, and I had to switch to selling smoked salmon."

This account also shows that the monies that was allocated to Sika was used for the purpose for which it was requested. Abiba, a Tamale resident with physical impairment, is the research's third case study. She runs a small one-person hand-craft business where she converts plastic waste into pillows, doormats and other home items. She operates the business from her residence; and hopes to get a container shop soon. She told me how she used the money she got from the DCF:

"And I was given GHC 2,000 [GB£ 266.63]. So, even later part they followed up to see what I used the money for. I told them that I pushed it into my business. They wanted to see evidence. I had evidence. I showed them my raw materials."

Abiba has had support from other international NGOs who seem impressed with her craft. This was confirmed by her family persons. She is currently scouting for resources to set up a small factory where she can train and employ other disabled people. Therefore, one may conclude, again, that the money that Abiba received from the DCF was used for the purpose. The fourth case Study is Kodzo of Accra whose impairment was physical. Kodzo is a tailor apprentice. The DCF gave him a sewing machine which he requested for. However, Kodzo told me that he

had never used the machine that the DCF bought for him because it was not fit for his purposes. Kodzo's apprentice master told me that the not having his own machine had affected his progress. Thus, in this case, we may say that the support that was given did not achieve the purpose exactly. These instances, though not entirely representative of the entire situation in the research locations, are perhaps evidence in support of the claim that some recipients put the support they receive from the DCF to good use, which, to some extent, is helpful to them, their families and the communities at large.

9.6. Monitoring of Fund Utilisation

This Section will report the findings on how the DCF program is monitored. Monitoring is important to the success of the program. The findings on monitoring will, therefore, contribute significantly to the evaluation of *how* the Fund is working. It will also help in identifying and explaining how the Fund may be improved. The framework for monitoring the DCF is outlined in the Guidelines. According to the Guidelines, the primary responsibility for monitoring the utilisation of the funds lies with the various district Fund Management Committees.³⁵³ Kareem, a member of the Tamale assembly Fund Management Committee, explains the routine monitoring work of the Committee as follows:

“We also do monitoring to see whether you have actually used the fund for the purpose for which you have requested ... We visit the shops, sometimes, your homes to see how your family supports you in that business and encourage family to support ... This is one of the reasons we do the monitoring. When we visit you, we assess what you have used the funds for so far and we assist you on how to improve or extended or expanded the business. Some are also supported to pay school fees. For fees, we request for the receipts or we pay directly to the school.”

But the Fund Management Committees are not the only bodies that are responsible for monitoring. According to the Guidelines, they are to be complemented by various organisations and agencies at two main levels – the national level and the local levels. At the national level, the Fund Management Committees are complemented by the National Council on Persons with Disabilities, the Ministry of Local Government and Rural Development, the Ministry of

³⁵³ Regulation 7.

Employment and Social Welfare, the District Assembly Common Fund Secretariat and the Ghana Federation of Disability Organisations. At the local level, the Fund Management Committee is, by the Guideline, expected to be complemented by the district branches of the National Council on Persons with Disabilities, the Ghana Federation of Disability Organisations, the District Assemblies and the Department of Social Welfare. The sheer number of the organisations or agencies that are tasked by the Guidelines to carry out this function raises the first problem with the DCF monitoring regime. The immediate consequence of the large number is the bloating of the membership of the Fund Management Committees. The Guidelines makes room for 4 substantive members and allows the 4 members to co-opt other persons as and when necessary. Those to be co-opted are supposed to be technical experts in some relevant fields. The reality, however, is that there are almost always not less than 9 members on the Fund Management Committees for each district. The study did not find that these co-opted members have any needed technical expertise. The 9 membership is, perhaps, a result of the inability of stakeholders to agree on which of the monitoring institutions' representatives are to be left out at any particular point in time. This problem was highlighted by a leader of the national federation of DPOs, who complains as follows:

“According to the Guidelines, the Fund Management Committee membership should not exceed 5. But it has exceeded. It allows them to co-opt as and when they need to. But now, they have co-opted so many people.”

The larger the Fund Management Committee, the higher the committee's operational cost, resulting from higher meeting allowances, bigger meeting venues, difficulty in agreeing on issues, higher level of favouritism and unfair disbursement, among others. Secondly, it often is the case that a job for many people is also a job for no one. With many people having to perform the same function, personal responsibility is often diffused; and the function sometimes get undone. Again, quite apart from the National Council on Persons with Disabilities (a statutory body) and the Ghana Federation of Disability Organisation (a private association) which are disability-focused and may have a natural inclination towards the effective functioning of the DCF, the other institutions have mandates that extend far beyond disability. Because of this, such other institutions may, in the absence of clear mandate, lack the motivation or even the needed expertise or resources to be functionally involved in the monitoring scheme. This could mean that some of the institutions may just be a burden or a surplusage or be less interested in the monitoring function. Thirdly, there are no details of the exact roles that each of these

organisations or agencies is intended to play in the monitoring process. Without clear and specifically predetermined roles for each of the organisations and agencies, one may not be sure how to even hold any one of them responsible or accountable for what. Lack of responsibility mechanism for the monitoring institutions may result in ineffective monitoring and a waste of resources on monitoring.

But even most importantly, lack of clarity in the roles leads to power struggles and squabbling among the representatives of the organisations and agencies. This seems to be the reality. For instance, the study found that the officials of the Department of Social Welfare have almost been muscled out of the monitoring regime, at least at the national level. A director at the national headquarters of the Social Welfare Department hinted me of such a struggle between them (the Social Welfare) and the DPOs. His accounts disclosed that the DPOs have often accused the Social Welfare officials of diverting or misapplying the funds, an allegation which the Social Welfare officials vehemently denied as baseless since, according to them, the Social Welfare does not handle funds. The Social Welfare officials, on the other hand, have accused the DPOs of limiting the funds allocation to only their members and other favourites, to the total exclusion of disabled people who are not in the associations. An official at the Social Welfare raised concerns over the conducts of the DPOs:

“There was some form of monitoring but not an effective one. You know I always refer to the associations. These monies are disbursed through the various associations. GFD [the national federation of DPOs] being the umbrella, we have the Ghana Blind Union, Ghana National Association of the Deaf, we have the Ghana Society of the Physically Disabled and other organizations who collect the monies and disburse to their members. So, the same people who disburse the monies are the same people who were doing the monitoring; and they are not even trained on monitoring and evaluation techniques. So, they don't even know what goes on in monitoring when it come monitoring. They only go around to check on the people who collected the monies and see what they are doing, and they don't write any report. And even if the money is not used for the purpose of which it was given, they wouldn't take any action or do anything.”

He went on to specify some of the resulting problems from the manner in which the DPOs conduct the monitoring; and called for a more professional system of monitoring. He argued:

“So, I will call for a proper monitoring and evaluation team. I don’t know whether it should come from the National Council of Persons with Disability, should come from GFD or both or a team from the Assembly where Social Welfare, National Council and other people, there should be a team of professionals who can do proper monitoring and evaluation of the common fund. I can give you examples of people who benefited, bought sewing machines and sold the sewing machines because there was no monitoring. People collected the money and did not use it for the purpose of which it was collected. Another example is that the institutions are not benefitting from the District Assembly Common Fund. For instance, our Rehab Centres, are not well resourced. When I was there, I tried whether I could get some money from the District Assembly, but I was told it was not meant for institutions but for individuals.”

It is equally important to mention that the DPOs have also made allegations of fund suppression and fund diversion against the district assemblies and the District Assembly Common Fund Secretariat in the past. For example, Tuggun alleges that “[s]ome MMDAs take advantage of the lack of timely information to the DFMCs to “borrow” monies from the special disability allocation for purposes unknown to the Committee.”³⁵⁴ He also lists diversion of the Funds, side-lining the representative of disabled people on the District Fund Management Committees, and misapplication of funds as some of the challenges facing the DCF. The truth or otherwise of the allegations was not investigated by this research. However, it may be said that the allegations, even if not true, may evince some elements of squabbling and power struggle among institutions which are supposed to be working together in a collaborative manner for the improvement of the DCF. The issue of the administrators of the Fund being the same body conducting monitoring and evaluation has also been named as a challenge which results in a conflict-of-interest situation.

These and other structural challenges have culminated in what this research found as a weak monitoring system for the DCF. Every single person we have interviewed on the DCF, including persons who are members of Fund Management Committee itself, had either pointed to a weak monitoring system or asked for a better one or both. Kodzo, is a recipient in Accra.

³⁵⁴ I. Tuggun, (n. 217), at p. 12.

He was given a sewing machine which he does not use because it does not meet his needs. We asked him if anyone came to verify if he indeed uses the machine and how he finds it. He said that “nobody has come; but when we went to the meeting, they asked whether I was using the machine, and I told them I was using it; and that it’s just that I don’t have a shop.” This account points strongly to a weak monitoring system. If the monitoring team had merely visited Kodzo’s master’s workshop, they would have known that the machine they purchased for Kodzo was not fit for purpose. But they did not. Abiba is a recipient in Tamale. She was given money to buy some equipment and raw materials for her handcraft business. She told me that she used part of the money for rent (which was not the purpose for which the money was given). I, then, asked her if the Fund Management Committee found out that she has used the money for an unapproved purpose. She replies that “they are not checking up. Because since they came once, they didn’t come again.” Additionally, Tanko is the brother of Kareem, a Fund Administrator with visual impairment. He helps Kareem to conduct monitoring visits in the Tamale. He told me that the DCF could achieve more with a better system of monitoring. He explained:

“My main suggestion is about the Common Fund and due to lack of supervision. That’s my main thing. I think that the Common Fund would have changed the life of many people with disabilities. And, then, due to lack of supervision, it is being released out in wastage of the State. Let’s say if they monitored someone and his or her friend sees that they are monitoring the other. If they apply the laws there, when they punish someone, the other will not make that mistake for them to punish that fellow.”

It is not only recipients and their families who noted the weak monitoring system. Other stakeholders too have highlighted the need for an improved monitoring system. For example, a DPO leader in Accra told me that:

“The Common Fund is a good initiative. But, first of all, the management of the Fund has to be looked at. And, monitoring. Monitoring of the impact of the Fund. Having a policy around it so that no government can just abuse it.”

Therefore, it would appear that monitoring and evaluation of the DCF is an important need. If this is to be achieved, then, a lot needs to be done not only in monitoring the utilisation of the DCF’s support, but also the very composition of the 254 District Fund Management Committees across the country. This perhaps may even require an entirely new set of guidelines.

9.7. Impact of Fund

The foregoing section of the Chapter (on Fund Use) reported the findings on what the recipients have used the funds for. Therefore, those findings were on whether the supports that the recipients had from the DCF were used for the purposes for which they requested them. The findings on Fund Use, however, could not tell us if what the recipients used the supports for had any impact on their poverty or social image levels. Accordingly, this section will report on the impact of the DCF. The findings here (on Impact of Fund) will speak to how the fund used has helped the recipients to achieve the broad aims of the DCF. In other words, how did the fund use reduced poverty among the recipients or improved their social images. The findings on the program impact also covers how the DCF affected the families of the recipients as well as their communities.

From the above, it may be seen that the DCF has, in one way or the other, helped our interviewees to make a better living than they would have without it. This is notwithstanding the challenges of inadequate support and a weak monitoring regime. The study also found that the positive impacts of the DCF extend beyond the recipients to cover their families and the communities in which they live. This claim, which we make based on the accounts of our interviewees, were corroborated by the leaders of the national federation of DPOs, who gave me a vivid statement on the effectiveness of the DCF:

“The DCF came in as a big relief to a majority of persons with disabilities. And, I must say that but for this intervention, many of our students wouldn’t reach where they are. Because a good number of them depended on it as educational funding. Majority of them come from poor backgrounds and they are not able to pay their fees. So, apart from what the other organisations pay for them, they greatly depend on the Common Fund to pay user fees, especially at the tertiary level. So, I must say that education-wise, it has impacted PWDs [persons with disabilities] very beneficially. Then, I should also say that now those who did not have the benefit of education or those who did not rise to the top of the educational ladder, and only learned some skills, I think the Fund has also supported them very greatly. Some of them, they never had anything to start their businesses with. Some of them, let’s say, they learned leatherworks skills, they learned their craft skills, they learned their vocational skills. But how to start business was a problem. So, some of

them, through the Common Fund, they were able to secure their equipment and, thus, had little monies to start with. Some of them have been able to set up barbering shops as a result of the Common Fund. And, again, the Common Fund, in terms of even those who are working, and they're on low salaries. Sometimes they need some equipment like computers to enhance their efficiency, especially teachers, through the Common Fund, they are able to secure that equipment."

Klutse, a social worker and director at the Social Welfare Department in Accra has also underscored the use to which DCF recipients have put the DCF and the impact it has had on them. He focused on education and explained how the DCF has helped to pay the school fees and training expenses of many persons with disabilities who, he says, are now in "high places" in society. He said:

"I can see now, if you check, a lot of blind people are making it to the university and doing masters, PhD and others. A lot of them are doing so well now. Those days where these facilities [DCF] weren't there and parents could not afford paying fees. If you ask most of the people who went through this university education, they went through because of assistance from the Common Fund from their associations. If it were to be left for their parents alone, most of them wouldn't reach the university level. So, despite the fact that some people abuse these funds, there are some people who really benefitted from it and used them well to get the highest education, on top of the ladder and they are now earning salaries. Some are journalists. Some are in big positions, as you mentioned, Kwame. Some of them are key people when it comes to disability issues. Some of them benefitted from some of these funds."

Therefore, it would appear that the DCF has enabled disabled people to penetrate mainstream and other high places in society. Hudu, an assistant at the monitoring department of the Tamale DCF, told us how the DCF has helped many. He said:

"I have been working with him [an Administrator] on the District Common Fund. We go around to monitor how the common fund is being administered and how it is being applied by the persons who took the Fund. We realized

that the District Common Fund is really doing well. We realized that people have invested the Fund, and it is improving their businesses. We were very impressed about some of them how they applied the fund.”

The DCF has not just been useful to persons with disabilities alone. There is evidence of its impact on the families and the communities of the recipients. Particularly, the study found that persons with disabilities who are recipients of the DCF have used the funds indirectly and, in some cases, even directly to assist in meeting family and, sometimes, even community needs. Our case study in Tamale, Abiba, told us how her stepfather’s family, who had previously shunned her when she was not earning income, began to accept her when her financial circumstances got better along the line. She said:

“But even for now, when I get little, I share. For instance, when I get 100 cedis, I can share 50 with my mother. Because in my stepfather’s house now, he has married three wives. So, it is me and my mother that are struggling for the children. The other wife also has a son who supports the mother and the siblings. But the last wife, it is my father who is supporting her. That is how it works.”

Abiba’s handcraft business is a start-up. She does not earn much from it. Nonetheless, she is already being supportive of her family and half-siblings. She seems to know her responsibility towards her family and has been working hard towards meeting them. Our second case study at Tamale, Kareem, has been very helpful to his family as well after completing his education which was sponsored substantially by DCF. His younger brother, Tanko, due to financial difficulties, has still not been able to proceed to the tertiary level of education yet. He hopes to do so though. It may even be said that the only thing that puts Kareem ahead of Tanko on the social ladder is Kareem’s disability, which qualified him to access the DCF for his education. Indeed, it would appear that Kareem’s situation much represents the account which was given by one of the officials of the national federation of DPOs. The official related to me situations where the only well-educated and gainfully employed person in the family is the person with a disability. She explained:

“To also add, we also have families where the only educated person in the family is the person with disability. We have those examples, where you can even say that if, maybe, that person did not have that disability, he would not

have been supported to go to school to become breadwinners of their families. There are a lot of those examples.”

Therefore, it even appears that the person’s disability and the support he or she gets from the DCF may be what opened the door to a better life for him or her and, very often, the family at large. Indeed, Tanko, for example, emphasised the enormous help that Kareem has been giving to him and the rest of the family. He told me that:

“Since I’m sitting here, I have completed school, let’s say Senior High [secondary school]. I haven’t furthered my education; and I have no job. But this time, he’s [Kareem] given me something [money] monthly in order to cater for myself. He also bought this “yellow yellow”, [pointing to a tricycle]. The tricycle. If I also have the time, I can also be using it [the proceeds from operating the tricycle] to cater for myself before I then get the time [and money] to further my education.”

“Yellow Yellow” tricycle is a major means of public transport in Tamale. Kareem has been able to buy one for Tanko, which he operates on a commercial basis for his own earnings. Tanko also picks and drops Kareem (who is visually impaired) to and from work with the tricycle. If Tanko runs the tricycle business efficiently, he could save enough money to pay for his own university education. Both Kareem and Tanko believe that a university degree would make Tanko, too, a breadwinner and an additional source of support for the family. But Kareem’s assistance is not limited to members of his family. He has also helped persons outside his family. One of his colleagues and assistant, Hudu, told me how helpful Kareem has been to him and other people at the workplace. He explained:

“I’m ... a student of Tamale Technical University. I came to do attachment with Kareem. I see him as an uncle, brother and a friend as well as a co-worker. Kareem is very helpful and when I came here ... He is very helpful. As his attaché, I work with him ... He is kind and friendly. He took me as a brother and a friend, and we share ideas.”

The impact of the DCF seems to go even further. *Abusuapayin* (meaning ‘head of family’) is the person who heads an extended family. It is an important office of enormous responsibility in traditional custom across Ghana. In many tribes, the *Abusuapanyin* is the custodian of all

family assets and repository of the family's values and reputation. He is the person who liaises between the extended family and the larger tribe or community. He is also the family's final arbiter and spiritual leader; appeals lie from him only to the tribal chieftain. But the *Abusuapanyin* is also supposed to be a well-to-do person who can stand up and defend the interest and the property of the family anywhere and at any time. Traditionally, as the earlier chapters have disclosed, disabled people were not eligible to be *Abusuapanyin*. However, things are beginning to change quite significantly. One of the leaders of the national federation of DPOs told us that disabled people are taking up leadership positions including occupying the office of *Abusuapanyin* in some families. He explained that:

“And today, if you are to do that research, you would get severely disabled people who are heads of families, abusuapanyin. Abusuapanyin, who are now catering for their nieces and nephews in the secondary school and above. So, actually, the picture is changing.”

That is not all. The study also found that the products and services that persons with disabilities provide benefit the society at large. For example, Abiba is into plastic waste recycling. She pays people to collect plastic wastes that are usually littered around the city and, then, converts them into pillows, doormats, and other domestic handcrafts. Abiba's products are unique in a number of ways. Particularly, they are environmentally friendly. She told us that she focuses on supplying the expatriate community in Tamale for now. She hopes to expand production so she could supply the general market. Mariama, Abiba's friend and helper, has this to say about Abiba's work:

“For her products, they are not on the market. We've not introduced her products yet. What she does now is that she takes orders from the Canadians. At a point, she can make like 50 pieces. I want her to take it slowly because I want to know we have a shop, a working space and a show room somewhere in town so when they produce these things then I use my office to organise a big exhibition for her; and that is when her products will come into the market.”

On the other hand, it is not always the case that every recipient makes good use of the funds as the picture above may look. There are failed stories too. Kareem, a DCF administrator in Tamale sums up the situation as follows:

“Some of them, it helps them and their families. Some of them are using the fund to support themselves and their families. Some also squander the money, others too, their parents squander the money. These are challenges we are facing.”

With all the challenges, however, the study found that the DCF has had a significant impact on not just the livelihood of disabled people, but also their families and the community at large. When asked to rate the effectiveness of the DCF, 4 (of the 5) leaders of the national federation of DPOs whom I interviewed ranked the DCF 3 on a scale of 5 (5 being the highest). One leader, however, ranked it 1 on the scale. Explaining her rating, however, she stressed the inadequacy of the amounts that the recipients are given. She explained:

“On the scale, I will give the Fund 1. That’s my opinion. The main purpose is to alleviate people from poverty; and equip people to meet their basic needs. You ask yourself, are they [the Fund] able to make people meet their basic needs in the districts? The monies that are provided, if you should give someone GH¢ 200 [GB£ 26.7], GH¢ 500 [GB£ 66.7], and the like, even if you provide a fridge ... [would that meet their basic needs?]”

She also named poor monitoring as one of the challenges. However, the other persons who were interviewed did not think that the problem of inadequate funds should be a significant factor in rating the DCF. They also suggested that the amounts of money and their values to the recipients may differ significantly depending on the situation and the environment of the recipient, so that what may be a pea nut for one person may be a fortune for another.

Overall, however, the study found that the DCF does not work for everyone in the same way. It found that the DCF program works for different people in different contexts or circumstances differently. The findings disclosed that people in the rural areas seem to achieve quite a lot with the monies than people in the urban areas. This was probably what another DPO leader meant when he, ostensibly in rebuttal to the 1/5 rating, said:

“It is true that some of the PWDs, especially in the rural areas, those who want to engage in petty businesses, sometimes they need just GH¢ 500. Sometimes they need GH¢ 300. Somebody wants to sell charcoal, so when he’s given GH¢ 500 or GH¢ 700, it is alright for the person. You see some of

them are doing this petty petty trading because of the Common Fund. And, as I said, even some workers, have gotten support because of the equipment and those things. So, I will say that it [the DCF] has challenges. Really, it has. But at the end of the day, if I'm to mark it, I'll give 3 [out of 5]."

9.8. Chapter Conclusion

In this chapter, I presented the findings on the administration of the DCF in the two research locations – Accra and Tamale. In spite of the challenges that the findings disclosed on the DCF, the study discovered that the DCF is having a positive impact on the lives of disabled people who are recipients and their families. The findings also explain how the DCF is attaining this result. In the next chapter of the thesis, the findings on how the DCF works differently for people in different contexts will be presented. That chapter will also set out the tone for answering the candidate hypothesis – whether the DCF works better for disabled people in informal State than for those in the formal State.

Chapter Ten

10. PRESENTATION OF FINDINGS (CONTEXT)

Chapter Overview: This Chapter continues the presentation of the field interviews' findings. The presentation of findings in this chapter, however, moves away from the fund administrative issues and, rather, focuses on the findings on the contextual issues – the context within which the DCF works in the two research locations (Accra and Tamale).

10.1. The two Contexts

Section 4.2 of the thesis explains the Realist Evaluation technique. A part of that the section explains what 'context' means within the Realist Evaluation technique framework. As noted there, "programs work (have successful 'outcomes') only in so far as they introduce appropriate ideas and opportunities ('mechanisms') to groups in the appropriate social and cultural conditions ('contexts')." ³⁵⁵ A program context is, therefore, the combination of social and cultural factors or characteristics which create the unique condition under which a program works to generate an outcome. Context is powerful. This is because it is inextricably a part of the program process; and plays a fundamental role in determining how the program works and for whom. ³⁵⁶ Context is the combination of the circumstances under which the program resources interact with people to produce an outcome. It is the context within which the program is deployed which determines how, but even more particularly, for *whom* the program works or works better. As explained in the earlier chapters (Chapter 4 in particular), however, evaluating a program's impact in contexts using the Realist Evaluation technique will require a disaggregation of the research population into groups. Such disaggregation forms the basis of the candidate hypothesis and helps to evaluate how the program works differently for whom (among the disaggregated groups) and under what circumstances. The disaggregation, thus, forms the theme for this research's candidate hypothesis. In other words, whom does the program work for and how does it work for them?

³⁵⁵ R. Pawson & N. Tilley, (n. 138), at p. 57.

³⁵⁶ J. Maxwell, (n. 144), at p. 40.

The main hypothesis for this study is that the DCF helps to reduce poverty among persons with disabilities and, thereby, raise their social image. However, the research's candidate hypothesis (which is in line with the dictates of context analysis within the Realist Evaluation framework) is that the DCF works differently for persons who live in the informal State than for persons in who live in the formal State. The concepts of the 'formal State' and the 'informal State' are particularly explained in Section 8.2 of this thesis. As explained there, the informal State finds expression in predominantly rural areas, while the formal State is represented by predominantly urban areas. With this background to the research context, it may be seen that Tonnies' Gemeinschaft-Gesellschaft analytic which was explained in Section 8.1 of this thesis (the chapter on the theoretical framework) presents an appropriate framework for explaining and analysing the candidate hypothesis for the study. The analytic ties in with the study's group disaggregation in the sense that rural dwelling exudes significant characteristics of the Gemeinschaft, while urban dwelling bears considerable similarity with Tonnies' idea of the Gesellschaft. Indeed, this alignment may be supported by the analogy, which was explicitly made by Tonnies, namely:

“All praise of rural life has pointed out that the Gemeinschaft among people is stronger there and more alive; it is the lasting and genuine form of living together. In contrast to Gemeinschaft, Gesellschaft is transitory and superficial. Accordingly, Gemeinschaft should be understood as a living organism, Gesellschaft as a mechanical aggregate or artefact.”³⁵⁷

More specifically, the sociocultural circumstances of Tamale, where traditional indigenous authority based on strong kinship ties are strong, fits Tonnies' Gemeinschaft typology. On the other hand, Accra's sociocultural circumstances, which is indicated by a strong presence and influence of the central government and cosmopolitanism, fits Tonnies' Gesellschaft typology. The research's choice of location, therefore, is informed by the candidate hypothesis, namely, the differences in the sociocultural characteristics of Accra and Tamale. Accra, the capital city of Ghana, is highly cosmopolitan with a heavy presence and influence of the central government and its structures. It represents the formal State. Tamale, on the other hand, is still

³⁵⁷ F. Tonnies, (n. 286), at p. 35.

emerging from a rural, more homogenous status with a relatively stronger influence of indigenous culture, custom and tradition. Tamale, therefore, represents the informal State.

It is with this background that the research findings in respect of the context will be presented here. Accordingly, this chapter will identify and attempt to explain some characteristics that were found which may have influenced *how* the DCF has worked; and, even more particularly, how it has worked differently for the persons who live in the formal State than for persons who live in the informal State. In other words, the chapter will point out some sociocultural characteristics which might have influenced and, thereby, determine whether and, if so, *how* the DCF has worked differently for persons with disabilities and their families in Accra and in Tamale. It is within this sociological framework that the findings of the research on context will be presented now in this chapter and analysed later in the next.

10.2. Framework for Presenting Findings

The presentation of findings will be guided by four key indices. The four indices are: (1) family presence in the recipient's life; (2) recipient's living condition; (3) recipient's dependency situation; and (4) Recipient's use of the DCF support. Each of the 4 indices comprises of a number of observed characteristics. These characteristics help to define and explain how an index measures or contributes to the measurement of the DCF's effectiveness. In other words, the observed characteristics under each index merge to determine the findings in respect of that index; the findings on the various indices in respect of each location, then, merge to determine the findings on how the DCF works in that locations. Ultimately, the respective findings of how the DCF works in the two research locations are compared to determine where (between the two locations) the DCF works better. For example, the 'family presence' index measures how family persons' involvement in a recipient's life affects the effectiveness of the DCF in respect of the recipient. This is based on the assumption that 'family presence' levels affect the effectiveness of the DCF in respect of a recipient in question. How, then, is 'family presence' level index determined? It is determined by a number of characteristics which were observed during the fieldwork. These characteristics include how easily a recipient is able to provide a family person for the interview; the quality of the person's account of the recipient, etc. In this regard, the findings (as will be more particularly presented later) disclosed, for example, that the recipients in Tamale were able to provide more family persons for the interviews and more readily than the recipients in Accra who provided very few family persons and only after a longer period of searching. These findings (and their comparison in respect of the two research

locations) fed into the determination of the ‘family presence’ index. The findings and comparison (which was done on each of the 4 indices and across the two research locations), then, culminated into the findings on how the DCF program works in the two research locations, thereby, helping to explain the differences in the working of the DCF in the two research locations. Now, each of the four indices, their respective characteristics and how they help in the presentation of the finding in this chapter (on the program context) are explained as follows:

10.2.1. Family Presence:

The research relied on families for information on the work and life experiences of the 4 DCF recipients who form the case studies for the research. Families are, thus, essential to the evaluation of the DCF program context and, also, to the determination of the candidate hypothesis of the study. Family persons and their views are essential because the presence of families (and the roles that they play in the person’s life) is the key distinguishing factor between the formal State (which, by definition, has less family presence and more central government presence) and the informal State (which, by definition, has more family presence and less central government presence). This distinction derives from the conceptual explanation in Section 8.2 of the thesis, where it was noted that families are the core of kinship, and kinship the core of the informal State. Accordingly, families help the study to determine how supportive the formal State and the informal States are to disabled people and the difference between the two States. As defined earlier in the section on research design (Section 5.2.4. of this thesis), ‘families’ are persons, whether blood related or not, whom the DCF recipient may consider as family or who play carer roles in the lives of the recipients. As indicated earlier, family is a fundamental institution in Ghana. It forms the nucleus of the community and the society at large. The family is the person’s first and primary source of support, whether economic or social, and often also the last. Additionally, the vulnerability theory (particularly explained in Chapter 3 of the thesis) also stresses the fundamental role that the family plays in building resilience for the individual. According to the theory, family is an important institution of dependency to the person. The ‘family presence’ index, therefore, assesses whether a recipient has such family persons who are involved in his or her life and which plays the roles of social and economic support and offers or receives dependency. The ‘family presence’ index also assesses how closely the family relates to the recipient. The index will, thus, help to disclose, to some extent, the dependency network of each recipient, namely,

how dependent the individual recipient has been on the family; or, in the reverse, how supportive family has been to the recipient. Depending on the level of support that the family gives to (or receives from) a particular recipient and the differences (if any) in such level of support between the two research locations, the research will be able to make an informed finding as to which of the two research contexts – formal State and informal State – offers a better family support to the recipient. This is based on the assumption that the DCF will work better in the context of a higher family presence or support than in a context where there is lower family support or presence. It is this assumption which also underlies the candidate hypothesis in this study – that the DCF works differently in the informal State than in the formal State.

Consequently, the finding on the family presence index will be gleaned from 5 main observed characteristics. First, it will be gleaned from the ease with which the recipient was able to provide the research with a family person for the interview purposes, particularly the number of such family persons that the recipient provided to the research. The more family persons a recipient was able to provide for the interview, the more likely it is that he or she has a higher family presence in his or her life. On the other hand, too, the fewer family persons a recipient provides, the less likely it is that he or she has a higher family presence in his or her life. Similarly, the ease with which a recipient found and provided a family person will also determine how much support or presence he or she enjoys from (or provides to) the family. Thirdly, the level of family presence was gleaned from how willing or enthusiastic the family person was to participate in the research. This observation is drawn from the understanding that a family person who has been present in or very supportive of the recipient and has been more involved in his or her life would be more willing and readily available to assist in the research once the recipient approaches them for such an assistance. On the other hand, too, the less involved or the more remote a family person is in the recipient's life, the less likely he or she would be to find time and motivation to be part of the research. Fourthly, the nature of the relationship between the family person and the recipient – whether blood related or otherwise. Generally, the blood-related family is the first and primary source of support for the individual. Persons do not fall on non-blood relations for support unless they have exhausted the avenues for blood relations. In other words, non-blood-relatives step in, usually, only when blood-relatives are either unwilling, unable or unavailable to offer their support. Based on this assumption, a recipient who provided more blood-relations as family persons to the research would be more likely to have a stronger and more natural family bond and support than a

recipient who provided a non-blood relation as a family person. Fifth, the family presence index was measured by how closely a family person related with the recipient. All family persons do not have the same level of intimacy or closeness with their respective recipients. The more closely a person related with a recipient, however, the more supportive that person is likely to be to the recipient. The observation on closeness between a recipient and his or her family persons was gleaned from the quality of the account that the recipient gave of the family persons and, also, the quality of the account that the family persons gave of the recipient's life in the interviews. For example, it is less likely that a family person would give a detailed account of a recipient's life if he or she is not closely involved in the recipient's life. Similarly, a family person who gave an account which spans several years of a recipient life is more likely to be a closer person to the recipient than a person whose account spans only a few months. Putting these characteristics together will give a fair picture of how much support a recipient enjoys and, thereby, how such levels of support differ between the two research contexts – the informal State and the formal State.

10.2.2. Living Condition

This index provides an insight into the general living condition of the recipients. The DCF program is intended to reduce poverty and to raise the social image of persons with disabilities. Poverty – access to social and economic resources – is decisively a question of living condition. So is social image a reflection of a person's level of poverty (and, thereby, living condition). Therefore, a recipient's living condition, both before and after receiving support from the DCF, plays an instrumental role in the assessment of whether the DCF is working for that person and, if so, how. Therefore, the living condition index uses the information on the individual recipient's level of poverty, namely, access to education, access to food, access to shelter, access to healthcare, etc., as yardsticks to determine whether and, if so, how the DCF is working in respect of him or her. The choice of the observation of educational background is informed by the understanding that the more educated a person, the more likely he or she is to have had a better living standard. From one perspective, higher education may be product of a higher standard of living – people who have money tend to be more educated than poor people. From another perspective, too, access to education may be a good predictor of socioeconomic wellbeing – educated who had higher education tend to earn more income and live better lives than persons who had lower education. Quite apart from educational background, a recipient's living condition was also gauged by his or her access to other basic social amenities. I relied

on the accounts that the recipients or their family persons gave to me during the interview to gauge their living conditions. My conversation with the recipient, their family persons and their respective accounts during the interviews gave me a fair idea of their level of access to basic needs such as food, shelter or healthcare. For example, the interviews revealed that some recipients had to spend the support they received from the DCF on things other than the purpose for which the DCF support was given. Therefore, a recipient who spent much of the support he or she received from the DCF on food (rather than tools and raw materials for work) may be likely to be living in a lower condition than a recipient who spent his or her whole DCF support on her work or business or the approved purposes exclusively. Again, the interview include questions on what the recipient's key needs are and what they would want the DCF support to focus on. In this case, too, some of the recipients named food, healthcare and accommodation as their key needs while others specify business or work needs. A recipient who specifies work or business needs as more pressing may be more likely to have a higher standard of living than a recipient who names food or shelter as more pressing. These characteristics will help to provide a view on the recipients' standard of living and, consequently, on how the standards of living differ between the two research contexts.

10.2.3. Dependency

The support systems that exist in Ghana, both in the formal State and the informal State, and their forms are fundamental to this study. Essential to the working of the DCF program, therefore, is the support systems that are available to the individual recipients. The relevance of such support systems has been explained through the vulnerability theory (which is the theoretical framework for this study) and its emphasis on dependency. Accordingly, comparing the two contexts of this study – the formal State and the informal States – requires a comparison between the dependency arrangements or relationships that exists within them; hence, the dependency index for explaining the study's findings on the DCF program context. The assessment of the dependency arrangements or relationships will involve the observation of the following characteristics: First, it will involve a presentation and a comparison of the levels of recipients' dependency on their families and the communities within the two study contexts. It will also involve the reverse of that relationship – how dependent families and the community are on the recipient. The nature of the dependency relationships may be a product of the working of the DCF or a reasonable predictor or determinant of the program's effectiveness in the contexts. For example, a more effective use of the DCF funds is more likely to evince a

recipient who receives a higher support from his or her family or community. On the other hand, too, a recipient who find it difficult to use the DCF support for the approved purpose is more likely to be someone who enjoys very little support from his or her family. The dependency index will also present the findings and the comparison of the recipient's level of participation in the social responsibility framework within the community. Social responsibility framework, here, means the roles that the society expects an individual to perform towards other individuals, family and the society at large. For examples, society expects parents to care and provide their children who, in turn, are expected to care and provide for their elderly parents when they grow. Again, everyone is expected to take responsibility for the environment, etc. Therefore, the findings on participation in the social responsibility framework is expected to offer an insight into the effectiveness of the DCF. For instance, a recipient who honours his or her social responsibilities is more likely to be evidence of an effective use of the DCF funds. Similarly, an ineffective program is less likely to see its recipient participate in the social responsibility framework.

10.2.4. Fund Utility

This index will assess the recipient's use of the support they receive from the DCF program. The relevance of this index derives from the assumption that the effectiveness of the DCF is reflected in what the recipients do with the support that they receive. The interviews reveal that the support that recipients receive from the program hardly meets the needs of their proposed use. As a result of this, many of the recipients are faced with the challenge of using the support for the proposed purposes. While some recipients look to other sources of support for a top-up to be able to fund their proposed business, others end up using the monies they receive from the DCF for other unrelated but more pressing needs like food, healthcare, shelter and the like. The point here is not to suggest that the use of the money for purposes other than those that the Fund Management Committees approve is wasteful. Using money for food or shelter, for example, can hardly be wasteful. The point here is to assume that the purposes for which the Fund Management Committee approve the support for the recipient is the paramount purpose for achieving the aims of the DCF; and that any other purposes is subservient and, therefore, less useful (for the achievement of the DCF's aims).

In this regard, the presentation of findings on this index will evaluate three observed characteristics. First, it will compare how much support the recipients have had from the DCF, that is how much of their needed support has been given them. This characteristic predicts the

effectiveness of the DCF. It predicts it in the sense that the amount of support that are given to the recipient are usually inadequate for achieving the purpose that the supports are needed for. Therefore, the less adequate the funds for the needed support, the less effective its use may be (since recipients are more likely to use the funds for an unapproved purpose than to secure top-up funds from elsewhere). The second characteristic under the fund utility index is the use to which the recipients put the funds they have received, namely, whether they invest in traditional less risky ventures or in revolutionary and more risky ventures. The choice of this characteristic of comparison is informed by the proposition that people tend to take more risk when they have a back-up support system, and less risk if they know that there is nothing to fall back on in case. In other words, recipients in a more supportive contexts are more likely to put the support they receive from the DCF to a riskier venture than those who live in a less supportive system. Secondly, higher risk usually comes with higher returns. But even more importantly, a more supportive system allows a recipient to pursue their passions as work rather than stick with traditional trades that they may not have a passion for. The final characteristic of comparison of findings under the fund use index is the achievement of the purpose. This characteristic involves a finding on whether and, if so, how much of the purpose (for which the recipient applied to the DCF for the support) has been achieved. As a requirement, every recipient is supposed to state in their application what they intend to use the DCF support for. This statement of purpose is what should guide the Fund Management Committee in determining how much funds to be given to the applicant. This characteristic may, therefore, be the most explicit answer to the question – how effective has the DCF been. The presentation of finding on this index compared how the views of recipients in the two study contexts on how much of their state purpose has been achieved.

10.3. Presentation of Actual Findings

In line with the research hypothesis and the resulting candidate hypothesis (which resulted from the group disaggregation), two DCF recipients were selected from each research location. A man with visual impairment (Kareem) and a woman with physical impairment (Abiba) were selected from Tamale; while a woman with visual impairment (Sika) and a man with physical impairment (Kodzo) were selected in Accra. Each recipient was asked to provide up to three family persons to the research for interviews. The recipients were given at least two weeks to select their respective family persons. Upon presenting the selected family persons to me, I began to interact with them (the presented family persons) on the research. This interaction,

which involved an explanation of the research and scheduling of interviews, usually lasted for 2 to 3 weeks. The recipients were interviewed on one-on-one basis. The family persons were, however, interviewed in focused group discussions where that was possible. The summary of the findings is presented in **Table 10A** below in a comparative manner (comparing the findings in the two research locations, Accra and Tamale) – lower or higher – and in accordance with the presentation framework which I just explained above (in Section 10.2 of the thesis).

Table 10A – Findings on Context

INDEX	CHARACTERISTICS	INFORMAL STATE (Tamale)	FORMAL STATE (Accra)
Family Presence	<ul style="list-style-type: none"> • Number of family persons Recipient provided for the interview. • Willingness or readiness of family persons to participate in research. • Nature of Recipient’s relationship with family persons (blood or non-blood). • Quality of family person’s account of Recipient. 	Higher	Lower
Living Condition	<ul style="list-style-type: none"> • Access to food. • Access to shelter. • Access to healthcare. • Access to education. • Access to income. 	Higher	Lower
Dependency Situation	<ul style="list-style-type: none"> • Recipient’s level of dependency on family or community. • Level of family or community support to Recipient. • Recipient’s support to family and community (social responsibility framework). 	Higher	Lower
Fund Use	<ul style="list-style-type: none"> • Amount of support needed by Recipient. • Amount of support received by Recipient. • Nature of investment of support by Recipient. • Amount of purpose Recipient achieved. 	Higher	Lower

The findings in **Table 10A** are, also, more particularly explained below.

10.3.1. Family Presence

As mentioned earlier, the ‘family presence’ index assesses whether a recipient has family persons who are involved in his or her life and how deep that involvement has been. The more

family presence a recipient has and the deeper the involvement, the better the social support and the more likely it will be that the DCF program will work better in respect of that recipient. This proposition derives from the assumption that social intervention programs work better when there is already a better social support system in place. The family presence index, therefore, is one of the means of assessing the level of social support that is imbedded in the two research contexts. In Tamale, each recipient was able to fill the three family person slots. They did so within a week of being asked to, with Kareem returning with his list of family persons in the evening of the same day that I asked him to provide the family persons. The other recipient in Tamale, Abiba, selected 4 persons within three days and asked the research to pick 3 for the interview. However, in respect of Accra, each of the two Recipients spent in excess of two weeks to come up with just 2 family persons each. This may suggest that the Accra recipients had some difficulty in finding such a close and willing family person. Quite apart from the delay in finding a family person, it was also found that while the Tamale family persons were readily available for and were much enthusiastic about the interview, the Accra family persons were extremely difficult to reach. Scheduling a meeting with them was also extremely difficult. Indeed, it was so difficult that I could only interview one family person for each of the two Accra recipients at the time of the fieldwork. I could not meet up with the other family persons for the interview for the two recipients in Accra. The reasons for this failure (to meet up and interview them) range from factors such as (a) the distance between the recipients' places of abode and where the family persons lived, (b) the work schedule of the family persons, (c) the family persons' levels enthusiasm to be part of the interview. The family persons in Accra lived at the eastern end of the city while their respective recipients lived in the north-western end of the city. It takes about three to four hours of public transport (amidst several spots of intense vehicular traffic congestion) to make the journey across. With the distance between them and the time and effort that is required to cover it, one may imagine how responsive the family persons will be to the recipient. Also, it was found that the family persons in Accra were engaged in works which had stringent schedules. This situation did not give them enough time and space to make themselves available for the interviews. For instance, Sika's second family person (who is her son) was, Sika's daughter told me, always travelling to work outside of Accra and back. On the other hand, the family persons for the Tamale recipients were readily available and very enthusiastic. I was able to have a focused group discussion with all of them within two days without any absenteeism. This difference in family presence may be explained by the fact that life in Tamale is generally more relaxed, slower and, perhaps, even easier than life in Accra. Life in Accra tends to be much faster, more intense

and, sometimes, even hectic. The different level of enthusiasm to be part of the interview – very high for Tamale and significantly lower for Accra – may also be a reflection of the extent to which the family person is present in the life of the recipient. Considering that the fieldwork took a little over 5 months (and I still could not meet with all the chosen family persons), one could estimate how often the Accra family persons get to see their respect recipients or vice versa. This adversely affects the level of family support that the recipient may have.

In respect of the nature of the relationship between the recipient and the family person – whether blood related or not – the research did not find a significant difference between the family persons presented by the Tamale recipients and those presented by the Accra recipients. None of the persons that Abiba (of Tamale) presented to the research was her blood relation. Out of the three family persons that Kareem (of Tamale) presented, only one was a blood relation – his younger brother, Tanko. The other two were work colleagues. In Accra, Sika selected her two children, while Kodzo selected his master trainer (with whom Kodzo was an apprentice) and his younger sister. However, the relatively low number of blood-relations in the entire interview may suggest that disabled people, whether in Tamale or in Accra, often find social support from persons other than blood relations.

The third characteristic which contributes to our finding on the family presence index is the quality of the accounts that the family persons gave of the recipients' lives and vice versa. Quality of account is measures by the details of the account and the span (in terms of years) of the account. Persons who have closer and more enduring relationships are more likely to give detailed and more extensive accounts of each other's life. In other words, the quality of a family person's account of the recipient is lower if the account spans a shorter period and is general (than detailed). What is the quality of accounts from the two research contexts? In respect of the extent of accounts that family persons gave of the recipients, I found that the Tamale family persons gave more extensive accounts of their recipient than the Accra family persons gave of their recipient. Similarly, Tamale family persons gave more detailed accounts of their respective recipients than Accra family persons did of their respective recipients. Indeed, a blood relation is more likely to give a more expansive and more detailed account than a non-blood relation. However, as indicated earlier, there were no significant difference in the nature of the relationship – whether blood or non-blood – between Accra and Tamale. Therefore, the differences in the extent of account of the recipients between Tamale and Accra may not have been affected by the degree of consanguinity. The accounts that the Tamale family persons

gave of their respective recipients went back many years to the secondary school days of their respective recipients. For instance, one of Abiba's family persons, Sumaila, whom I interviewed in a focused group in Tamale³⁵⁸ recounted how he got to meet Abiba:

“Mine was accidental, because I got an SMS from my sister who is supposed to be her [the recipient, Abiba] friend but, then, when I saw the message, it was just her number that has been texted to me. I called my sister and asked what number it was. She said she was not even aware that she sent a message to me. When I called her, that was in 2010, she introduced herself to me, then, she was in SSS, Savelugu Secondary. When she introduced herself to me, we began our conversation from that side.”

This family person got to know Abiba when she was a teenager in secondary school. They are still close. Another family person of Abiba, Azuma, got to know her in the polytechnic over 5 years earlier. He was his lecturer and met her through his wife. He recounted how he met her:

“In the then polytechnic, Abiba was a student there in the HND [Higher National Diploma] Accountancy [program], and my wife works in the liaison office. So, there's a good interaction with the students. So, interestingly, one day she came home and spoke a lot about a certain lady she met who is supposed to be 'a physically challenged but not physically challenged'”.

On the other hand, the Accra family persons gave a rather limited accounts of their recipients' life. This is partly because the relationship was very recent and partly limited in scope. For instance, the first time that the family person for recipient Kodzo (of Accra) met Kodzo was when Kodzo's brother brought Kodzo to him to start an apprenticeship barely 3 years ago. The trainer added that even though he had had a discussion with Kodzo's brother on Kodzo's admission to apprenticeship previously, he had not seen Kodzo or known the nature of his disability until the day his brother brought him to start the apprenticeship. He narrated:

“So, Kodzo's brother came to me to have a conversation with me about Kodzo. I had not seen Kodzo. But he told me he was disabled. He didn't explain to me the nature of his disability. I was here one day when he came

³⁵⁸ The interview took place on July 11, 2019 in Tamale.

with Kodzo. In fact, in the beginning, when I saw Kodzo, I said, but you had a conversation with me, you should have made me see the person first. But you didn't let me see the person. This is what I said in my mind. Indeed, it worried me in the beginning. But it didn't worry me anymore because I had already taught somebody who was disabled. So, I had faith that no matter what it was, I could teach him for him to know the job."

Particularly, when asked whether he knows about Kodzo's family and life beyond the apprenticeship, he answered in the negative. He explained:

"It was his brother I knew. But his brother is even dead now. His family members are not in this area ... You see, those people [disabled people] are not forthcoming. If you don't live with them, they think if they tell you about their private life you will tell others."

Even though Kodzo's master sought to attribute his inability to give a detailed account of Kodzo's life to his disability (note the expression "those people" in his quotation above), the accounts of other family persons that we interviewed in both Tamale and Accra did, contrary to the master's view, not show that disabled people are more secretive than the average population. Drawing on the accounts that family persons gave of their respective recipients, one may notice that the family persons in Tamale had more detailed information and, thereby, might have been more closely or sustainably related and familiar with their respective recipients than the extent to which the Accra family persons were with their respective recipients. This finding also finds support in Tonnie's *gemeinschaft-gesellschafts*, where relationships in the *gemeinschaft* is organic, sustainable and less transactional, while relationships in the *gesellschaft* are more mechanical, less sustainable and more transactional. Accordingly, the research concludes that recipients in Tamale have a broader, deeper and more organic social connections and support from their named family persons than the recipients in Accra. Family persons in Tamale were, thus, found to be more present in the lives of recipients than family persons in Accra were with their recipients. This may also mean that the recipients in Accra had less social support than the recipients in Tamale. But family presence is just one of the four indices that the research is using to measure the difference in the two research contexts. The next index is the recipients' living condition.

10.3.2. Living Condition

Living condition is central not only to poverty, but also to the working of the DCF. A recipient's living condition is not only influenced by the DCF's effectiveness, his or her living condition also influences the program's effectiveness. For instance, a recipient with a better living condition is also more likely to make a better use of the DCF support he or she receives. He or she is more likely to use the DCF support for the approved purposes than a person stuck in abject poverty. This is because he or she is already better able to assess basic socioeconomic needs – food, water, shelter, healthcare, etc – even without the DCF support. On the other hand (and as the interviews have revealed), recipients who have poor living conditions often tend to spend the DCF support on food and other basic human needs than on the business purposes for which the support is given. In this respect, the research discovered a contrast in the living conditions of the recipients in Tamale and the recipients in Accra. This finding is based on the accounts given by the recipients and their respective family persons in the interviews. A recipient's living condition – access to basic social and human amenities like food, housing, clothing, education and healthcare – was, therefore gleaned from the interview responses.

In respect of access to food, the research did not find any instance of complaints from the Tamale case studies. Meanwhile, in Accra, access to food was a major concern for one of the recipients and her family. Sika specifically complained about access to food. She said:

“What I think will improve it [the DCF] is that, they should look at our feeding. It is quite difficult. On days that your child doesn't make money, he/she can't give you anything.”

According to her, a major share of the support she had from the DCF went into feeding (meanwhile, the DCF support is not intended for feeding). Housing was also a challenge for some of the recipient in both Tamale and Accra. However, the extent of the challenge was not the same. In Tamale, one of the recipients moved out of her family home to a place whose rent was paid for by another blood relative of hers. In traditional customary living, it is not uncommon to find persons move to live with their blood-relatives. As explained earlier in Section 8.2 of this thesis, it is a customary law right to move into and live in a relative's home. Therefore, this move by the recipient appears to be more of an issue of choice rather than of a need. However, in Accra, one of the recipients described her housing. She lived in a small room with a tiny veranda. This facility served as her bedroom, living room, kitchen, storeroom for

her stock and everything, except toilet and bath which were detached from the facility. She made a passionate appeal for the DCF to provide her a housing. She said:

“What I really wanted which I requested for, but which was turned down by our leader was a house. But I had to let go.”

Access to healthcare also came up as a challenge in Accra. However, in Tamale, the interviewees did not raise a concern over access to healthcare. There exists a national health insurance program in Ghana – the National Health Insurance Scheme (NHIS). Under the NHIS program, all persons with disabilities are exempted from paying a premium. They are entitled to free healthcare. The reality, however, is that some of the healthcare facilities in some communities are overburdened and overstretched. In such communities, a patient may have to pay cash upfront in order to get a better or faster treatment either at an NHIS facility or a private healthcare facility. Generally, the health facilities in communities in Accra often tend to be overwhelmed with patient populations and overstretched. This is due to the fact that Accra is more densely populated and congested. In some cases, too, the NHIS health facilities in Accra are located quite far, and may occasion a higher transportation cost, assistance and effort, particularly for the patients who have impairments, to commute. These factors tend to increase the cost and, thereby, reduce a person’s access to healthcare, regardless of whether the actual healthcare is free. For instance, one of the recipients in Accra reported having to use part of the monies she received under the DCF to settle her medical bills. She said:

“It would be better if it [the DCF money] was plenty. Because she became sick and it was from that [DCF] money we took her to the hospital ... It’s like when something like that happens ... that is the money [the DCF money] I have to use to do these things. So, when something like this happens then the money reduces.”

Tamale, on the other hand, is not so congested like Accra. This allows for a better access to free healthcare under the NHIS, even though in numerical terms there are fewer medical facilities in Tamale than in Accra. This may explain why the study did not record a complaint from the recipients in Tamale over access to healthcare.

In terms of education, the recipients whom I interviewed in Tamale have had formal education up to tertiary levels, with one recipient having a postgraduate certificate which was paid for by

the DCF. Same cannot be said of the interviewees in Accra. This is notwithstanding that Accra has, in numerical terms, far more schools and training institutions than Tamale. Access to formal education may also be, to some extent, measured by a person's proficiency in the English language. This is because English, not being a first language in Ghana, is learned in school, generally. So, generally, a person's ability to speak English often reflects his or her level of education. The more educated a person, the better he or she will be at speaking English. Similarly, a person who has no or poor access to formal education is not likely to be proficient in the English language. The recipients in Tamale spoke English with a fairly high level of proficiency. Their family persons also spoke fluent English. Consequently, all the interviews in Tamale were conducted in English. In Accra, however, it was only one person who had formal education. That was Kodzo, the apprentice, who ended his education at the basic (pre-secondary) school level. The rest (including Kodzo's master) could not speak, read or write English. Therefore, the interviews with them were conducted in their local Ghanaian languages. They did not have access to formal education. But access to education, as pointed out earlier, is an indicator of living condition. Based on this disparity in the level of access to formal education in the two research locations, it may be suggested that the recipients in Tamale have a relatively better living condition than the recipients that I interviewed in Accra.

Quite apart from a better access to education, healthcare, shelter and food, general cost of living is reflected in the fact that prices of goods and services in Accra are much higher than in Tamale.³⁵⁹ Putting all of these factors together, it may be noted, generally, that the living condition for the recipients in Tamale is relatively better than the living condition for the recipients in Accra.

10.3.3. Dependency

The findings disclosed an interdependent relationship between recipients and family members in both Accra and Tamale. The use of family here is not limited to the family persons whom I interviewed. It extends to the persons on whom the recipients depend and also the persons who depend on the recipient. Recipients in both Tamale and Accra depend on family members for physical, social, emotional and financial support. That is the first direction of dependency. The second direction of dependency is where other people depend on the recipient for such support.

³⁵⁹ I. Fuseini *et al*, (n. 176).

It was found that the level of the first direction of dependency also depends, to some extent, on the nature of the recipient's disability. The recipients with visual impairments, for instance, tend to depend more on family for their physical need than the recipients with physical impairments. However, the research also found that, generally, the dependency is both ways – family members depend on recipients and vice versa. Indeed, the study found further that the family's dependency on the recipients increases with an increase in the recipients' income level. This was the case in both Accra and Tamale. The better the recipient's station in life, the higher his or her income level and the more the family persons depend on him or her. Take Kareem (of Tamale), for instance. He is in a management position in the civil service. He has a postgraduate certificate. Consequently, his income level is higher. Because of this, Kareem is able to offer more support to his family. For instance, he has bought a tricycle – “yellow-yellow” – for his younger brother, Tanko, who uses it for commercial public transport services in Tamale. His brother whom I interviewed in Tamale, narrated:

“Since I’m sitting here, I have completed school, let’s say Senior High. I haven’t furthered my education and I have no job. But this time, he’s [Kareem] given me something monthly in order to cater for myself. He also bought this “yellow yellow”, the tricycle for me. If I also have the time, I can also be using it to cater for myself before I then get the time to further my education.”

Abiba (also of Tamale), on the other hand, is educated up to the tertiary level. However, she is a budding entrepreneur. So, while Kareem could afford a tricycle for his brother, Abiba could only give little pocket monies to her mother and her half siblings as and when she gets enough money. She recounts:

“But even for now, when I get little [money], I share. For instance, when I get 100 cedis, I can share 50 with my mother. Because in my stepfather’s house now, he has married three wives. So, it is me and mother that are struggling for the children. The other wife also has a son who support the mother and the siblings. But the last wife, it is my father who is supporting her. That is how it works.”

In Accra, too, the research discovered that the recipients provided assistance to their families and also that the form of assistance depends on the resources that are available to the recipient,

which in turn depends on their stations in life or living conditions. For example, Kodzo, a tailor apprentice could only give intermittent financial support to her mother and sister. The following conversation ensued between me and Kodzo:

“Question: Do you have a girlfriend or a family of your own?”

Answer: Oh, no.

Question: When you get money, do you give some to your mother?”

Answer: If she asks me, I help her.

Question: And, your sister?”

Answer: Oh, my sister, too, I help her small small, because one day they will also come and help me.”

Sika (of Accra) is visually impaired. Her daughter, Ama, is her carer. Ama keeps all her belongings (including money). Indeed, Ama receives and manages her DCF support, too. Ama narrated to me that:

“So, when we came back [with the DCF financial support], my mother said I am the one who takes care of her, so I’m the one who could use the money to do something from which she could get something every day to feed. Because of that I started selling fish with the money.”

Thus, the recipients in both Tamale and Accra have their families depending on them. However, between Accra and Tamale, the study disclosed some differences in the level of dependency of the family on the recipient. The study found that the Tamale recipients, in nominal terms, extended more support to their families than the Accra recipients extended to theirs. However, in real term, the differences may be insignificant. This is partly because, the differences in the supports which are extended to families may be explained by the differences in the individual recipient’s station in life. The Tamale recipients seem to be at a higher station in life than the Accra recipients. This, by the findings above, is disclosed by their levels of education and the kinds of works they do. While the Tamale recipients are educated up to the tertiary levels and are an entrepreneur and an administrator, the Accra recipients are a petty trader and an apprentice who are an illiterate person and a basic level educated person. Therefore, while the research can conclude that the recipients in both locations extend help and support to their families, it cannot conclude that the recipients in Tamale extend more help to their families than the recipients in Accra do in real terms. This is because of the finding that

the level of help that a recipient extends to their families depends more on their income level – the higher the recipient's income level the more assistance they are able to extend to their families. However, since a person's level of income is also linked with their general living conditions and levels of education (and the research found that the Tamale recipients live under a better condition than their Accra counterpart, and also that Tamale recipients are more educated than the Accra recipient) it could be suggested that the recipients in Tamale provide more support to their families than the Recipients in Accra. In other words, the families and communities in Tamale tend to benefit more from the recipients than Accra families and communities benefit from their recipients.

10.3.4. DCF Utility

The fourth index for assessing the context of the DCF is the DCF's utility. This is the most explicit of the four factors that measure the effectiveness of the DCF. This index assesses how useful the DCF support has been. Utility measures the usefulness of the DCF support not only in respect to the recipients, but also to their immediate families and the community at large. While many characteristics may influence the utility of the DCF, the research will focus only on just three characteristics, namely: (a) how much support a recipient has had from the DCF, (b) how the recipient has used such support; and (c) whether and, if so, how much of the purpose (for which the recipient applied to the DCF for the support) has been achieved. These characteristics will give a fairly fuller picture of how useful the DCF has been to the recipient and his or her community in minimising poverty and raising social image. Again, the findings on these characteristics (and, thereby, the DCF utility index) in Accra will be compared with the findings on them in Tamale. This will provide an insight into whether the DCF is more useful to (or works better for) disabled people in rural communities (*Gemeinschaft*) than for disabled people in urban communities (*Gesellschaft*).

The study found that in theory, the form or amount of support that a recipient gets from the DCF depends, largely, on the purpose for which he or she applies for the support. However, it was found, too, that the application process does not always follow the formal prescriptions of the Guidelines. The Guidelines prescriptions (as outlined in Section 9.4 of this thesis) requires that an applicant states the purpose for which he or she requires the support; indicate the amount of money he or she requires for the purpose; and show how he or she intends to use the amount to achieve the stated purposes. The Guidelines also require the Fund Management Committee to verify the applicant's claims (including conducting on-site visits) before approving the

support. However, in reality, I found that very often, recipients simply mentioned to the Fund Management Committee (which are mandated to vet the applications) what they needed without much attempt at explaining or justifying what they mentioned. For example, when asked how she applied for the DCF support, Sika's daughter (of Accra) said:

“They called us, and we went, and they asked us this question and I wrote that I wanted a deep freezer. And they said they will bring it ...”

Kodzo (of Accra) also gave a similar account:

“Please, the problem is that the things that I need for the work. I wrote container, sewing machine, knitting machine and then electric iron.”

Even though the DCF Guidelines provide for a formal vetting process for the applications, the study found that the various Fund Management Committees do not always go through a formal vetting process. Indeed, in the case of one of the recipients – Abiba of Tamale – she never made a formal application. A Tamale Assembly official used his office to secure the support for her. Abiba, is an entrepreneur. She recounted:

“I met [an official of Tamale Assembly]. He got inspired about my business and the effort I was making. He called me and invited me to his office, and he spoke about the Disability Common Fund. And I was given 2,000 cedis [about GB£ 280].”

The above findings may suggest that there is seldom a uniformed standard form for applying, assessing or allocating the DCF support. Therefore, the amount or form of support that a recipient gets may well depend on his or her place and time than on the purpose or need for which the support is sought. Indeed, strict formalities may also be a discouraging factor in the fund administration process since many of the eligible applicants are poorly educated or assisted and cannot follow the formal procedures strictly either by themselves or by assistance. Also, because the formal vetting procedures (which are designed to ensure an efficient allocation of the funds) are often sidestepped, the allocation seems to have become more fortuitous than scientific. This also may mean that the higher the number of applicants in a particular place and time, the less support there is for each of them, regardless of the purposes that each may need the support for. For example, a person who needs, say GH¢ 1,000, to

purchase an essential production equipment and who, if proper vetting was done, could have had the full amount, would end up getting, say GH¢ 500, simply because there were many competing applicants at the time of his application. In the end, that person cannot buy the essential equipment (since the support which he is awarded is far less than his need); and may end up spending the money on something else, thereby defeating the entire purpose for which the support was given.

I found that there is a significant disparity between Accra and Tamale in respect of how much support a recipient gets. Abiba of Tamale received GH¢ 2,000 (about GB£ 280) cash. Kareem, also of Tamale, received educational support in the form of school fees; first for the greater part of his university education (3 out of 4 years) and, later, for a postgraduate certificate. On the other hand, Sika in Accra received a cash support of GH¢ 800 (about GB£110.00) (GH¢ 600 first, and GH¢ 200 over a year later) within a period of three years, while Kodzo (of Accra) did not receive any cash support. Rather, he (Kodzo) only got a sewing machine which he said was of far inferior quality and, therefore, not fit for purpose. This distribution, alone, may show that the recipients in Tamale have access to more and better support from the DCF than the recipients in Accra. This disparity in support may be attributed to population distribution. The District Assembly Common Fund (the source of the DCF) is allocated to the various districts based on their general population distribution (not the populations of disabled people in the district). This means that Accra will, generally, have more money allocation (in nominal terms) than Tamale (since Accra is more densely populated than Tamale). However, the disability population in Accra – 2.8% of the general population³⁶⁰ – is much higher than the disability population in Tamale – 2.0% of the general population³⁶¹. This means that there are always more applicants competing for a similar amount of money in Accra than there are in Tamale. Consequently, applicants in Tamale stand, both in real terms and in nominal terms, a better chance of, first, getting allocated a DCF support and, second, of getting allocated a much higher

³⁶⁰ Ghana Statistical Service, (n. 174), at p. 42. The report at page 13 defines persons with disability as persons “who were unable to or were restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation.” It is worthy of note however that this definition significantly narrows the scope of disability, hence, probably reducing the number of persons with disabilities.

³⁶¹ Ghana Statistical Service, *Tamale District Analytical Report*, (GSS, 2014), 48. The report at page 17 defines persons with disability as persons “who were unable to or were restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation.” Similarly, to Accra, it is worthy of note however that this definition significantly narrows the scope of disability, hence, probably reducing the number of persons with disabilities.

amount of support than applicants in Accra. This explains why the recipients that I interviewed in Tamale had much higher DCF support than the recipients in Accra.

The study discloses that the use to which the recipients put the support also followed the amount and form of support that they had received. Kareem (of Tamale) used the DCF support for his education. This got him a job with the civil service and a promotion to a management position. As disclosed above, Kareem has been able to set up a small public transport business, ostensibly, from his savings. His younger brother, who operates the business, hopes to make enough money to further his own education to the tertiary level. Abiba, also of Tamale, has invested her GH¢ 2,000 support into her recycling handcraft business. She has also used a part of the money to pay for the rent for where she lives and runs the business from. Down south in Accra, Kodzo has packed the sewing machine that the DCF gave him somewhere. That was because the machine was not fit for his purposes. This means that he has not derived a real benefit from the DCF support. Sika (of Accra) and her daughter have invested the GH¢ 800 cash that they received from the DCF in their fish-selling business. They have also spent some on medicals. Observing their condition of life, it is hard to give a good rating for the support they have had from the DCF. Therefore, on what the support is used for, the Tamale recipients seem to have a better use for the support and have achieved more than the Accra recipients. This disparity may be explained by the cost of living in the two locations which, as indicated earlier, is much higher in Accra than in Tamale. Therefore, an Accra resident may need more money than a Tamale resident to attain the same level of satisfaction.

How have the DCF supports met the approved needs of the Recipients? The answer to this question may be gleaned from the findings on the use to which the recipients put the money. The study found that, generally, the DCF support helps to alleviate poverty among recipients; and, by helping them to participate in social and economic activities of their choice, also raises their social image. This is notwithstanding that the recipients report of inadequate support from the DCF. The recipients have particularly reported that the support was woefully inadequate for their purposes. Abiba (of Tamale) wanted a shredder machine. The machine is very important for her recycling craft business. However, the GH¢ 2,000 that she received from the DCF was not enough to buy the shredder. This left her with no real choice than to use the support to buy raw materials (rather than the machine which she needed most). Kodzo (of Accra) found his support almost useless, since the sewing machine which the DCF gave him was unfit for his purposes. Sika (of Accra) requested, mainly, for a refrigerator and a shop to operate her fish-

selling business. She received none. Rather, she was given a meagre GH¢ 800 which she ended up spending on medical bills and some stock for her trade. On the other hand, recipient Kareem (of Tamale) did not explicitly report an inadequacy. He had relied on the DCF for school fees which was paid fully and directly to the school. He is now gainfully employed at the local government level. Indeed, the funds and support from a program like the DCF cannot satisfy every need of the recipients. Nonetheless, there can be levels of inadequacy. This level was determined based on how much of the approved purpose was met. Therefore, comparing the two research locations in respect of the amount or form of support that the recipients have requested, the purpose for which they made their requests, how much of the request they received and how much of their purposes were met, it may be seen from the findings above that the recipients in Tamale had much of their purposes achieved than the recipients in Accra. This means that the recipients in Tamale derived a higher utility from the DCF program than the recipients in Accra.

10.4. Chapter Conclusion

From the above discussion, the findings in respect of the four indices have been consistent in support of the claim that the DCF works quite better in Tamale than in Accra. This is disclosed from the following: First, the recipients in Tamale enjoy a much higher family presence than the recipients in Accra. This was gleaned from the findings that Tamale recipients found it much easier than Accra recipients to provide family persons for the interviews, they also provided more of family persons for the interview. Additionally, Tamale recipients had their families give detailed and more expansive accounts of their lives. In respect of the index for living conditions, the study revealed that the living conditions of the Tamale recipients who were interviewed were better than that of the Accra recipients – they had less complaints about food, shelter, medical care and had higher levels of education. The dependency network also favoured the Tamale recipients who were interviewed than the Accra recipients. Accra recipients had less social support and also gave less social support, while Tamale recipients had much more social support and, when they earned income, gave more support to their social networks. Finally, in respect of fund utility – how much satisfaction the recipients derived from their support – the study revealed that Tamale recipients who were interviewed derived more from the DCF support they received than the Accra recipients who were interviewed. Thus, putting all the four indexes together – family presence in the recipient's life, the living conditions of the recipients, dependency and the utility of the DCF – and comparing the findings from the

two research locations, the study made two main findings: First, it was found that the DCF works; and, second, that it works better for the recipients in Tamale than for the recipients in Accra. In the following Chapters (on analysis of the findings), the thesis will discuss in detail some of the factors that may account for this result. The analysis will fit the findings into the main theory that underpins the thesis – the vulnerability theory as espoused by Martha Fineman.

Chapter Eleven

11. ANALYSIS

Chapter Overview: Chapter 9 and Chapter 10 of the thesis presented the findings from the field interviews in respect of the DCF's administrative set-up and in respect of the DCF's context respectively. The present chapter will discuss the implication of the findings by, primarily, explaining how the findings answer the research questions. It will do so in the light of the theoretical framework, and, also, by drawing on earlier discussions in the thesis as well as comparative or similar experiences drawn from elsewhere. The analysis will help to enrich the understanding of the study, its findings and, also, how the findings culminate in the new knowledge that the thesis generates. The new knowledge will form the basis for the next and final chapter of this thesis, which will be on conclusion, reflections and possible recommendations for improving the DCF in particular and, in general, enhancing the access of disabled people to work in Ghana.

11.1. Study Overview

The broad aim of this study is to investigate how persons with disabilities have been accessing their right to work in Ghana. In doing so, the study investigated the workings of Ghana's single most comprehensive and extensive social intervention program on disabled people's right to work – the Disability Common Fund (DCF). The study, thus, evaluated the effectiveness of the DCF. More particularly, the thesis sought to find out how effective the DCF program has, within the context of law and sociocultural circumstances, been at minimising poverty among persons with disabilities and, thereby, in raising their social image. The answer to this question was to help understand how Ghana is performing its obligations to disabled people in respect of their right to work; and to identify an effective social intervention mechanism, which pays particular attention to context, for fulfilling that right. To achieve this aim, I adopted the Realist Evaluation technique in investigating and finding an answer to this question. As explained in Section 4.2.1 of this thesis, the Realist Evaluation technique places emphasis on context – the

context within which a program is deployed to work.³⁶² This enables the technique to explain not only how the program works generally, but also how it works in respect of whom and in what context or under what circumstances. Realist Evaluation, therefore, requires a disaggregation of the program outcomes against participant subgroups in order to answer the question – what works for whom, how, in which contexts.”³⁶³ The Realist Evaluation technique’s emphasis on context, therefore, makes it an appropriate investigation technique for this study. The technique allowed the subgroup disaggregation of the study participants (the program recipients) into two contexts – those who live in the formal State and those who live in the informal State. The subgroup disaggregation resulted in the formulation of the candidate hypothesis that a program recipient’s sociocultural circumstances – whether they live predominantly under the formal State or predominantly under the informal State – is a key factor in determining the effectiveness of the program. The formulation of the candidate hypothesis is explained under Section 4.2.3 of this thesis. Therefore, two hypotheses, were generated for the evaluation in the study. They are:

- (1) That within the context of law and sociocultural circumstances, the DCF program has been effective at minimising poverty among persons with disabilities and, thereby, in raising their social image; and
- (2) That a DCF recipient’s sociocultural circumstances – whether he or she lives predominantly under the formal State or predominantly under the informal State – is a key factor to the program’s effectiveness.

Accordingly, the analysis in this chapter will involve matching the findings from the study with the theories that form the foundation for the thesis so as to help determine whether the hypotheses are confirmed or refuted.

11.2. Does the DCF Minimise Poverty and Raise Social Image?

Does the DCF work? To answer this question, two other questions needed to be answered first. First, the study needed to find out if the DCF reduces poverty. If it does, then, the study must go on to find out if the reduction in poverty also results in raising the social image of the recipients. As reported in Section 9.1 of this thesis, the persons who were interviewed

³⁶² R. Pawson & N. Tilley, (n. 141).; N. Stame, (n. 133), at p. 59 - 63.

³⁶³ T. Greenhalgh *et al.*, (n. 148).

understood and were able to draw a direct link between working and earning a livelihood, on one hand, and, on the other, participating in community life and, thereby, a rise in social image. The analysis in this chapter, therefore, begins by answering the two questions, one after the other.

11.2.1. Does the DCF Reduce Poverty?

In Section 6.4 of this thesis, I explained poverty. In that explanation, the study adopted the meaning of poverty which aligns with or reflects the meaning that is adopted by the UN, the World Bank and the IMF. Poverty was explained as a sustained deprivation of resources leading to lack of access to basic human needs (food, water and shelter). This explanation reflects poverty in the absolute (rather than in the relative) sense. This meaning of poverty is supported by literature as well as the interview accounts of policy makers and implementers of the DCF. The findings in Chapters 9 and 10 of this thesis indicate that all the persons who were interviewed were quite categorical that the DCF program has been a useful and helpful initiative. Also, they all quite agreed that the program is ‘working’, namely, that the DCF is helping to reduce poverty not only among recipients but also in their families. Further, the study found that the reduction in poverty is exhibited in two main form – the basic form and the advanced form. In the basic form, the program makes the recipients less reliant on their families. Three of the four case studies confirmed this basic form in which the DCF reduces poverty. In these three case studies, two of the recipients have been engaging, fully, in activities that generate income. This helps them to afford their own basic needs – food, shelter, healthcare and, where applicable, education. The last of these three case studies which exhibit the basic form involves a recipient, Kodzo, who is a tailor apprentice. This case study, thus, falls under vocational training. Even though he was yet to graduate from his apprenticeship, Kodzo, too, earned some income from the simple jobs that his master assigned to him from time to time as part of his vocational training. He expects his earning to increase upon setting up his own tailoring shop after the apprenticeship (he’s expected to graduate in a year’s time). These earnings make the recipients, in the least, in the three cases studies able to take on personal care responsibilities which would otherwise be on their families or communities. This way, the economic pressures that the family would have had to bear is either taken off (in the cases of the recipients who are fully engaged in a business activities) or reduced (in the case of Kodzo, who is still yet to graduate and start full business).

This finding finds an explanation in the vulnerability theory. The liberal school treats the family as a private unit which must be kept beyond the reach of the State. The vulnerability theory however invites the State to be tenable and responsive, even in the family. This finding suggests (as the vulnerability theory does) that a responsive State is capable of altering the dependency trends, even within the family. The DCF support, as the finding shows, is capable of relieving the dependency on the family. By this, inequality within the family setup, which also plays along gender lines with women being derivatively dependent, may be reduced. One of the general purposes of the CRPD is to ensure “full and effective participation in society on an equal basis with others” for disabled people.³⁶⁴ Equal participation entails the right to be able to freely make choices on personal needs and to fully participate in public life. Equal participation is also predicated on the person changing his or her dependency trend. Poverty impairs freedom and the poorer a person, the less likely he or she is to reach the purposes of the CRPD. By helping recipients to afford their basic needs, the DCF has drawn them closer to reaching the purposes of the CRPD. Thus, this finding of the DCF helping to reduce poverty among recipients, though in the basic form, may be said to have aided Ghana in meeting its obligation under the CRPD (notwithstanding that there are ways in which it could be adapted to do this better).

Quite apart from this basic form, the poverty reduction outcome of the DCF also shows up in an advanced form. To explain this advanced form, one needs to revisit the prevailing narrative on disability and dependency. The narrative has been that disability does “exacerbate poverty by increasing the costs incurred by a household for care and treatment, and negatively impacting earnings if the person with a disability is dependent on others for day-to-day support.”³⁶⁵ Further, it was found by Waddington *et al*, that “unequal access to education and training, negative attitudes of employers and colleagues, inaccessible transport systems and workplaces and a lack of flexible work practices and employment support schemes present significant barriers to equality of opportunity in the labour market for disabled people.”³⁶⁶ The advanced form of the DCF’s impact, however, suggests that this narrative may be changing in Ghana. Particularly, one of the four case studies disclosed that the DCF is capable of upsetting this

³⁶⁴ Article 1, CRPD.

³⁶⁵ USAID & Trickle Up, *Disability, Poverty & Livelihoods: A Guidance*, (First English Edition November 21, 2013), p. 9.

³⁶⁶ L. Waddington, *et al*, (n. 11), p. 74.

narrative. It suggests that the DCF is capable of becoming a means for families to break away from generational poverty. In that case study, the DCF recipient, Kareem, was sponsored by the DCF to acquire a university education, thereby becoming the only person with a higher education in his family. After his undergraduate studies, he got employed at the local authority. He is also the only persons who is gainfully employed in the family. His younger brother, Tanko, told us that Kareem has been very supportive of the entire family. For example, Kareem has set up a commercial tricycle transportation business for Tanko. Tanko takes care of himself from the proceeds of the transport business. He also told me that he is saving money towards his own tertiary education also from the proceeds of the transport business. This finding seems to reverse the dependency trend that has been part of the narrative on disability, namely, that disabled people are always a burden on non-disabled people in the family and the community. Rather, we may cite this particular finding as evidence for the proposition that the DCF (or a similar cash transfer program) is capable of reversing the dependency trend, thereby, making non-disabled family members become increasingly dependent on disabled members. The details of these case studies are presented in Section 9.7 of the thesis.

Evidence from research in different parts of the world on cash transfer social intervention programs support the above findings. The evidence shows that cash transfer programs do, generally, help to alleviate poverty and, at the national level, contribute significantly to creating the condition for economic growth. For example, cash transfer in the form of parish social welfare program under a 1662 English law – the Poor Relief Act (14 Car 2 c 12)³⁶⁷ – has been credited as one of the precursors of England’s economic growth. In this regard, Szreter, for instance, found that England “moved from a position as a small average economy on the Europeans periphery to that of world leader primarily because of the increased efficiency of its agrarian economy.”³⁶⁸ This efficiency was attributed to the fact that the poor in England’s parishes were offered stipends which provided a basic social security to them. On the back this security, the poor were able to take risks and ventured into new areas of economic activities, outside subsistence farming, and also explored new techniques of production, knowing that there was always something to fall back on from their parishes. Another example of a poverty alleviation strategy is the introduction by Prime Minister Lloyd George of old age pension in

³⁶⁷ G. Boyer, *An Economic History of the English Poor Law, 1750-1850*, (CUP, 1990).

³⁶⁸ S. Szreter, “A Right to Registration: Development, Identity Registration, and Social Security – A Historical Perspective.” Vol. 35(1) *World Development*, 67.

the United Kingdom through the Old Age Pension Act of 1908.³⁶⁹ Further, Santiago Levy, the lead architect of Mexico's *Progressa-Oportunidades*, explained the dynamics as follows:

*“Living under the threat of sudden drop in income – and hence consumption – probably makes poor families, on average, more risk averse than non-poor families. That affects their ability to participate in the labour market by searching for better jobs, or it may limit the possibility of migrating to other communities or of introducing new crops or improved technologies.”*³⁷⁰

Accordingly, a World Bank study on Mexico's *Progressa-Oportunidades* found that the investment that recipients households made with the cash transfer “improved the household's ability to generate income” and that “beneficiaries invest in production and draft animals, and that previously landless beneficiary households obtained land for agricultural production.”³⁷¹ In another study which compared Chile with Sweden over the 20th century, it was found that the main difference between Chile's lower GDP and Sweden's high GDP was that the latter invested in social interventions programs (including cash transfer in the form of pension).³⁷²

These findings reflect the relevant theoretical framework for the study as well. Within Martha Fineman's vulnerability paradigm, to be vulnerable, is to “face a risk and lack the resources to avoid the risk or respond adequately to the risk if it materialised.”³⁷³ The theory is discussed under Chapter 3 of this thesis. Similarly, poverty is a deprivation of resources. Want of resources, as explained by Sen, is a deprivation of capabilities; capabilities being the freedom to choose.³⁷⁴ In other words, poverty is when a person is incapable of doing what he or she

³⁶⁹ See P. Thane. *Old Age in English History*, (Oxford University Press, 2000) pp. 223-228.

³⁷⁰ S. Levy, *Progress Against Poverty: Sustaining Mexico's Progressa-Oportunidades Program* (Washington, DC: Brookings Institution, 2006), 11.

³⁷¹ P. Gertler *et al*, “Investing Cash Transfer to Raise Long-Term Living Standards”, Report WPS3994-1E (Washington DC: World Bank, 2006), 2.

³⁷² J. Valenzuela, “The Missing Link: Families, Welfare Institutions and Economic Development in Latin America,” paper presented at the Annual Meeting of the Society for the Advancement of Socio-Economics, Copenhagen, July 2007; and T. Scully, J. Valnzuel, and E. Tironi, eds., *El Eslabon Perdido: Familia, Medernization y Bienestar en Chile* (Santiago, Chile:Tuaru, 2006).

³⁷³ J. Herring, (n. 93), 624.

³⁷⁴ A. Sen, (n. 19).

wishes to do because he or she lacks the needed resources. The presence of money (or cash), on the other hand, enhances capabilities and enables a person to, to the value of the available money, respond positively to risks if they materialise. Therefore, money by and of itself, helps to respond to vulnerabilities, generally. It helps to build economic resilience. In *The Autonomy Myth: A Theory of Dependency*, for instance, Fineman underscored the relevance of money when she argued for a ‘societal debt’ to women who take care responsibilities for the home. The ‘societal debt’ claim derives from the unpaid services that women render to the family. These unpaid services make women dependent, though derivatively (rather than universally). The inequality that women face is, therefore, not only because they do not have a choice to work outside the home, it also includes (and worsens because) the services that they render in the home are not rewarded with money. The ‘societal debt’ (money), when paid, Fineman argues, would make women resilient and, thereby, capable of responding to risks as and when they materialise. Therefore, within the vulnerability theory, money plays a key role in building resilience among victims of inequality.

The principle that money plays a key role in building resilience applies to disabled people too. Disabled people in developing countries are disproportionately poorer than the average population. They are faced with stigmatisation and ill-treatments which have consigned them to the fringes of society. The literature review on the impact of disability is discussed in Section 2.2 of this thesis. The findings as disclosed in Section 8.4 of the thesis also support the literature review on the situation of disabled people in Ghana. From the fringes of their communities, disabled people are deprived of basic needs – food, water, shelter, access to healthcare, education and jobs. While having almost no avenue for incomes, the cost of living for some disabled people is also considerably higher than that of the general population. Disabled people spend more than the average population to get the same level of resilience (or, in Sen’s framework, “capabilities”). This dwindles the dignity of disabled people. One of the purposes of the CRPD is to “promote the respect for their inherent dignity”³⁷⁵ among disabled people. There is dignity in being supportive to one’s family and community. As the advanced form of poverty reduction (which is reported above) shows, the DCF is capable of making disabled people a source of livelihood and support for their families and the society as a whole. This helps to enhance the dignity of disabled people. Further, this finding also shows that with a little socioeconomic support leading to the removal of barriers, disabled people can truly attain “full

³⁷⁵ Article 1, CRPD

and effective participation in society on an equal basis with others.”³⁷⁶ If, indeed, money helps to build resilience generally, its impact among disabled people could be even greater. The study’s finding – that the cash that the DCF gives out to support disabled people helps to reduce poverty – does support this principle. The question, however, is whether the supports that the recipients receive under the DCF have resulted in a significant alleviation of poverty, enough to raise the recipients’ social image.

11.2.2. Does the DCF Raise Social Image?

Social image is explained under Section 6.5 of this thesis. Mainly, social image reflects the level of a person’s inclusion or participation in mainstream society. Social image, thus, connotes the purpose of the CRPD of removing social barriers that hinder the full and effective participation in society on an equal basis with others. “Full and effective participation and inclusion in society” is also a general principle underlying the CRPD.³⁷⁷ In this respect, the findings in this study revealed that 3 of the 4 case studies have relied on the supports they received from the DCF program to improve their opportunities for earning income. The 4th recipient, a tailor apprentice, who was interviewed in this study had his support in the form of a sewing machine (which did not meet his immediate need). Even that, his own account as well as the accounts given by his master suggest that he would have been better off had the machine met his immediate need. This means that but for the inappropriateness of the machine, the recipient’s need for a machine would have been satisfied and his income earning capacity. Thus, the findings suggest that the DCF has the capacity to not only increase recipients’ earning capacity, but also their level of economic activity which, in turn, draws them to mainstream society. Generally speaking, economic activities solve social problems. For instance, one of the case studies, Abiba, is engaged in plastic waste recycling. Her raw materials are plastic wastes which are left on the streets and other places to pollute the environment. The activities that the other case studies engage in – tailoring, petty trading, etc. – satisfy particular social needs. Therefore, disabled people who have the opportunity to engage in economic activity are likely to solve social problems. By providing these solutions, they become part of mainstream community – inclusivity. This helps to raise their social image. This does not only fulfil the

³⁷⁶ Article 1, CRPD.

³⁷⁷ Article 3(c), CRPD.

purpose of the CRPD, it also falls in line with its general principles of respect for dignity, full and effective participation and inclusion in society and equality of opportunity.

Further, the findings reveal that the economic activities that the case study recipients engage in – working as an administrator, selling fish, recycling plastic waste, sewing, etc – are activities which bring them into constant contact with the public, not from a position of charity but from a bargaining position. Through these activities, the recipients are, to a large extent, and do feel more included in their societies. Again, the recipients have, through these business activities, had the opportunity to contribute their quota or discharge their social responsibility roles to their families and the community as a whole more than they would have without the DCF support. Further, through these economic activities, the recipients earn incomes which they spend and, thereby, boost the local economy. By this, it may be said that the DCF has drawn the recipient's closer to mainstream society. As attested to by the officials of the national federation of DPOs, disabled people have, through the DCF supports, assumed leadership positions in society. This includes positions which a disabled person, hitherto, could not occupy. Most of these social positions require their holders to be of high repute and economic or financial capability. Additionally, the official at the Social Welfare Department also confirmed that the DCF has brought many disabled people from the fringes of society to mainstream. These findings are reported under Section 9.7 of this thesis. The findings show that persons with disabilities have, through the DCF, gained some level voice and some level of power which make them feel included. By this, it may be said that the DCF has drawn the recipient's closer to mainstream society and has, thereby, raised their social image.

These findings are consistent with published literature. In a World Bank study on Mexico's *Progressa-Oportunidades*, for instance, it was found that “beneficiary households increased ownership of productive farm assets, such as farm animals and land for agricultural production, significantly faster than nonbeneficiary households; that agricultural production in terms of both crops and animal products increased faster for beneficiary households than nonbeneficiary households; and that this resulted in significantly higher agricultural income.”³⁷⁸ This improvement in economic status also comes with social inclusion and, thereby, a rise in social image. Under *Progressa-Oportunidades*, the family grants are paid preferentially to women. It was found that women access to cash “increased the bargaining power of women in the

³⁷⁸ P. Gertler *et al*, (n. 371), at p. 165.

household as shown by an increase in the decisions about spending made by women rather than men.”³⁷⁹ According to Latapi and Rocha, the program made women to feel they have gained an area of relative autonomy and power” and that on a balance “most women see themselves in a better situation to fulfil their roles as care providers and, increasingly, as economic providers.” A similar outcome was found in a study on Brazil’s *Bolsa Familia* and *Bolsa Escola* cash transfer programs.³⁸⁰ Though in respect of a different form of cash transfer and also in respect of women (rather than disabled people), the finding may be cited as some form of evidence that cash, especially to the poor, does raise their social image.

On the other hand, too, the support from the DCF program by and of itself serves as evidence of the State’s recognition of the rights of disabled people. Recognition of persons with disabilities is a foundational obligation under the CRPD. Particularly in respect of the right to work, Article 27 of the CRPD states categorically that “States Parties recognize the right of persons with disabilities to work, on an equal basis with others.” The symbolic nature of this acknowledgement and its effect in and by itself is powerful and may be treated and discussed independently of the question whether the DCF is working. By instituting the DCF program, Ghana has acknowledged or admitted its duty towards disabled people to create the necessary condition for mainstreaming disability, increasing inclusivity and, thereby, helping to raise their social image through dignified labour. As explained by the social model, disability is the society’s response to some types of impairments. The social model is more particularly explained in Section 3.7.1 of this thesis. This explanation implicates society as a whole; and makes it responsible for the discriminatory treatment that disabled people go through and the various consequences – poverty, exclusion, stigmatisation, etc – that flow from such discriminatory treatments. Society, therefore, owes a duty, both moral and legal, to correct the ills that its responses (to impairments) have occasioned. This duty is not only grounded in the obligations that Ghana has undertaken under international law³⁸¹, but also found in Ghana’s domestic law, including the Constitution³⁸². In the end, the findings – that the DCF is reducing

³⁷⁹ See J. Hanlon *et al*, *Just Give Money to the Poor* (Kumarian Press, 2010), 58.

³⁸⁰ See J. Hanlon *et al*, (*Ibid*), at p. 5.

³⁸¹ Ghana has ratified the UN Convention on the Rights of Persons with Disabilities and the African Charter on Human and People’s Rights, both of which protect the right of persons with disabilities.

³⁸² Article 29 of Ghana’s 1992 Constitution details out the rights of persons with disabilities.

poverty and raising the social image of disabled people – aligns with the proposition that a responsive State is capable of correcting substantive injustices and building resilience for citizens.³⁸³ According to Martha Fineman, “achieving some form of substantive equality demands more from the State in terms of rules and regulations”³⁸⁴ The State needs to be tenable.

To be tenable, the State needs to devise ways of empowering persons with disabilities. Accordingly, the CRPD requires States Parties to “enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training That is not all”.³⁸⁵ It also requires States Parties to “promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one’s own business.”³⁸⁶ Additionally, the CRPD calls on States parties to provide “adequate standard of living and social protection” to disabled people.³⁸⁷ To be tenable a State needs to also compensate family persons or persons who care for disabled people. These families and carers become secondary victims of the discriminatory treatment that disabled people go through. Martha Fineman calls this “derivative dependency” (as opposed to “inevitable dependency”). As discussed earlier in this chapter of the thesis, the DCF is capable of resolving or reversing the derivative dependency trend. Therefore, the finding in this study – that the DCF is reducing poverty and also raising the social image of the recipients who were interviewed in this study – also evidences the claim that a tenable State is capable of undoing inequality “through policies and laws that provide both some economic compensation and structural accommodation to caretakers”. Here, too, the DCF seems to provide the evidence to suggest that Ghana is on the path to fulfilling its obligations under the CRPD.

However, the “State” in Ghana is not that single monolithic omnipresence entity as may exist in other jurisdictions. As explained in Chapter 8 of this thesis, the State in Ghana may be bifurcated into the formal and the informal. This bifurcation led to the second hypothesis for this thesis, namely, that a DCF recipient’s sociocultural circumstances – whether he or she lives

³⁸³ M. Fineman, (n. 102); Also see: N. Kohnt, (n.108).

³⁸⁴ M. Fineman, (n. 89); Also see: M. Fineman, (n. 102).

³⁸⁵ Article 27(1)(d), CRPD

³⁸⁶ Article 27(1)(f), CRPD

³⁸⁷ Article 28, CRPD.

predominantly under the formal State or predominantly under the informal State – is a key factor to the program’s effectiveness. What follows from this section of the chapter is the analysis of the findings in respect of how the DCF works differently in Ghana’s two States.

11.3. Does the DCF Work differently in the Informal State than in the Formal State?

The study observed some significant differences in the working of the DCF in Tamale (the chosen location for the informal State) and Accra (the chosen location for the formal State). The identified difference may be explained, at least partially, by elements that are inherent to the two contexts (rather than to the individual recipients who were interviewed). In other words, these differences may be accounted for, partially, by factors that pertain to the two research contexts – the formal State and the informal State. For example, the study’s findings suggest that Tamale recipients are more organically connected with their families and communities while the connection among Accra recipients seems more mechanic. This finding also seems to, to some extent, reflect Tonnies’ *Gemeinschaft-Gesellschaft* typology. Tonnies’ analytic is particularly discussed in Section 8.1 of this thesis. According to Tonnies, *Gemeinschaft* (community) is founded upon three gradated relationships: the first is the “closeness of blood relationship and mixture of blood” (kinship); the second is “physical proximity” (neighbourhood); and, finally, “intellectual proximity” (friendship).³⁸⁸ *Gesellschafts*, on the other hand, entails relationships which are formed out of commercial and competitive interests, with each person aiming at getting the most of every interaction while giving the least possible.³⁸⁹ The differences in the two research locations may help us to discover and explain how the DCF works (the mechanism) within the two context – the *Gemeinschaft* (informal State represented by Tamale) and the *Gesellschaft* (the formal State, represented by Accra).

The observed differences between the two locations (contexts) are particularly expressed in the following factors: (a) the amount of DCF support that a recipient receives; (b) the cost of living in the research location; (c) the level of family or community support for recipients; (d) the level of support that a recipient gives his or her family or community; and (d) a recipient’s choice of investment area, namely, whether they engage in riskier or less risky investments.

³⁸⁸ F. Tonnies, (n. 286), at p. 48.

³⁸⁹ F. Tonnies, (n. 286), at p. 77.

The differences in these four factors also reflected in or may be attributed to some observed contextual differences in the two research locations. The factors are discussed as follows:

11.3.1. The Amount of DCF Support that a Recipient Receives

The study found that the amount of support that the recipients in Tamale received from the DCF was much bigger, even in nominal value term, than the amount that the Accra recipients received from the DCF. For example, one of the Tamale recipients had the DCF to pay for three (of four) years university education. The other Tamale recipient was given GH¢ 2,000 (about GB£ 280) cash at a go to support her recycling business. An Accra recipient, on the other hand, was given a meagre GH¢ 800 (about GB£110.00) (GH¢ 600 first, and GH¢ 200 over a year later) within a period of three years. The other recipient in Accra received only a mechanical sewing machine which cost a little more than GB£ 100. The reason for the disparity in the amount of support may stem from population distribution – there are less applicants competing for the DCF in Tamale than in Accra. Added to the fact that the cost of living in Tamale is much lower than the cost of living in Accra, and also that the recipients in Tamale also have a much higher social support than Accra, it may be understandable why the DCF's impact on the lives of persons with disabilities in Tamale could be significantly greater than its impact in Accra.

11.3.2. General Cost of Living

The cost of living in Tamale is much lower than the cost of living in Accra.³⁹⁰ This is supported by the Tonnies analytic – the cost of living in *Gemeinschaft* tends to be less than the cost of living in *Gesellschaft*. A key factor of organic relationships (which is an attribute of *Gemeinschaft*) is that behaviours tend to be an end in themselves and human beings are not treated as mere objects for another end.³⁹¹ This implies that more people are less commercial or less profit-oriented in their dealings. This is likely to keep prices of goods and services lower. The opposite is the case on in mechanical relationships (which is a mark of *Gesellschaft*). City residents tend to pay for services that are offered for free and as a matter of course in towns and villages. The study found, for example, that one case study in Tamale had a free accommodation. It was also observed that Tamale case studies paid less to move around -

³⁹⁰ I. Fouseini *et al.*, (n. 176).

³⁹¹ F. Tonnies, (n. 286), at p. 164.

transportation. For example, the recipient in Tamale who has physical impairment chartered a tricycle which waited for her while we had the interview, a service which an Accra recipient could not afford. These factors affect the general cost of living, leading to a high cost of living in Accra than in Tamale.

11.3.3. The Level of Family or Community Support for Recipients

Another key element that sets Tamale apart from Accra is the level of social support that the individual receives. This element of social support, which we found to be much higher for the Tamale recipients than for the Accra recipients, may account for many of the findings as well. Like all social intervention programs, the DCF's effectiveness seems to depend on the level of other social supports that may be available or imbedded in the system. As explained in Section 5.4 of this thesis, Tamale is a growing city with much of its traditional institutions still in place. Perhaps, due to its size (which is smaller as compared with Accra) exposure to external influences (which is much less than Accra's), the residents of Tamale are more intimately connected. They tend to lend much support to each other, and much involved in each other's life. This may be seen, for example, from the ease with which the recipients who were interviewed there (in Tamale) found family persons for the interviews in this research. This aspect of the research is reported under Section 10.2.1 of this thesis. Accra, on the other hand, has a heavy presence of the formal structures of the formal State. The strong social connection in Tamale between recipients and their families and communities is further evinced by the relatively higher levels of support that the Tamale recipients enjoy (as compared to the relatively weaker level of social support that the Accra recipients enjoy). Accra, on the other hand, is vast, commercial and cosmopolitan with a greater section of the population being people who have migrated from the other parts of the country and the West African sub-region. This may account for the less intimate nature of the relationships there, even among relatives. As presented in the findings under Section 10.2.1 of this thesis, it was much difficult for the recipients in Accra to provide me with family persons for the interviews. While there may be many genuine reasons for the difficulty that the recipients encountered in providing me with such family persons to interview, the situation goes a long way to also explain the nature of the relationships that exists among Accra residents – a person would readily or easily find close family persons for the interview if they were indeed close and involved in their lives. Further, the study also observed a relatively low level of social support in Accra (as compared with the situation in Tamale).

Again, the difference in social connection also shows up in how the recipients were introduced to the DCF program. The study found that the Tamale recipients were introduced to the DCF by friends, relatives or other individuals in an informal manner. The Accra recipients, on the other hand, got to know about the DCF program through DPOs of which they were members. Indeed, the allegation which came up during the interview – that a person needed to be a member of a DPO in order to qualify for the DCF – is more prevalent and more supported in Accra than in Tamale. This finding also reflects Tonnie's typology which associates formal contractual artificial groupings and association with the life in *Gesellschaft* while *Gemeinschaft* is characterised by more genuine, natural and real relationships. The main way by which city dwellers socialise is through formal artificial groups which are guided by formal rules of contract. Town and rural dwellers socialise through natural informal but organic groupings.

All these factors have contributed to making Tamale residents more socially supportive than Accra residents. Given the same level of DCF support, therefore, a recipient who lives in a system where there is a higher level of social support would be more likely to achieve more or derive more from the given support than a recipient who lives in a system where social support is less. This may account for the study's finding that the Accra recipients derive less resilience from the DCF (for example, they raised more concerns of basic needs) than the Tamale recipient (who raised fewer concerns over basic needs). It may also account for the finding that Tamale recipient were more ambitious in their choice of trade or business activities than the recipients in Accra who tended to follow a more traditional line of trade.

11.3.4. Recipients' Level of Support to Family and Community

The study also found that the recipients who were interviewed in Tamale were more supportive of and take up more responsibilities for their families and communities than the recipients who were interviewed in Accra. As mentioned above, the first case study in Tamale, Kareem, has been able to set up a small tricycle taxi (*yellow-yellow*) business for his younger brother, who told me that he would use the proceeds from the business to further his own education to the tertiary level. Kareem's work colleagues spoke very highly of him as someone who has supported them in immense and diverse ways. The second Tamale case study told me that she gives money to her mother to take care of her half-siblings. These are significant ways that families in Ghanaian societies typically assist their families and communities. On the other hand, I found that the Accra case studies were also supportive of their families. Their accounts, however, did not show that they were as supportive of their families and communities as their

Tamale counterparts. The first Accra case study – a woman with a visual impairment and her daughter – did not tell us that they supported any family or community member. Even if they did, such support could not be significant, considering the concerns they raised in the interview about their living conditions. The second Accra case study told me that he gives money to his younger sister whenever possible. Similarly, his living condition may not allow him to give as much as the Tamale recipients. Indeed, the Accra recipient may be constrained by their living conditions from being as supportive as they may want to be. However, the living condition itself is, as we have noted above, a part of and may be attributed to the differences in the sociocultural contexts in which the recipients found themselves – the formal State and the informal State.

11.3.5. Recipients' Choice of Investment

In respect of the choice of ventures which the recipients invest their DCF support in, the study observed that the recipients in Tamale used the DCF support they have received for riskier and more ambitious ventures than the recipients in Accra. The first case study in Tamale was, Kareem, a man with visual impairment. He used the DCF support to pay for his university education. The second case study in Tamale was a woman with physical impairment, Abiba. She is into the novel industry of converting plastic waste into domestic wares – pillows, doormats, curtains, etc. These two areas of investment – university education and plastic recycling – are not particularly traditional areas that disabled people venture into. They are areas that involve long term investment, greater uncertainty and higher risk levels. On the other hand, the two recipients in Accra are into more traditional and regular business activities. There, the first case study was a man with physical impairment – Kodzo. Kodzo is into tailoring. The other case study in Accra was a woman with visual impairment who lives and works with her daughter. Together, they run a petty trade business. These two areas of investment – tailoring and petty trading – are not only relatively more traditional for disabled people, they also seem to involve lesser business risk.

As indicated earlier in this Chapter (and exemplified by the effect of the English 1662 Poor Relief Act and other cash transfer or social insurance programs elsewhere), people are more willing to take higher risks if they are assured of some minimum level of support should all fail. A combination of higher level of intimacy and social support, much bigger support from the DCF and lower living standards in Tamale offered this security assurance to the recipients in Tamale, hence their higher ambition. In Accra, where such informal social supports are less or completely lacking, where support from the DCF is much less and where living conditions are

much higher, recipients have a good reason to stick to the traditional and less risky business activities. These observed differences, when taken individually, may each not be a sufficient basis for a general observation that the DCF works better in Tamale than in Accra. However, when considered together, all the observed differences may offer a tangible explanation to why the DCF works better in Tamale than in Accra. To a very large extent, these observed contextual differences seem to align or may be connected with the differences in the nature and extent of social coherence or connectedness and their respective impacts on working opportunities in the two research locations. Further, the observations also seem to explain the Ghana Statistical Service' finding that the percentage of disabled persons who work is higher in rural areas than in urban centres for both males and females.³⁹² Rural societies tend to provide a more conducive environment for disabled people to access their right to work than urban societies. Therefore, given these contexts and the observed differences between them, it may be said that the DCF is more likely to work better in the informal State than in the formal State.

11.4. Chapter Conclusion

The study has shown that the DCF program is aiding Ghana to fulfil its obligations under the CRPD generally and, even more particularly, its obligation to respect, protect and fulfil disabled people's right to work. This derives from the further finding that the aims of the DCF and the policy behind it are consistent with the aims and the principles of the CRPD (See Section 74.). On the other hand, the study reveals some important implementation challenges that confront the DCF program which, if not resolved, may significantly impair the DCF's capacity to help Ghana to fully perform its obligation under the CRPD, regardless of the theoretical consistency between the DCF and the CRPD. Secondly, the study has provided a strong evidence to show that the DCF program is helping Ghana to perform its CRPD obligations on work rights *by* meeting its two-prong aim of reducing poverty among recipients and their families and, thereby, raising their social image. Third, and last, the study has shown that recipients who live in a predominantly rural areas (the informal State) are more likely to derive a higher utility from the DCF program than recipients who live in a predominantly urban area (the formal State). In respect of this, the study reveals that persons who already have better social support from family and community (informal State) tend to derive a higher utility from the DCF program.

³⁹² Statistical Service of Ghana, (n. 128), at p. 30.

Chapter Twelve

12. REFLECTIONS AND CONCLUSION

Chapter Overview: This chapter highlights some of the most significant issues that emerged from this study and points to the key lessons that have been learnt. It reflects on the key findings and what they may mean for a developing country which is making efforts to respect, protect and fulfil the rights of persons with disabilities in general and, in particular, the right to work. The chapter is divided into 3 main parts. The first part will reflect on some of the practical implementation challenges that confronts the DCF program. The second part reflects on some of the factors that may have accounted for the difference in the working of the DCF in a predominantly rural area (the informal State) and in a predominantly urban area (the formal State). The third part concludes the thesis by highlighting some of the aspects of the program which need further investigation and attention.

12.1. Practical Implementation Challenges

The practical implementation framework of the DCF is revealed in the interview findings on the fund's administration, utilisation and impact. This body of findings are presented in Chapter 9 of this thesis. Further, the thesis highlights the barriers that confront Ghana's efforts at ensuring the right of persons with disabilities to work. The literature review (detailed under Section 2.3 of the thesis) identifies "a lack of political will among government officials to develop adequate disability legislation; limited capacity among national DPOs; and deeply rooted patron–client relationships" as disability rights implementation barriers.³⁹³ A number of additional barriers are also identified in the literature in the same Section of the thesis. Naami *et al.*, for example, found that graduates from disability rehabilitation centres who wished to go into self-employment were often faced with a lack of needed capital and other resources.³⁹⁴ Limited education on disability rights, even among the disability rights activists and social

³⁹³ J.D. Grischow (n. 278), at p. 110.

³⁹⁴ A. Naami *et al.*, (n. 57)

workers, also pose a serious challenge to the effective implementation of disability work right policies. The barriers also include scarcity of information or information inaccessibility to persons with disabilities. The interview findings appear to support this literature in giving credence to the claim that good (even coherent) policies or laws alone do not deliver human rights; and that implementation frameworks play a fundamental role in the success of human rights regimes. In other words, the theoretical or policy fit between the DCF program and the country's disability human rights legal obligations (including work right obligations) notwithstanding, Ghana's efforts at performing such legal obligations is challenged. And this challenged is at the implementation level. The following points in the interview findings identify some of the practical implementation hurdles which stand in the way of Ghana's effort at performing such obligations.

The Guidelines: As disclosed by the study (in Section 9.2 above), there was no formal policy framework for the DCF program in its first 5 years of operation, nor was there an administrative framework. This was a major challenge to the DCF program. From a human rights perspective, the presence of an administrative framework is generally considered to be a necessary precondition for ensuring equality and the prevention of discrimination. From a practical point of view, such administrative frameworks ensure accountability and efficiency. Therefore, the administrative vacuum that were identified in this research did result in a policy confusion, arbitrariness among fund managers, patronage and, sometimes, the misapplication of the fund itself. The findings on the challenges are particularly outlined in Section 9.2 above.

The adoption of the Guidelines did alleviate some of the challenges, both on program policy and program administration. For example, the Guidelines (as explained above) created a reasonably coherent policy framework for the program and provided a fairly standardised guide to its administration across the districts. Nonetheless, the Guidelines did not resolve many of the challenges that were evident at the time of their introduction. For example (and as disclosed by the interviews), allegations of favouritism did not go away with the coming of the Guidelines; and the Guidelines did not address that problem in any particularly deliberate manner. Consequently, the interview findings have disclosed that Fund Management Committees are often accused of favouring themselves and their fellow DPO members to the exclusion of eligible but unconnected applicants. This body of findings are considered in Sections 9.3 of the thesis. Indeed, it is arguable that the Guidelines themselves created new challenges. For example, they established a loose Fund Management Committee membership

structure which allows for what some of the interviewees consider to be an unnecessarily large committee for the role it has to fulfil. But, perhaps, the main problem with the Guidelines concerns their lack of necessary details. They leave just too many factors to discretion and convenience. For example, though the Guidelines requires that the Fund Management Committee carry out public sensitization on disability rights issues, they give no indication as to how this should be done or the consequences of failure to carry out such a mandate. Additionally, the Guidelines are silent on the factors that the Fund Management Committee should consider in determining which of the very many eligible applicants should be offered a support. These material omissions from the Guidelines are further discussed below.

Eligibility Criteria: The starting point of the DCF's functioning is how a person qualifies to apply for support – eligibility. As outlined in Section 9.3 above (on the findings on the eligibility criteria for the DCF), the Guidelines state that a DPO or an individual with disabilities shall have access to the fund. While this general statement on eligibility may be all-encompassing, it lacks the necessary detail as to how it is to be ascertained which persons are (or are not), in practical terms, qualified for support from the DCF. As a consequence, the Guidelines leave considerable (arguably excessive) discretion to the Fund Management Committee. Disability is a very complex subject. Thus, in a society (like Ghana) where misinformation and misunderstanding of disability is profound, a detailed explanation (rather than a broad statement) as to what disability is becomes a requirement. The absence of such detailed explanation in the Guidelines have, as the study has disclosed, occasioned a situation where certain disabilities (particularly those that may be severe but not obvious, known or common) are ignored or denied access to support from the fund. The study also discloses cases of intra-disability discrimination, where persons with the most common impairments in a particular district dominate the fund and tend to exclude persons with less common impairments from accessing the fund. This can lead to factionalism and a situation where (as revealed by the interviews) some receive supports 'back-to-back' while others remain in the queue without support. A manual which spells out in more detail (for example through the use of a checklist) of what to look out for in determining eligibility may be necessary to limit official discretion and avoid or reduce the problem of unfair or unjustifiable exclusion.

Determination of Support Form and Amount: Once an applicant's eligibility is determined, the applicant must be vetted, and the form or amount of support determined. The Fund Management Committee has the mandate to vet applications and to determine the form and amount of support

that a recipient may be given. This head of hurdle deals with how the Fund Management Committee performs this mandate. The findings on the vetting process and on the factors that the Fund Management Committee consider in awarding a support are presented in Section 9.4 of this thesis. Three hurdles stand in the way of this mandate.

The first is the laxity of the vetting process. The research findings make it clear that some recipients did not go through a formal application or the vetting process at all. While there may be sound arguments for relaxing the vetting criteria in certain contexts (or for, even, dispensing with it altogether in some contexts), a situation where informality becomes the rule (rather than the exception) often leads to abuse, lack of fairness, mismanagement and sometimes corruption and patronage. Quite apart from this, the findings disclosed that both recipients and, even, fund administrators do not think that the prevailing mode of fund allocation is satisfactory. They believe that a more objective approach to vetting and determining the form and amount of support is necessary.

The second hurdle which confronts the determination of the form or amount of support is fund insufficiency. Fund insufficiency entails the situation where recipients are given far less support than they actually require for their proposed purposes. In such a situation, the study found that recipients end up spending the support they received, particularly the monetary support, on purposes other than the purpose for which they sought the support or purposes which do not fall within the scope of the DCF. This happened to be the most profound concern that came up during the interviews. The concern has resulted in a situation where some recipients register their preference for material (rather than monetary) support. That way, they are guaranteed that their proposed needs will be met fully. Fund insufficiency tends to adversely affect the effectiveness of the DCF since those who even receive support end up, reluctantly, not using it for the legitimate purposes. Using the funds for illegitimate or unapproved purposes defeats the aims of the DCF – it neither reduces poverty nor increases social image of the recipients. While there can hardly be enough funds to meet all the genuine demands of all eligible applicants, there could be innovative ways of allocating the support so that funds are not used for illegitimate purposes.

The third hurdle (also connected with the form and adequacy of support) concerns the source of funding for the DCF. As explained the DCF has a stable source of funding which is tied to the national revenue. This makes it a better funded program than many social intervention programs which rely mainly on donor and other non-stable sources. That notwithstanding, the

evidence from the study shows that additional sources of funding for the DCF may be necessary. With additional sources of funding, there may be more support for eligible applicants than is currently the case.

Fund Utilisation and Monitoring: The purpose of the DCF is to reduce poverty and raise social image of the recipients. The extent to which this purpose is achieved will depend on how the fund is utilised by two groups of people – the fund managers and the fund recipients. However, since fund utilisation is prone to abuse and mismanagement, the success of the DCF will, in turn, depend much on how the managers of the fund as well as the recipients are monitored in their use of the funds. Monitoring from the two ends (the fund managers' end and the recipients' end) can ensure that fund managers are managing the fund optimally, but it will also ensure that funds do not go waste, even in the hands of the recipient. Monitoring can also inform policymakers on aspects of the fund management procedures and processes which will need reforms and what kinds of support may drive the fund closer to achieving its aims. Without such monitoring, it will be difficult (if not impossible) to ensure that the DCF is achieving its purpose. Accordingly, if fund utilisation is very important, then, monitoring how the fund is utilised, not only by the managers but also the recipients, becomes even more important. The study's findings on utilisation and monitoring are presented under Section 9.6 of the thesis. The findings revealed a monitoring body which is crowded with many institutions, both at the district levels and the national level. The findings on the composition of the monitoring body may be found in Section 9.6 of this thesis.

The monitoring functions is led by the Fund Management Committee. The first challenge that comes with this arrangement is that the Fund Management Committee, which is responsible for spending and administering the fund, is also same body which leads the monitoring framework of the fund. This creates a potential conflict-of-interest situation and, in consequence may impair the willingness and commitment of the Fund Management Committee to discharge this role in a fair and proper way. While the Fund Management Committee may be allowed to monitor or lead the monitoring of fund recipients, not having a separate institution to monitor the Fund Management Committee can be seen as ineffective or even inappropriate. Secondly, the number and nature of the organisations who are involved in this Fund-Management-Committee-led monitoring process inevitably adversely impact on the quality of monitoring. Multiplicity of institutions has, as the study revealed in Section 9.6 of the thesis, occasioned cooperation challenges and has left the monitoring function ineffective.

Further, the study found that professional monitors are lacking in the DCF monitoring set-up. The persons who, in the meantime, perform the program's monitoring functions, both at the district levels and at the national level, are generally persons from the disabled people community who may not necessarily have a professional training or experience in program management or monitoring. This may, to some extent, have affected the effectiveness of the DCF program adversely. However, while professionalism may ensure a better monitoring mechanism for the program, it is not clear if the cost that comes with engaging professionals to run the DCF program and conduct expert monitoring would be a cost-effective way of addressing this problem. Allowing disabled people to manage the affairs of disabled people may come with its own advantages. First, it may reduce the administrative or bureaucratic cost of the program. Secondly, it may eschew rigidity (which sometime generate apathy towards the program) and ensure the level of flexibility (which is needed for such social protection programs). It can, also, ensure ownership of the program and even boost confidence in the program and, thereby, help in the bid to ensure independence. Additionally, disabled people may have a better appreciation of disability and may be able to share common experiences in a way that dispassionate professionals might not. A fair balance between hiring professional monitoring personnel to monitor the Fund, on one hand, and, on the other, leaving the monitoring function to inexperienced fund managers is, perhaps, to provide professional training in program monitoring to members of disabled people's organisations. The returns – a combination of the advantages of each – could be manifold.

From the above, it may be observed that the aims of the DCF seem to evince Ghana's intention and efforts at not only recognizing the right of persons with disabilities to work³⁹⁵, but also at ensuring that they have access to an adequate standard of living and social protection³⁹⁶ and to participation in political and public life³⁹⁷. Quite apart from these specific obligations, it may be further observed that the DCF program discloses a clear intention (on the part of Ghana) to perform its overall obligations under the CRPD in particular and international human rights law in general. For example, with a fulfilled right to work, a person with a disability may also be able to realise his or her right to health, to family, and other human rights; and to live

³⁹⁵ Article 27, (n. 246).

³⁹⁶ Article 28, (*Ibid*).

³⁹⁷ Article 29, (*Ibid*).

independently and equally. However (and as noted above), good policies or laws alone are not enough to deliver human rights. Implementation matters. Poor or ineffective implementation mechanism are enough to impair an otherwise excellent policy and render it even otiose. An effective or efficient implementation mechanism, on the other hand, can make a good policy even better in practice. The goal, therefore, must be to put in place a process which will, in the short term, continuously review and revise the DCF's implementation framework with the aim of achieving the needed improvement. In the medium and long term, however, both the DCF policy and its implementation should be reviewed and revised to make it more sustainable.

12.2. The Informal State over the Formal State

The findings of this study reveal that DCF recipients who were interviewed seem, regardless of whether they lived under the formal State (urban areas) or the informal State (rural areas), to have less kinship support than the average person in the communities. For example (and as disclosed by the literature in Section 8.2 of this thesis), while the average population still depends on blood relatives – siblings, children, parents, etc., – for support, it was observed in the interviews that all the recipients who were interviewed provided more non-blood relations as family persons (note that the research has defined ‘family persons’ as persons whom the recipients considered as family or persons who played carer roles in their lives). However, the relatively low number of blood-relations in the entire interview group may suggest that disabled people, whether in Tamale (under the informal State) or in Accra (under the formal State), often find social support from persons other than their blood relations. This observation may, for statistical purposes, not be representative of the general Ghanaian population. Nonetheless, it enjoys some support from (and may actually be explained by) the background knowledge that persons with disabilities are generally more alienated, stigmatised or excluded than the general population.

The observation may show further that the exclusion that disabled people experience begins at the hands of their families, kinsfolks and kinship units and then, later at the hands of the larger society. For instance, it may appear that disabled people would not be on the streets (as the literature has revealed) had they not, first, been excluded and alienated from their family and kinship units. Put quite differently, alienation of disabled people would not be possible at larger society level if it had not already occurred at the family or kinship level. Thus, whether under the formal State (urban areas) or under the informal State (rural areas), disabled people tend to have less social, economic or psychological support from their kinsmen. Having less social

support of this kind may expose disabled people, generally, to greater social ill-treatments than other groups in the general population. The particular reasons for this finding – that disabled people, whether in the informal State or formal State, are more alienated from their family and kinship units than the average population – may be a subject of further research. For example, could it be that the family unit as an institution in the Ghanaian cultural context, is not socially engineered or resourced to accommodate members with disabilities equally? In this regard, Martha Fineman’s vulnerability paradigm points to unpreparedness, inabilities or unwillingness of the family unit to address the support needs of certain ‘dependent’ groups within it which are identified and described by society as “vulnerable”. The Vulnerability paradigm further notes the classification and treatment of the family unit as a private institution beyond the reach of the State. In this regard, Fineman noted that even when such dependency resources existed in the family, not all members of the family provide them. This imbalance in the provision of dependency resources in the family results in the creation of derivative dependencies for women (rather than men) in the family. For example, disabled family members often tend to be the primary responsibility of mothers, wives and sisters (rather than for fathers, husband and brothers). While a further study into these issues may be necessary to advance knowledge and engineer solutions, the finding lend some support to Fineman’s call for a ‘responsive State’.³⁹⁸ As noted in Section 3.5 of the thesis, a responsive State is one which intervenes to ensure substantive equality for all persons within the family unit. This is because, “achieving some form of substantive equality demands more from the State in terms of rules and regulations”³⁹⁹ and, also, the distribution of socioeconomic goods, all of which, according to Fineman, cannot be attained without a State action. This gives rise to another question which may be a subject of further research, namely, what level, nature or form of State action may be needed in each of the two research contexts?

Notwithstanding the finding that recipients in both contexts rely less on kinship networks (than the average population), the study found a significant difference between the two States in respect of the level of support that the recipients got from the larger community outside of the families. In this respect, the study found that the Accra recipients had less social support from the general society outside their families than Tamale recipients. In other words, disabled people who live in rural areas (under informal State) tend to get a more organic and better

³⁹⁸ J. Herring, (n. 110); M. Fineman, (n. 31), at p. xv; M. Fineman, (n. 102).

³⁹⁹ M. Fineman, (n. 89); Also see: M. Fineman, (n. 102).

social support from the wider ‘community’ they belong to, than disabled people who live in urban (under the formal State) get from theirs. Accordingly, the research observed that recipients in Tamale have broader, deeper and more organic social connections and support from their named ‘family persons’ and, therefore, from the larger society than the recipients in Accra. Family persons in Tamale were, as noted in Section 10.3.1 of the thesis (also see Table 10A), found to be more present in the lives of recipients than family persons in Accra were with their recipients. This may also mean, and the study found in Section 10.3.3 of the thesis (also see Table 10A), that the recipients in Accra had less social support than the recipients in Tamale. These two findings raise an issue as to why the study did not find a difference in the dependency relations between the recipients and their organic families or blood relations in the two research locations but found a difference when it came to the dependency relations between the recipients and the larger society. This question may also be a subject for further research. For example, first, could it be that the public (whether under the informal State or under the formal State) offers a better dependency relation to disabled people than the organic kinship family? Second, if so, what are the reasons? Again, (as between the informal State) and the formal State – could it be that the informal State, at the larger society level, does better at providing support for disabled people than the formal State; and, if so, what are the reasons?

In respect of the second question, this study provides some insight. As explained in Chapter 6 of the thesis, the DCF works better for the recipients who live under the informal State than for those who live under the formal State. The reasons for this outcome range from the differences in population distribution (which is less dense in the informal State than in the formal State); the cost of living (which is lower in the informal State than in the formal State); and social support and cohesion (which was found to be higher in the informal State than in the formal State). In relation to the question of population distribution, the study disclosed that applicants in Tamale (due to the less dense population there) stand, both in real terms and in nominal terms, a better chance of getting allocated a DCF support than those in Accra. In terms of amount, too, they also stand a better chance of getting allocated a much higher amount of support than applicants in Accra. This explains why the recipients that I interviewed in Tamale were much better provided for by the DCF scheme than the recipients in Accra. This finding is more particularly presented in Section 10.3 of this thesis. When it comes to cost of living, it was observed that Accra recipients needed more money and other resources than the recipients in Tamale to attain a similar level of satisfaction. This means that even with the same amount of DCF support, the recipients in the informal State achieve more. The analysis on the cost of

living may be found in Section 10.3.2 of the thesis. Then, in respect of social support, too, the study disclosed that the recipients in the informal State tend to enjoy a much higher social support than their counterparts in the formal State. A higher social support was also found to result in much ambitious or novel work choice while less social support resulted in recipients opting for more traditional work patterns. The details of the analysis on social support and the choice of work may be found in Sections 10.3.4 of the thesis. Putting all of these factors together, it may be noted, generally, that the living conditions for the recipients in Tamale are relatively superior to the living conditions for the recipients in Accra. This is reflected in terms of access to food, water, education and healthcare of the recipients, whereby the recipients in Tamale did not only attained a higher level of education, but also had more access to income and, thereby, food and healthcare. This made it possible for them to focus the DCF support they received on the work-related purposes. Accra recipients, on the other hand, were more likely to use their DCF support on the basics of food and healthcare (rather than work investment).

The ultimate effect of this was that the recipients living in the informal State had a relatively higher social image than the recipients in Accra. They not only offered more social support back to their families and communities than the Accra recipients did, but they also played more roles in mainstream society than their counterparts in Accra. For example, even though the study found that the family's dependency on DCF recipients increase with an increase in the recipients' income level in both States, the recipients in the informal State (Tamale) tended to offer much higher support to their organic families and the society at large than their counterparts in the formal State (Accra). Therefore, comparing the two research locations in respect of the amount or form of support that the recipients have requested, the purpose for which they made their requests, how much of the request they received and how much of their purposes were met, it may be seen from the findings above that the recipients in Tamale had much of their purposes achieved than the recipients in Accra. This means that the recipients in Tamale derived a higher utility from the DCF program than the recipients in Accra.

The difference between the informal State and the formal State in respect of the DCF's effectiveness may, therefore, be attributed to the level of social support that each State already has imbedded in it. The ultimate lesson which may be derived from these findings, therefore, is that formal social intervention programs (like the DCF) work better in systems which already have higher informal social supports imbedded in them. They work less effective in the systems which have less informal social support imbedded in them. This seems to suggest another

lesson, namely, that neither the formal State nor the informal State works better by themselves alone. They complement each other. The third lesson that may be derived from the findings is that intervention by the State may be necessary for the attainment of a better and a more equal life for persons with disabilities. This intervention may take the form of the State bolstering “resilience” (in the language of Martha Fineman) in urban settings by creating support arrangements and important community relationships which mirror those already present in the traditional, rural, kinship-driven communities. These interventions may also take the form, for example, of building capacity among small disabled people user led groups, informal advocacy support, advice agencies etc. Another lesson that comes out strongly from this study is that a responsive State that wants to improve the effectiveness of the DCF must identify and support the most effective mechanism(s). In the end, the research offers a support to the vulnerability theory’s call for a responsive State.

12.3. Conclusion

This thesis has been about the lives of persons with disabilities who experience poverty in Ghana. It set out to identify an effective social intervention mechanism that Ghana can adopt to reduce poverty levels and improve the social image of persons with disabilities. To achieve this aim, the thesis selected the Disability Common Fund (DCF) program, a Ghana government sponsored cash transfer social intervention program which aims at using dignified labour to minimise poverty among persons with disabilities and, thereby, raise their social image. Using the Realist Evaluation technique, the thesis evaluated whether the DCF is achieving its aim in two different contexts – under the formal State or the informal State. The study found that the program was effective and, also, that it was more effective in the context of the informal State than in the context of the formal State. The study identified some factors which contributed to the effectiveness of the program. Particularly, the study identified informal family and community social support as a key factor which influenced the effectiveness of the program, namely, that the more informal social support (the family, kinship or community levels) there is already in a context, the more likely it is that a formal social intervention (the DCF) would work. This finding is significant because it underscores the important role that the family and kinship structure in traditional societies play in the implementation of formal social intervention programs. This lesson, though Ghanaian, is not atypical of the rest of the African sub-region and, perhaps, the developing world. The lesson is, thus, relevant to developing societies, particularly those in Africa, where kinship and traditional customs still play an integral role social life.

The study has shown that the DCF is an impressive, innovative programme that has a great potential to address poverty and raise the social status of disabled people. The program is local and 'personalised'. With the exception of its monitoring system (which is found to be weak), the program is less bureaucratic with little in the way of complex application forms and eligibility criteria. It is an easy-to-apply-for grant with a considerable flexibility over how the funds are used – recipients have an option of getting either actual working equipment or cash. This has been shown to enhance choice and maximise the programs outcomes.

The research has also identified some problems with the DCF, particularly in its administrative mechanisms. The determination of eligibility has, in practice, been a challenge. This has been expressed in concerns of intra-disability discrimination. It is suggested in this regard that further education, sensitization and awareness on the diverse nature of disability may help reduce this problem. Inadequate funds or resources where many qualified applicants compete for very limited resources – ranks high on the list of problems. This requires that a difficult decision be made on whether to spread the resources thinly and inefficiently over a large number of applicants or to target more significant funds at a fewer number of applicants. Even though the study found that a scheme of more generous but fewer grants would be more effective, it is not too difficult to note that this strategy would bring with it a requirement for the system to be seen to operate in a more obviously fair way. This would, in turn, require clearer eligibility and application procedures which, in turn, *could* result in the program becoming more formalised, and bureaucratic with an attending increase in operational cost and a high likelihood of alienation. Further, the study found that many applicants require support – both to know about the existence of the DCF and to be able to make applications for support. In the informal State, this support is available due to strong kinship, family, community ties. This was less evident in the formal State, thereby making the role of disabled people organisations more prevalent there. This will require the State to intervene to offer such support. This need for the role of the State highlights the element in the Martha Fineman's vulnerability paradigm which calls for a tenable State to help build resilience for the individual. All this makes it much reassuring to say that the DCF's potential to achieve its aims and objectives and to help Ghana to fulfil its legal obligations towards disabled people is real. However, such potential would remain an aspiration if the monitoring and evaluation mechanism for the program remains in its present form.

APPENDIX A

Ethical Approval for Fieldwork Interviews

The letter below is the notification of the Faculty Research Ethics Committee's approval.

The Secretariat
University of Leeds
Leeds, LS2 9JT
Tel: 0113 343 4873
Email: ResearchEthics@leeds.ac.uk



UNIVERSITY OF LEEDS

Justice Srem-Sai
School of Law
University of Leeds
Leeds, LS2 9JT

ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee University of Leeds

3 January 2019

Dear Justice Srem-Sai

Title of study: **Realising the Right of Persons with Disabilities to Work in Ghana: A Realist Assessment through the Vulnerability Approach**

Ethics reference: **AREA 18-057**

I am pleased to inform you that the above research application has been reviewed by the ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee and following receipt of your response to the Committee's initial comments, I can confirm a favourable ethical opinion as of the date of this letter. The following documentation was considered:

Document	Version	Date
Response_AREA_18-057_Committee_Provisional_Dec_18_2018.doc	1	21/12/18
Response_AREA_18-057_Committee_Provisional_Dec_18_2018_(Prose).docx	1	21/12/18
AREA 18-057 Srem-Sai_New_Ethical_Review_Form_v1_7_Nov_12_2018.pdf	1	12/11/18
AREA 18-057 Srem-Sai_Participant_Info_Sheet_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(Administrator)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(Custom)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(DCF_Recipient)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(DPO_Member)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(Family)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Participant_(Law_Policy_Maker)_Consent_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Transcriber_Confidentiality_Form_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Interview_Topic_Guides_Oct_29_2018.docx	1	12/11/18
AREA 18-057 Srem-Sai_Fieldwork_Assessment_Form_low_risk_final_protected_Oct_31_2018.pdf	1	12/11/18
AREA 18-057 Srem-Sai_Data_Management_Plan_Jun_30_2018.docx	1	12/11/18

Please notify the committee if you intend to make any amendments to the information in your ethics application as submitted at date of this approval as all changes must receive ethical approval prior to implementation. The amendment form is available at <http://ris.leeds.ac.uk/EthicsAmendment>.

Please note: You are expected to keep a record of all your approved documentation and other documents relating to the study, including any risk assessments. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited. There is a checklist listing examples of documents to be kept which is available at <http://ris.leeds.ac.uk/EthicsAudits>.

We welcome feedback on your experience of the ethical review process and suggestions for improvement. Please email any comments to ResearchEthics@leeds.ac.uk.

Yours sincerely

Jennifer Blaikie
Senior Research Ethics Administrator, the Secretariat
On behalf of Dr Kahryn Hughes, Chair, [AREA Faculty Research Ethics Committee](#)

CC: Student's supervisor(s)

APPENDIX B

Fieldwork Interviews

A. Details of Interviews (all names are pseudonyms)

PURPOSE	INTERVIEWEE	CAPACITY	INTERVIEW DATE
Administrator/ Policymaker	Klutse	Social Welfare Official.	April 29, 2019
DPO/ Administrators/ Policymakers	Xxx	DPO official	May 28, 2019
	Xxx	DPO official	
	Xxx	DPO official	
	Xxx	DPO official	
	Xxx	DPO official	
Custom Expert (Tamale)	Haruna	Advisor at Gbewaa Palace, Yendi.	July 12, 2019
Custom Expert (Accra)	Amartey	Councillor at Tema Mantse's Palace, Tema.	October 22, 2019
Case Study #1 Tamale	Abiba	Recipient #1 (Physical Impairment)	September 24, 2019
	Sumaila	Family #1 of Recipient #1	July 11, 2019
	Azuma	Family #2 of Recipient #1	July 11, 2019
	Mariamama	Family #3 of Recipient #1	August 17, 2019
Case Study #2 Tamale	Kareem	Recipient #2 (Visual Impairment)	July 11, 2019
	Zak	Family #1 of Recipient #2	July 11, 2019
	Hudu	Family #2 of Recipient #2	July 11, 2019
	Tanko	Family #3 of Recipient #2	July 12, 2019
Case Study #3 Accra	Sika	Recipient #3 (Visual Impairment)	September 12, 2019
	Ama	Family #1 of Recipient #3	September 12, 2019
Case Study #4 Accra	Kodzo	Recipient #4 (Physical Impairment)	September 17, 2019
	Kpakpo	Family #1 of Recipient #4	September 17, 2019

B. Summary of Field Interviews

NO.	CHARACTERISTICS	QUANTITY
1.	Interviews	14
2.	Interviewees	20
3.	Individual Interviews	11
4.	Group Interviews	3
5.	Days of Actual Interviews	9
6.	Minutes of Actual Interviews	425
7.	Period of Fieldwork (months)	9
8.	Places/Cities	2

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