

A gender equality and social inclusion (GESI) report for 20 ABAK project districts in the Greater Accra, Bono, Bono East and Ashanti regions of Ghana

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Quality information

General information

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List of abbreviations/acronyms used in this report

Abbreviation	Full name
ABAK	Alliance for Better Advocacy and Knowledge
CBO	Community-based organisations
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRPD	Convention on the Rights of Persons with Disabilities
DOVVSU	Domestic Violence and Victims Support Unit
FBOs	Faith-based organisations
FGDs	Focus group discussions
GBV	Gender-based violence
GESI	Gender equality and social inclusion
GEWE	Gender equality and women's empowerment
ICESCR	International Covenant on Economic, Social and Cultural Rights
KIIs	Key informant interviews
LEAP	Livelihood Empowerment Against Poverty
MMDA	Metropolitan, Municipal and District Assemblies
NCCE	National Commission for Civic Education
NCPD	National Council on People with Disability
NGOs	Non-government organisations
OPDs	Organisations of people with disabilities
SRHR	Sexual reproductive health and rights
SDGs	Sustainable development goals
ToR	Terms of reference
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UDHR	Universal Declaration of Human Rights
WHO	World Health Organization
WODAO	Women with Disability Development and Advocacy Organization

Executive summary

Introduction and context

Sightsavers Ghana has requested a gender analysis for the 'Strengthening civil society representation of women with disabilities in Ghana' programme. This analysis aims to identify the underlying causes of gender and disability-related barriers and vulnerabilities within the ABAK project districts - highlighting gender progress and challenges, and providing recommendations to support the ten GESI objectives of the programme.

The Sightsavers initiative seeks to enhance the capacity of organisations of people with disabilities (OPDs), specifically focusing on two OPDs – the Women with Disability Development and Advocacy Organisation (WODAO) and the Alliance for Better Advocacy and Knowledge (ABAK) Foundation.

Approach and methodology

The study employed a participatory and context-sensitive design that integrated qualitative and quantitative methods, engaging local stakeholders to explore the multifaceted challenges faced by women with disabilities in Ghana through various gender analysis frameworks - ultimately aiming to promote an inclusive environment and enhance their empowerment.

Gender analysis – key findings and recommendations

Table 1 below presents the most relevant findings and recommendations identified through the analysis of primary and secondary data. The analysis of the study results is presented in a manner to reflect all ten key research questions.

Table 1: GESI analysis - key findings and recommendations

Identifying barriers	
Findings	Recommendations
Harmful social norms and stigmas: The study found that many families hide members with disabilities, especially women, due to fears of societal rejection – which limits their economic opportunities and public participation. According to the data, 61.5% of respondents identified social norms as barriers, 49.4% reported negative treatment from healthcare providers, and 62.3% stated that access to education remains a	<ul style="list-style-type: none">• Sightsavers, government partners, NGOs, and organisations of people with disabilities (OPDs) should undertake awareness campaigns, train community leaders and professionals, advocate for policy development, create support networks for families, implement economic empowerment programmes, ensure accessibility of services, and promote active

<p>significant challenge for people with disabilities, particularly women with disabilities.</p> <ul style="list-style-type: none"> • In the Ashanti region, 23.9% of respondents felt that cultural barriers hinder women with disabilities, compared to just 11% of respondents in the Greater Accra region, who expressed the least perception of such barriers. • About 31.7% of respondents in the Ashanti region believed that women with disabilities face more cultural obstacles than their male counterparts. 	<p>participation in community decision-making processes.</p> <ul style="list-style-type: none"> • Train healthcare providers to provide equitable, respectful, and inclusive, care to people with disabilities. • The OPDs in Ashanti region should intensify community education and awareness programmes that challenge cultural stereotypes, engage local leaders for advocacy, provide healthcare training on disability awareness, establish support networks and advocate for inclusive policies. • Develop and expand programmes that enhance self-confidence among people with disabilities, focusing on overcoming stigma and exclusion. These initiatives should provide the necessary tools for active participation in community activities.
<p>According to the study, 53.2% of respondents believe women with disabilities are particularly vulnerable to gender-based violence (GBV). They encounter unique challenges such as limited mobility, forced medication, discriminatory seating in public spaces, and struggles in marriage, which often result in abandonment by partners following pregnancy.</p> <p>In the Ashanti region, 26.6% of respondents recognise GBV as a significant issue for women with disabilities, while Greater Accra reported the lowest percentage, with only 10% acknowledging that women with disabilities face GBV.</p>	<ul style="list-style-type: none"> • Sightsavers should collaborate with the Ministry of Gender, Children, and Social Protection (MoGCSP), DOVVSU, CHRAJ, NCCE, Legal Aid, GHS, the Gender-Based Violence (GBV) Secretariat, NGOs, and organisations of people with disabilities (OPDs) to develop focused awareness campaigns aimed at educating the public about the unique vulnerabilities that women with disabilities encounter in relation to GBV. • Provide training for service providers, establish dedicated support services, advocate for enhanced legal protections, and promote the active involvement of women with disabilities in community decision-making processes.
<p>Political exclusion of people with disabilities:</p> <p>85.1% of respondents perceived that people with disabilities do not participate in politics and decision-making platforms. 28.4% of females compared to 24.6% of males believe people with disabilities are excluded from politics and decision-making platforms. The Ashanti region has the highest support for political exclusion,</p>	<ul style="list-style-type: none"> • Sightsavers, NGOs and organisations of people with disabilities should collaborate with traditional and religious leaders to initiate awareness campaigns that challenge societal stigma surrounding people with disabilities. • Establish capacity-building programmes to empower people with disabilities with the necessary skills for

<p>with 23% of the Ashanti region strongly perceiving the exclusion of people with disabilities in politics compared with 2.2% in Bono East.</p> <p>The perception of people with disabilities as politically excluded is not only a reflection of current societal attitudes but is also supported by literature that outlines how disability is often seen as a barrier to assuming leadership roles.</p>	<p>political participation and leadership positions.</p> <ul style="list-style-type: none"> Implement policies and frameworks that foster inclusivity, ensuring equal participation opportunities by advocating for the introduction of a quota system for people with disabilities in political decision-making processes.
<p>Access to transportation is a significant issue, with 53.2% of respondents indicating that transportation barriers greatly restrict the mobility of persons with disabilities. Notably, a larger proportion of females (58.5%) compared to males (41.5%) perceive movement and transportation access as a barrier for people with disabilities. The Ashanti and Greater Accra regions reported the highest percentages of concern, accounting for 34.6% and 34.8% of total responses, respectively, while Bono East had the lowest at 14.9%.</p>	<ul style="list-style-type: none"> Initiate awareness campaigns to shed light on the transportation challenges encountered by people with disabilities while applying universal design principles in public transport to guarantee accessibility for all for people with disabilities. Additionally, create channels for people with disabilities to share their feedback on transportation services. Involve women with disabilities in planning and decision-making processes to capture their unique mobility needs and constraints, ensuring that transportation policies address gender-specific barriers. Provide safety measures such as well-lit bus stops, dedicated waiting areas, and trained staff to support women and vulnerable people with disabilities travellers. Promote the use of assistive technologies that facilitate movement for people with disabilities, such as mobility aids and apps that provide real-time information on accessible transport options.
Understanding differential impacts	
Findings	Recommendations
<p>The study highlights that women with disabilities are disproportionately affected by factors such as the socioeconomic status and literacy levels of their families, as well as whether they reside in rural or urban areas. Around 33% of respondents believe that women with disabilities</p>	<ul style="list-style-type: none"> Implement targeted educational programmes aimed at increasing literacy rates among women with disabilities, particularly in rural areas. This should include providing scholarships, accessible learning materials, and specialised training for

<p>face significant inequality in accessing social amenities.</p> <p>Across all four regions, 52.3% of respondents observed a substantial differential impact, with the Ashanti region reporting the highest percentage at 34.6%, and the Bono region the lowest at 15.7%. Furthermore, 28.8% of respondents felt that more females than males (23.5%) experience this differential impact. Additionally, 8% of respondents have no formal education, and 33.5% live in rural areas where access to basic amenities is limited.</p>	<p>educators to accommodate diverse learning needs.</p> <ul style="list-style-type: none"> • Invest in rural development - advocate for government action to enhance rural infrastructure, improving access to essential services for women with disabilities, including better transportation, accessible roads, public spaces, and local service hubs. • Implement scholarships, bursaries and community-based literacy programmes specifically targeting women with disabilities to address low education levels and socioeconomic barriers. • Collaborate with local and international NGOs to provide vocational training and life skills workshops, especially in rural areas, to boost employability and economic independence.
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Policy and programme design

Findings	Recommendations
<p>A significant majority (81.6%) of respondents reported being unaware of programmes and policies that target and benefit people with disabilities. Only 16% of respondents indicate knowledge of such policies and programmes, with 77% of them describing these initiatives as ineffective in addressing the needs of people with disabilities.</p> <p>The Greater Accra region recorded the highest level of awareness regarding programmes for people with disabilities, while Bono East reported the lowest at 9.3% and 1.3%, respectively.</p> <p>Additionally, 46.1% of female respondents reported being unaware of policies and programmes for people with disabilities.</p>	<ul style="list-style-type: none"> • Sightsavers and organisations of people with disabilities (OPDs) should launch widespread awareness initiatives to inform the public, particularly in regions like Bono East, about existing programmes and policies that support people with disabilities. These campaigns should target both urban and rural populations, with an emphasis on reaching underserved communities. • Advocate for intentional inclusion and the implementation of quota systems to ensure that people with disabilities are represented at all levels of programmes, interventions and policy discussions.

Targeting of interventions

<p>About 43.9% of respondents are aware of specific strategies and interventions for people with disabilities. Awareness of targeted interventions is notably high in Greater Accra, at 24%, while it is considerably lower in Bono East, at 9.3%. Additionally, female respondents</p>	<ul style="list-style-type: none"> • Enhance targeting and inclusivity in existing social protection programmes: Sightsavers, NGOs and OPDs should advocate for improved targeting of women with disabilities in rural areas and those facing vulnerable conditions
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<p>(12.3%) demonstrate slightly higher levels of awareness compared to male respondents (11.1%).</p>	<p>of poverty and illiteracy. Programmes such as Livelihood Empowerment Against Poverty (LEAP) and the District Assembly Common Fund should better address the needs of these women.</p> <ul style="list-style-type: none"> • Collaborate with GHS, NGOs and other charitable organisations to strengthen outreach and accessibility for rural and marginalised groups: Sightsavers should focus on expanding outreach programmes to rural and marginalised communities - utilising technology, mobile units and community-based initiatives to reach individuals often excluded from urban-based services.
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Enhanced participation

<p>About 53.7% of respondents perceive an increase in the participation of people with disabilities in social activities within their communities - with Greater Accra reporting the highest perception at 23%, while Bono region shows the lowest at 7%. In addition, a greater proportion of female respondents (31.7%) recognise an increase in participation compared to male respondents (22%). Also, 53.7% of respondents indicated that there has been no progress in social inclusion efforts for people with disabilities at the community level. The perception of progress is highest in Greater Accra, where 18% of respondents noted improvements, while Bono East reported the lowest at 4%. Additionally, there are gender differences, with more female respondents (24.6%) recognising increased efforts for people with disabilities compared to male respondents (21.7%).</p>	<ul style="list-style-type: none"> • Sightsavers, NGOs and organisations of people with disabilities should advocate for the enforcement of the Convention on the Rights of Persons with Disabilities (CRPD) and the Disability Act of 2006 (Act 715) to ensure that social activity venues are physically accessible and that transportation options are improved for people with disabilities. • Implement awareness campaigns - awareness campaigns should be launched to emphasise the importance of including people with disabilities in social activities, targeting both community members and local organisations to foster inclusivity. • Training for community leaders - training should be provided for community leaders, and to organisations focused on disability awareness and inclusion strategies, so that they can better support participation for people with disabilities.
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Monitoring and evaluation frameworks

<p>The findings revealed that 86% of respondents reported a lack of formalised monitoring systems for gender equality interventions. Among</p>	<ul style="list-style-type: none"> • Sightsavers, NGOs and OPDs should collaborate with government agencies to regularly gather data on existing gaps in accessibility and service
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these respondents, Greater Accra had the highest percentage, with 36%, acknowledging the absence of such monitoring systems, while Bono recorded the lowest at 14%.

provision for people with disabilities in various domains, such as education, employment and access to services. This will help inform inclusive practices and policies.

- Implement formalised monitoring systems to assess the effectiveness of existing social protection programmes for people with disabilities, ensuring that feedback from beneficiaries is integrated into programme development and enhancement.
- Modify current monitoring and evaluation frameworks within institutions, such as District Assemblies and Departments of Gender, to include specific indicators for people with disabilities. This integration will help ensure that disability data is systematically collected and analysed.

Capacity building

A substantial majority (75.6%) of respondents indicated that no programmes targeting people with disabilities have been implemented. Furthermore, a significant majority (74.3%) reported being unaware of training programmes designed to address the needs of people with disabilities - with 27% of those unaware located in Greater Accra, and Bono showing the lowest at 9%. Notably, more females respondents (42.7%) than males (31.6%) are unaware of these training programmes.

- Strengthen capacity building initiatives - increase investment in capacity-building initiatives for people with disabilities, ensuring that these programmes are accessible and tailored to meet the diverse needs of individuals across different regions, particularly in Greater Accra and Bono.
- Launch comprehensive awareness campaigns to educate the public about programmes and training opportunities available for people with disabilities. Use a variety of communication platforms, such as social media, community meetings and local media, to reach a broad audience.
- Engage community leaders and local organisations in the Greater Accra and Bono regions to raise awareness and promote participation in training programmes. Their influence can play a key role in encouraging increased involvement from both people with disabilities and their families.

Accountability mechanisms

<p>A significant majority (79.9%) of respondents are unaware of accountability mechanisms - with the Ashanti region reporting the highest level of unawareness at 24.8%, while Bono recorded the lowest at 7.8%. Additionally, a greater proportion of female respondents (47%) reported unawareness of available accountability mechanisms compared to male respondents (29.9%).</p>	<ul style="list-style-type: none"> • Sightsavers and OPDs should work with local governments, civil society organisations and international bodies to push for the implementation of clear and enforceable accountability mechanisms for gender equality and social inclusion initiatives. This can involve developing community-based monitoring systems where people with disabilities and marginalised groups are actively involved in tracking the progress of these initiatives. • Sightsavers - provide training for people with disabilities and service providers on how to utilise accountability mechanisms. This training should be accessible and available in different formats (for example, audio, visual, and written) to help cater to varying needs.
Enhanced social equity	
<p>A significant majority (58.1%) reported that people with disabilities have equal access to opportunities and resources - with respondents from the Ashanti region showing a higher level of agreement (16.4%) regarding equitable access compared to Bono, which recorded the lowest level of agreement. Additionally, more female respondents (28.9%) agreed that people with disabilities have equitable access to resources and opportunities than the male respondents (28.2%).</p>	<ul style="list-style-type: none"> • Sightsavers and OPDs should advocate for inclusive policies that protect and promote the rights of people with disabilities, ensuring equitable distribution of resources and access to services. This advocacy should highlight the unique challenges faced by people with disabilities, particularly in rural areas. • Sightsavers and organisations of people with disabilities should advocate for the government to implement a quota system within Ghana's affirmative action policy, ensuring that at least 5% of employment positions are reserved for women and people with disabilities. • Donor agencies - support and promote community-based rehabilitation (CBR) as a key strategy for empowering people with disabilities within their communities. This should emphasise rehabilitation, inclusion, and improved access to essential services.
Recommended stakeholders for collaboration	<p>Ashanti region</p> <ul style="list-style-type: none"> • Muslim family counselling services <p>Bono region</p>

	<ul style="list-style-type: none"> • Help for African Women Alliance (HAWA) Bono • Mission of Hope • Bono East Region • Centre of Posterity Interest Organisation (COPIO) <p>Greater Accra</p> <ul style="list-style-type: none"> • KGL Foundation • Star Ghana Foundation <p>Sene East</p> <ul style="list-style-type: none"> • Centre of Prosperity Interest Organisation (COPIO) • Asante Akim North • Edmark Rescue Foundation/LANET • Asante Akim Central • Erudite Women Empowerment Foundation/ Premier Youth Network <p>Ablekuma West (Dansoma)</p> <ul style="list-style-type: none"> • Youth Network for Human Rights and Democracy • Shai Osudoku (Dodowa) • Kraban Support Foundation • Sene West (Kwame-Danso) • Duapan Mothers Union (GSPD) <p>Sunyani Municipal</p> <ul style="list-style-type: none"> • Global Media Foundation (GLOMEF)/GFD • Berekum East (Berekum) • Mission of Hope (MIHOSO)/GFD • Dormaa West (Nkrankwanta) Human Care and Maintenance Foundation/GFD
Strategic implementation of study findings with downstream partners: Key steps for effective collaboration and targeted interventions	<p>Implementing the study findings with downstream partners requires a strategic approach that involves collaboration, awareness and targeted interventions. The key steps are outlined below:</p> <ol style="list-style-type: none"> 1. Develop a GESI action plan Sightsavers should formulate a Gender Equality and Social Inclusion (GESI) action plan based on the GESI analysis report and integrate it into its annual work plan.

2. **Capacity building and training**
Sightsavers should conduct 'Training of Trainers' (ToT) sessions on GESI action plans and the recommendations from the GESI analysis for organisations of people with disabilities (OPDs). Additionally, Sightsavers should supervise and support further training for partners to ensure effective implementation of GESI recommendations.
3. **Strengthen partnerships**
Encourage collaboration among government entities, OPDs, civil society organisations, and international partners, to raise awareness about the stigmas, cultural barriers and other recommendations from the GESI analysis that affect people with disabilities, particularly in enhancing the representation of women. This collaboration should focus on implementing GESI recommendations with a particular focus on the 13 WODAO project districts across the Oti and Volta regions.
4. **Joint monitoring, evaluation and feedback**
Sightsavers should establish a framework for monitoring and evaluating progress, ensuring that downstream partners play an active role in assessing the impact of GESI action plans and the recommendations from the GESI analysis. Collecting feedback from OPDs and people with disabilities is essential for sustaining efforts and continually improving interventions.

Section One: Introduction and context

1.1 Background to the study

The GESI report provides a comprehensive analysis conducted across 20 ABAK project districts in the Bono, Bono East, Ashanti and Greater Accra regions of Ghana. It identifies the barriers and differential impacts faced by people with disabilities and offers recommendations to inform policy development, improve intervention targeting, increase participation, and establish monitoring and evaluation frameworks to promote inclusivity. Additionally, it provides data to strengthen and enhance the capacities of WODAO and the ABAK, with the aim of cascading capacity-building efforts to members and partners, ultimately strengthening organisations of people with disabilities.

1.2 Structure and overview of study report

The report is structured into five sections, as outlined below.

Section One: Introduction and context

This section provides an overview of the GESI analysis and the rationale for conducting the study. It also revisits the objectives and scope of the assignment. The section summarises the team's strategy and the approach used to deliver the assignment.

Section Two: Approach and methodology

The approach and methodology section outlines the research design, sampling methods, data collection techniques, and analytical procedures used in the needs assessment. It describes the combined use of quantitative and qualitative approaches, employing purposive, multi-stage and cluster sampling for participant selection.

Section Three: Findings and interpretations

This section presents and summarises the key findings from the synthesis of the study results findings on ABAK Foundation intervention districts and regions. It also captures the key challenges and barriers faced by people with disabilities. The section also highlights the best practices and lessons captured from the study.

Section Four: Recommendations and conclusion

This section is dedicated to presenting the policy and programmatic recommendations required to improve GESI analysis in the region.

Appendices

The appendices include letters of introduction, inception and onboard meetings, pictures from the training of research assistants, and pretest and relevant fieldwork data. It also includes details of the revised research tools used and a photo gallery from district teams taken during the field data collection phase.

1.3 Country-level gender equality overview

Ghana has made considerable progress in aligning its policies with international standards to advance gender equality and social inclusion. The country has developed various strategies aimed at addressing gender disparities and improving the rights of marginalised groups, including women and people with disabilities. This approach encompasses legal frameworks, social protection initiatives, targeted programmes for women, public awareness campaigns, and efforts aimed at capacity building. These efforts are structured under different governmental bodies and frameworks designed to address the unique challenges faced by women and people with disabilities.

1.3.1 Ghana commitments and policies on gender equality and social inclusion

This section explores the national commitments and policies that Ghana has implemented to promote gender equality and social inclusion. It examines the government's efforts to address disparities and ensure equal opportunities for all citizens, particularly marginalised groups such as women, people with disabilities, and other vulnerable populations. These policies are crucial for fostering an inclusive society where individuals, regardless of gender or disability, can access the same rights, opportunities and protections. By highlighting these national frameworks, this section provides insight into Ghana's dedication to building a more equitable and inclusive nation.

1.3.2 International agreements and compliance

Ghana has made significant strides in aligning with international frameworks that advocate for the rights of people with disabilities, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the African Disability Protocol. These frameworks emphasise inclusivity, the removal of barriers, and the promotion of equal rights and opportunities for people with disabilities. Ghana's commitment to these agreements aims to protect the rights of individuals with disabilities and integrate them into society. Additionally, Ghana is a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which acknowledges the compounded discrimination faced by women with disabilities.

Key international legal frameworks relevant to this commitment include the CRPD, the African Charter on Human and Peoples' Rights, the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Sustainable Development Goals (SDGs), and the Universal Declaration of Human Rights (UDHR). These frameworks provide a foundation for advocacy and policy development to enhance the rights and well-being of people with disabilities in Ghana.

Despite these supportive legal frameworks, Ghana faces challenges in implementation, such as:

1. Implementation gaps

There are significant gaps in enforcing existing legislation, particularly in mental health care and monitoring facilities.

2. Discrimination and stigmatisation

Discrimination persists, particularly against women and children with disabilities, which is compounded by a lack of targeted inclusive policies.

3. Accessibility issues

While accessibility standards exist, many public buildings remain inaccessible to people with disabilities.

4. Limited resource allocation

Inadequate funding, especially for mental health services, limits the development of essential support services.

5. Monitoring and accountability

There is a need for stronger mechanisms to monitor compliance with national and international obligations, as ongoing violations of rights remain unaddressed.

These challenges highlight the importance of addressing gaps in policy implementation and resource allocation to ensure that people with disabilities can fully enjoy their rights and participate equitably in society.

1.3.3 National laws, policies, regulations and institutional practices

Ghana has implemented various national policies to align with international commitments, including the sustainable development goals (SDGs), which emphasise the inclusion and empowerment of people with disabilities. Key milestones include the creation of the National Disability Policy (2000), the Disability Act (2006), and the establishment of the International Day of Persons with Disabilities (IDPD) in 2009. These initiatives support Ghana's Agenda 2057, which aims for inclusive growth, ensuring that no one, including people with disabilities, is left behind.

Ghana's commitment to gender equality is reflected in its constitution and policies such as the Affirmative Action Bill and the Labour Act of 2003, which ensure equal opportunities in employment. The Disability Act of 2006 also provides legal protection for people with disabilities, aiming to enhance their participation in society.

Despite these efforts, significant challenges remain:

- **Implementation gaps**
Public buildings remain inaccessible, and compliance with the Disability Act is still lacking.
- **Discrimination and stigmatisation**
People with disabilities, especially women and girls, face multiple barriers in education, healthcare and employment due to cultural stigmas.
- **Limited resources**
Funding for disability-related programmes is insufficient, with less than 1% of the national health budget allocated to mental health services.
- **Lack of specific targeting**
Women and girls with disabilities are not sufficiently addressed in existing policies.
- **Monitoring and evaluation deficiencies**
There is a need for stronger mechanisms to ensure compliance with national laws and international obligations.

While Ghana has made progress in policies and legislation, challenges such as inadequate funding, public awareness and persistent stigma continue to hinder the full inclusion of people with disabilities in society. Also, Ghana has made notable progress with fostering inclusion and empowerment for marginalised groups, particularly people with disabilities, including women and girls. Key initiatives include:

- **National Council on People with Disability (NCPD)**
Plays a vital role in shaping policies for people with disabilities, with a focus on women and girls. An inclusion unit has been created within the NCPD to address their specific needs.
- **Social protection programmes**
The Livelihood Empowerment Against Poverty (LEAP) programme provides financial support to vulnerable households, including those with disabled members - improving their economic stability.
- **Gender-specific programmes**
Ghana has implemented initiatives such as the Gender Equality and Women's Empowerment (GEWE) programmes, supporting women, especially in rural areas, through economic empowerment and financial products tailored for women entrepreneurs.
- **'We decide' initiative**
Focuses on empowering young people with disabilities regarding their sexual and reproductive health rights.

- **Public awareness and capacity building**

Public education campaigns aim to shift negative perceptions of disability, while training programmes address issues like gender-based violence and improved sexual and reproductive health for women with disabilities. The World Health Organization's Quality Rights initiative has also trained mental health professionals to respect the rights of individuals with psychosocial disabilities.

Despite these strides, challenges remain:

1. **Ongoing stigma**

Deep-rooted societal discrimination, particularly in rural areas, continues to marginalise people with disabilities.

2. **Sustainability of programmes**

Many programmes lack long-term sustainability, requiring ongoing funding and support to create lasting impact.

Ghana has made significant progress in promoting inclusion and empowerment for people with disabilities. However, ongoing challenges such as stigma, resource allocation, and the sustainability of programmes, need to be addressed for sustainable change.

Section Two: Approach and methodology

2.1 Introduction

The GESI assessment employed a comprehensive, participatory and context-sensitive methodology. Combining qualitative and quantitative research methods, the study aimed to holistically understand the barriers faced by people with disabilities, particularly women, in four regions of Ghana. Households, people with disabilities, key informants, women's groups, NGOs/CSOs and CBOs, communities, health facilities, government institutions, and Sightsavers partner institutions at regional, district and community levels were actively involved - ensuring a diverse range of perspectives were integrated. Ethical considerations, including confidentiality and participants' rights, were rigorously upheld.

The survey included respondents from community, district, regional and national levels, encompassing individuals aged 18 to over 65. The estimated sample size of 420 households was calculated using a sampling calculator, achieving a 95% confidence level and a 5% margin of error - based on an estimated population of 9,000,000 across four regions.

The approach was grounded in key theoretical frameworks such as the Co-Creation Model, Gender Analysis Framework, Intersectionality, the Social Model of Disability, and the Theory of Change. These frameworks guided the study to uncover barriers such as societal norms, limited decision-making power, and restricted access to healthcare, education and other critical resources. The Co-Creation Model emphasised stakeholder engagement across three tiers, prioritising the active involvement of women with disabilities and organisations advocating for their rights.

The methodology also utilised gender-sensitive tools to identify and address enablers and barriers affecting women with disabilities. This integrated approach ensured the recommendations were evidence-based, actionable, and attuned to local realities, aiming to foster inclusion and empowerment within marginalised communities.

Section Three: Findings and interpretations

3.1 Introduction

This section presents analysis of the primary data collection findings, complementing the desk review from the project's inception phase. It incorporates the experiences and perceptions of stakeholders, with a sectoral approach used to present the data, while emphasising the interconnectedness of sectors and the need for a cross-sectoral, multi-stakeholder approach in programming for women with disabilities. The analysis focuses on the ten thematic objectives outlined in the GESI assignment. Preceding presenting the findings, this section provides a preliminary analysis of sociodemographic variables, data validity checks, and response rates, to provide context for the respondent profiles from the four regions where the ABAK Foundation operates.

Response rate

A total of 465 questionnaires were collected, surpassing the target of 420, with 451 passing quality checks for analysis - resulting in a 107% response rate. Regional response rates were as follows:

- **Ashanti**
159 collected (156 accepted) – 104% response rate
- **Bono**
73 collected (71 accepted) – 118.3% response rate (highest)
- **Bono East**
68 collected (67 accepted) – 111.7% response rate
- **Greater Accra**
165 collected (157 accepted) – 104.7% response rate

Overall, the study exceeded its expected response targets, with only 14 responses rejected - reflecting successful data collection and validation processes.

Table 2: Response rate per region

Regions	Target number of questionnaires planned	Actual number collected	Actual number accepted after quality checks	Rejected	Accepted for use in analysis	Response rate
Ashanti	150	159	156	3	156	104.0
Bono	60	73	71	2	71	118.3
Bono East	60	68	66	2	66	111.7
Greater Accra	150	165	157	8	157	104.7
Total	420	465	451	14	451	107

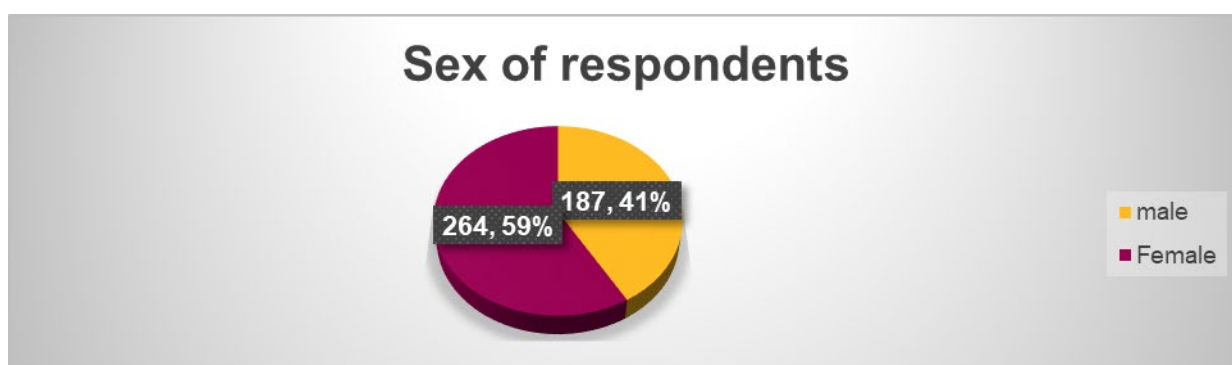
Source: GESI Analysis Data, 2024

3.2 Analysis of socio-demographic variables

This section presents the socio-demographic characteristics of the study respondents - focusing on age, community location and education levels within the ABAK Foundation regions.

Sex of respondent: Out of the 451 participants, 187 were male (41.5%) and 264 were female (58.5%). This indicates a higher representation of women compared to men in the study population (see figure 1 below).

Figure 1: Sex of respondents

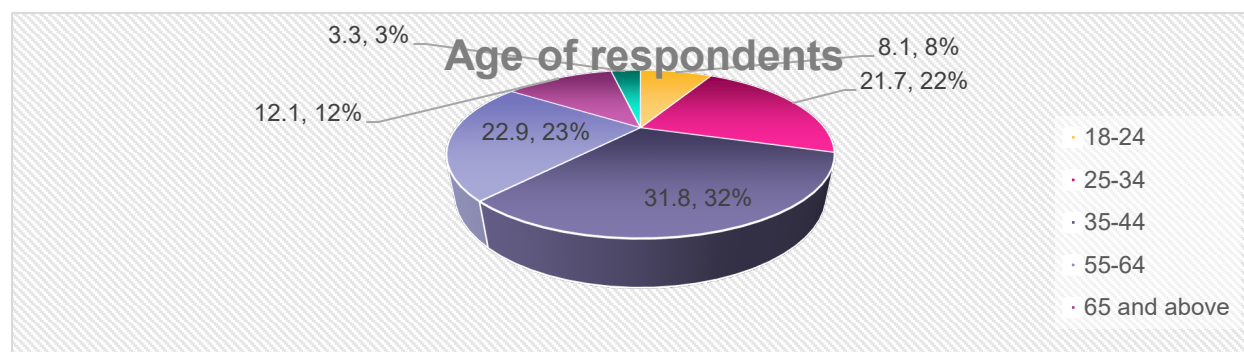


Source: GESI Analysis Data, 2024

3.2.1 Age of respondents

Figure 2 displays the age distribution of the 451 individuals in the study. The largest group consists of individuals aged 35-44, who account for 31.8% of the sample, followed by those aged 55-64 at 22.9% and 25-34 at 21.7%. Individuals aged 65 and older represent 12.1%, while younger age groups, including those under 18, comprise smaller percentages.

Figure 2: Age of respondents



Source: GESI Analysis Data, 2024

3.2.2 Regional disaggregation of age of respondents

The demographic data in table 3 below reveals the distribution of 451 respondents across four ABAK regions in Ghana, categorised by age group. The Greater Accra region has the highest representation, at 35%, with the majority aged 25-34 years (9.2%). The Ashanti region also accounts for 35% of the sample, showing significant numbers in the 35-44 (8.1%) and 55-64 (6.4%) age groups. In contrast, Bono (11.3%) and Bono East (10.7%) have smaller populations - though Bono East exhibits a relatively balanced distribution among middle age groups, especially in the 25-34 and 35-44 brackets.

Overall, the 35-44 age group is the largest across all regions, comprising 31.8% of total respondents - while those under 18 make up the smallest segment at just 3.3%. This data highlights a predominantly middle-aged population in the surveyed regions, with variations in representation across different areas.

Table 3: Age of respondent by region of the study

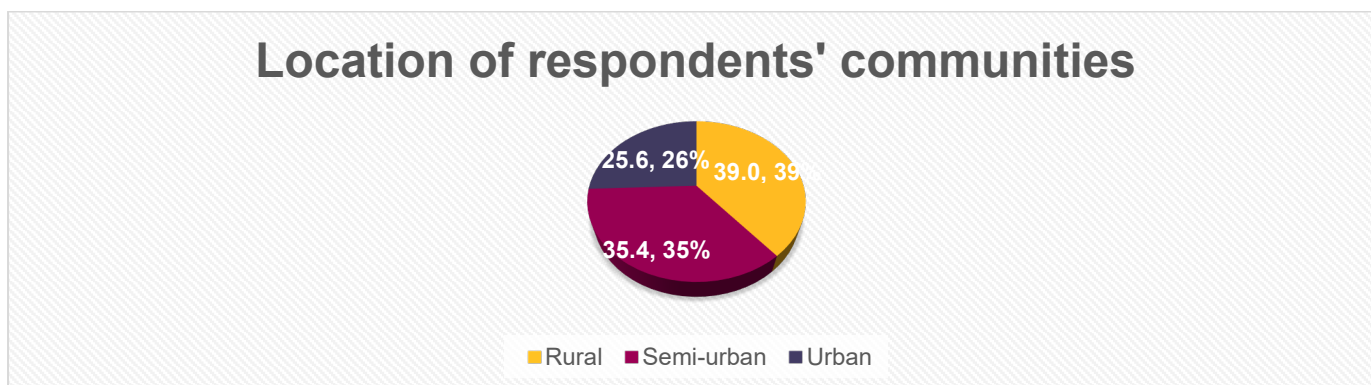
Region	18-24	25-34	35-44	55-64	65 and above	Under 18	Total
Ashanti	19	20	51	40	18	8	156
	3.0%	3.2%	8.1%	6.4%	2.9%	1.3%	24.8%
Bono	6	22	26	12	5	0	71
	1.0%	3.5%	4.1%	1.9%	.8%	0.0%	11.3%
Bono East	4	22	23	7	9	2	67
	.6%	3.5%	3.7%	1.1%	1.4%	.3%	10.7%
Greater Accra	20	58	40	26	3	10	157
	3.2%	9.2%	6.4%	4.1%	.5%	1.6%	25.0%
Total	49	122	140	85	35	20	451

Source: GESI Analysis Data, 2024

3.2.3 Location of communities

The data shown in figure 3 on the next page reveals that individuals from rural areas make up the largest portion of the sample, at 39%, followed by those from semi-urban areas at 35.4%, and urban residents at 25.6%. This indicates a predominantly rural and semi-urban population, with urban dwellers constituting the smallest group.

Figure 2: Location of respondents' communities



Source: GESI Analysis Data, 2024

3.2.4 Location of communities by the region of the study

Table 4 below reveals that the Ashanti region has the highest overall representation, accounting for 34.6% of the respondents. Of this group, 44.2% reside in rural areas, 39.1% in semi-urban areas, and 16.7% in urban areas. In contrast, the Greater Accra region stands out as having the largest proportion of urban respondents at 52.9%. However, it also maintains a notable rural presence, making up 29.3% of respondents, while semi-urban areas contribute 17.8%. The Bono and Bono East regions exhibit distinct patterns. Bono has a high percentage of semi-urban respondents, at 70.4%, while Bono East shows a more balanced distribution, with rural areas accounting for 44.8% of the respondents.

The Ashanti region has a diverse demographic, with strong representation across rural and semi-urban areas. Greater Accra is primarily urban, but also has a notable rural presence - indicating a mix of settlement types. Bono is mainly semi-urban, reflecting a blend of rural and urban characteristics, while Bono East shows a more balanced rural-urban distribution.

Table 4: Location of communities by the region of the study

Region	Location of communities			
	Rural	Semi-urban	Urban	Total
Ashanti	69 (44.2%)	61 (39.1%)	26 (16.7%)	156 (34.6%)
Bono	6 (8.5%)	50 (70.4%)	15 (21.1%)	71 (15.7%)
Bono East	30 (44.8%)	20 (29.9%)	17 (25.4%)	67 (14.9%)
Greater Accra	46 (29.3%)	28 (17.8%)	83 (52.9%)	157 (34.8%)
Total	151 (33.5%)	159 (35.3%)	141 (31.3%)	451 (100%)

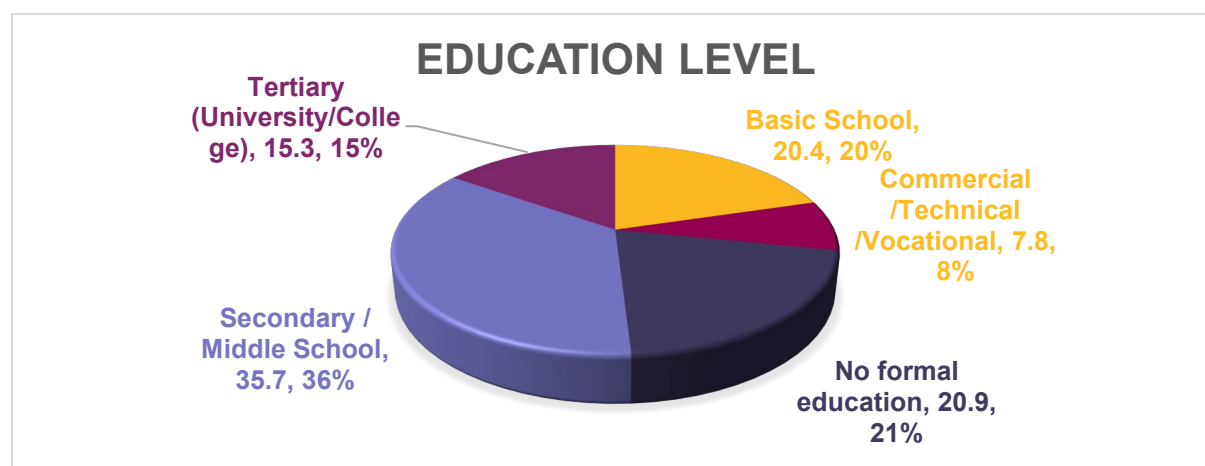
Source: GESI Analysis Data, 2024

3.2.5 Educational level

Figure 4 below provides an educational breakdown of 451 respondents. Of the total, 35.7% have completed secondary education, while 20.9% have no formal education, and 20.4% have only basic school education. Only 15.3% have attained tertiary education (university or college), and 7.8% have vocational or technical training.

Most respondents have completed secondary education, with basic school education being the next most common. However, 20.9% have no formal education, indicating significant disparities in access to educational resources. The low rate of tertiary education completion suggests barriers to higher education, while vocational or technical training remains relatively rare, possibly due to limited opportunities or a lack of awareness of such programmes.

Figure 4: Educational level of the respondents



Source: GESI Analysis Data, 2024

3.3 Barriers to gender equality and social inclusion

Table 5 below presents the frequency and percentage distribution of respondents' perceptions regarding various social factors - including cultural practices, economic constraints, access to education, gender-based violence, political exclusion, and health disparities. The responses reflect varying levels of agreement, neutrality, and disagreement.

A majority of 59.4% of respondents agree (36.0% strongly agree, 23.4% agree) that cultural practices act as a barrier to accessing social interventions. Meanwhile, 18.2% are neutral, and 22.4% disagree (11.1% disagree, 11.3% strongly disagree). This indicates a general consensus that cultural practices are a significant barrier, though there is some ambivalence and moderate dissent.

Approximately 42.9% of respondents believe economic constraints hinder their access to social services, with 22.8% strongly agreeing and 20.1% agreeing. This suggests that, while social services may be available, financial limitations prevent many individuals from utilising them. However, 18.9% are neutral and a significant 38.2% disagree (23.1% disagree, 15.1% strongly disagree). The level of

disagreement suggests that many either do not view economic constraints as a barrier or have found ways to access services despite financial challenges.

Regarding education, most respondents (58.3%) acknowledge that people with disabilities face limited educational opportunities, with 38.2% strongly agreeing and 20.1% agreeing that this is a significant issue. However, 19.9% are neutral, and 21.8% disagree (12.4% disagree, 9.4% strongly disagree) - indicating strong agreement on the importance of educational access, but with some ambivalence.

Regarding gender-based violence, half of the respondents (50%) agree it is a significant issue, with 28.3% strongly agreeing and 21.7% agreeing. While 18.2% are neutral, a notable 31.9% disagree (19.6% disagree, 12.3% strongly disagree). This division suggests considerable concern about gender-based violence, but also varying opinions on its prevalence and impact.

Political exclusion is widely acknowledged, with 58.3% of respondents agreeing (34.4% strongly agree, 23.9% agree) that it is a significant issue. While 13.1% remain neutral, 28.7% disagree (14.8% disagree, 13.9% strongly disagree). This highlights significant concerns regarding the political exclusion of people with disabilities, which restricts their participation in decision-making and limits their access to essential social services, further contributing to inequalities and hindering progress toward inclusivity and equity.

Regarding health disparities, 52.7% of respondents agree that people with disabilities face barriers in accessing healthcare facilities - with 33.6% strongly agreeing and 19.1% agreeing. Meanwhile, 19.9% remain neutral. However, 27.4% disagree - including 16.1% who disagree and 11.3% who strongly disagree. The findings underscore the issue of unequal access to healthcare for people with disabilities, which serves as a barrier to obtaining essential health services. Limited accessibility, discriminatory practices and inadequate support systems further exacerbate health disparities for people with disabilities, contributing to broader societal inequalities.

Overall, the data reveals a strong consensus on the barriers faced by individuals with disabilities, such as challenges in education, political exclusion, cultural practices and health disparities. There are moderate concerns regarding economic difficulties, while views on gender-based violence show more variation. The neutral responses in some areas suggest that opinions may still be evolving or that there is a need for increased awareness and engagement.

Table 5: Barriers to gender equality observed in communities

Category	Responses	Frequency	Per cent
Cultural practices	Strongly agree	147	32.6
	Agree	117	25.9
	Neutral	78	17.3
	Disagree	50	11.1
	Strongly disagree	59	13.1
Economic constraints	Strongly agree	99	22.0
	Agree	110	24.4
	Neutral	71	15.7
	Disagree	95	21.1
	Strongly disagree	76	16.9
Lack of access to education	Strongly Agree	180	39.9
	Agree	101	22.4
	Neutral	79	17.5
	Disagree	50	11.1
	Strongly disagree	41	9.1
Gender-based violence	Strongly agree	130	28.8
	Agree	110	24.4
	Neutral	66	14.6
	Disagree	79	17.5
	Strongly disagree	66	14.6
Political exclusion	Strongly agree	135	29.9
	Agree	104	23.1
	Neutral	63	14.0
	Disagree	79	17.5
	Strongly disagree	70	15.5
Health disparities	Strongly agree	126	27.9

	Agree	97	21.5
	Neutral	82	18.2
	Disagree	84	18.6
	Strongly disagree	62	13.7
Movement and transportation	Strongly agree	130	28.8
	Agree	110	24.4
	Neutral	66	14.6
	Disagree	79	17.5
	Strongly disagree	66	14.6
Total		451	100

Source: GESI Analysis Data, 2024

3.4 Thematic objective 1 – Identifying barriers

3.4.1 Root causes of gender inequalities for people with disabilities

The study identifies cultural barriers, economic constraints, movement and transportation, limited access to education, and gender-based violence as key factors exacerbating gender inequalities for women with disabilities in the ABAK project districts, leading to increased marginalisation and discrimination.

3.4.2 Cultural barriers

The study revealed that cultural norms and beliefs restrict the rights and opportunities of individuals with disabilities, leading to social stigma and discrimination. These barriers manifest in different ways, such as the denial of disability, unrealistic expectations, and insufficient sociocultural support from families and communities. Notably, 59.4% of respondents recognised that cultural barriers adversely affect people with disabilities. As one worker with a disability from Bono East shared: ‘When it comes to marriage, some families do not allow their wards to get married to people with disability, with the perception that they will give birth to kids with disabilities’.

3.4.2.1 Cultural barriers by region

A cross-tabulation of responses on the impact of cultural practices on people with disabilities, categorised by region, shows that 14.6% of respondents from the Ashanti region strongly agreed that cultural practices impeded the inclusion and equality of individuals with disabilities. In the Bono region, 12.5% of respondents

acknowledged that cultural practices hinder social inclusion. For women with disabilities, these cultural barriers are further intensified by traditional gender roles, making it even harder for them to fully engage in society. A traditional leader from Berekum East noted that: ‘Certain proverbs used in community gatherings can sometimes make individuals with disabilities feel uncomfortable’.

Table 6: Cultural practice barriers by region

Region	Cultural practices					Total
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	
Ashanti	66	42	29	14	5	156
	14.6%	9.3%	6.4%	3.1%	1.1%	34.6%
Bono	30	26	11	3	1	71
	6.7%	5.8%	2.4%	.7%	.2%	15.7%
Bono East	34	13	11	8	1	67
	7.5%	2.9%	2.4%	1.8%	.2%	14.9%
Greater Accra	17	36	27	25	52	157
	3.8%	8.0%	6.0%	5.5%	11.5%	34.8%
Total	147	117	78	50	59	451
	32.6%	25.9%	17.3%	11.1%	13.1%	100%

Source: GESI Analysis Data, 2024

3.4.3 Economic constraints

Economic challenges were identified by 46.4% of respondents as a major barrier to achieving gender equality and social inclusion. Among them, a higher percentage of female respondents (24.4%) than male respondents (22%) perceived economic barriers as significant challenges, highlighting gender-based differences in perception. The Ashanti region, in particular, shows a high level of awareness regarding the economic constraints faced by women with disabilities, with 38 respondents (8.4%) strongly agreeing with this view. The following quotes from two key informants confirmed the perception:

‘People with disabilities have difficulty accessing financial services, such as loans, due to discrimination or an assumption that they are not financially viable’.

(Person with a disability, Fiapra)

A programme officer also had this to say:

‘Many people believe that individuals with disabilities lack the ability to perform certain tasks, but that is not true. I have witnessed numerous individuals with disabilities excelling in various roles. Often, the issue lies in not assigning them the appropriate tasks. For instance, if I can carry ten bags of water, there should be someone designated to record what we are packing. However, we often fail to create opportunities for them. Even though they have capabilities, we overlook their potential and deny them the chance to contribute’.

(Programme Officer - Global Action for Women Empowerment)

Table 7: Economic constraints barrier by regions

Region	Economic constraints					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Ashanti	38	51	36	19	12	156
	8.4%	11.3%	8.0%	4.2%	2.7%	34.6%
Bono	20	18	6	18	9	71
	4.4%	4.0%	1.3%	4.0%	2.0%	15.7%
Bono East	30	18	8	9	2	67
	6.7%	4.0%	1.8%	2.0%	.4%	14.9%
Greater Accra	11	23	21	49	53	157
	2.4%	5.1%	4.7%	10.9%	11.8%	34.8%
Total	99	110	71	95	76	451
	22.0%	24.4%	15.7%	21.1%	16.9%	100%

Source: GESI Analysis Data, 2024

3.3.4 Limited access to educational opportunities

A significant 62.3% of respondents believe that access to education is a significant barrier for individuals with disabilities. Among female respondents, 33.5% recognise the lack of educational access for people with disabilities, compared to 28.8% of male respondents. Offering his perspective, a key informant from the Sightsavers programme office said:

‘I had to travel to a special school for the blind. Coming from the Ashanti region, I had to travel to Accra to attend school. This means children with disabilities often don’t get the opportunity to grow up with their siblings and parents. Another challenge is the cost - provisions for staying in boarding school can be expensive. Additionally, as a visually impaired person, I needed personal mobility, and my parents had to hire someone to help me move around, which adds to the cost’.

Another worker with a disability, from Dormaa East, had the following to share:

‘Women with disabilities frequently encounter higher levels of discrimination and are more likely to be excluded from education and healthcare. Socioeconomic status also contributes, as individuals with disabilities from low-income families have restricted access to the technology and support required for mobility and communication. People with disabilities in rural areas face isolation due to inadequate infrastructure and limited services’.

During a panel discussion on the validation of GESI reports, one panellist proposed that Ghana could benefit from adopting lessons learned from countries like the UK, which have implemented inclusive and innovative designs such as step-free access, tactile paving and designated wheelchair spaces. These strategies could be adapted to address context-specific challenges in Ghana. The panellist also highlighted the potential of involving local artisans to redesign tro-tros (public minibuses) to better meet the needs of people with disabilities. This approach would ensure the inclusion of features such as designated wheelchair spaces, accessible steps and visual/audio aids, similar to the UK, to improve mobility access (GESI Validation, 2025).

Table 8 on the next page presents diverse responses regarding the barriers faced by people with disabilities in accessing educational opportunities.

Table 8: Lack of access to education barriers

Lack of access to education	Sex		Total
	Male	Female	
Strongly agree	82	98	180
	18.2%	21.7%	39.9%
Agree	48	53	101
	10.6%	11.8%	22.4%
Neutral	26	53	79
	5.8%	11.8%	17.5%
Disagree	18	32	50
	4.0%	7.1%	11.1%
Strongly disagree	13	28	41
	2.9%	6.2%	9.1%
Total	187	264	451
	41.5%	58.5%	100%

Source: GESI Analysis Data, 2024

3.4.5 Movement and transportation

Access to transportation is a significant issue, with 53.2% of respondents indicating that transportation barriers greatly restrict the mobility of people with disabilities. Notably, a larger proportion of females (58.5%) compared to males (41.5%) perceive movement and transportation access as a barrier for people with disabilities. The Ashanti and Greater Accra regions reported the highest percentages of concern, accounting for 34.6% and 34.8% of total responses, respectively, while Bono East had the lowest at 14.9%. Many transportation systems and infrastructures are not designed to accommodate disabilities, making travel difficult for people with disabilities. This point was emphasised by three different key informants:

‘I usually must pay double fare - one for myself and one for my wheelchair. This adds to the cost and hinders my ability to move frequently for business purposes’.

(Person with disability, Prampram)

‘Another issue is for blind people, especially at night when the gutters are open, they sometimes fall into them. They have their walking sticks, but if there’s no streetlight, it’s still a challenge’.

(Help for African Women Alliance - HAWA)

‘Certain facilities, including schools, public institutions, and health centres, are challenging for us to access due to our conditions. We struggle to navigate and carry out our responsibilities without assistance’.

(Person with disability, Sene West)

During a panel discussion on the validation of GESI reports, a panellist stated that quality healthcare delivery continues to face communication barriers for people with disabilities, highlighting the need for intentional interventions. Such measures are crucial to ensure that people with disabilities encounter no obstacles in accessing services. The inclusion of trained professionals, such as sign language interpreters, will help bridge communication gaps, improve learning outcomes, and provide tailored support in medical service delivery. This can be achieved by integrating sign language into key national policies and systems, including the national curriculum and administrative policies in the healthcare sector. Ultimately, training programmes for teachers, social workers, and sign language interpreters at public institutions, particularly schools and hospitals, will further promote inclusivity (GESI Validation, 2025).

3.4.6 Gender-based violence (GBV)

The study found that people with disabilities, especially women, are at an increased risk of experiencing gender-based violence, which further amplifies their vulnerability and restricts their opportunities for empowerment and inclusion. Perpetrators included family members and individuals within the community. The study indicates that 53.2% of respondents believe women with disabilities are especially vulnerable to gender-based violence, facing unique challenges such as restricted mobility, discriminatory seating in public areas, forced medication, and struggles in marriage - which often result in abandonment by partners following pregnancy.

In the Ashanti region, 26.6% of respondents recognise gender-based violence as a significant issue for women with disabilities, while Greater Accra reported the lowest percentage - with only 10% acknowledging that women with disabilities face gender-based violence. This finding is expressed in the words of a key informant from the Centre of Posterity Interest Organization (COPIO):

‘When it comes to gender-based violence, women with disabilities are particularly vulnerable. Many depend on family members for care, which makes them easy targets for abuse. Some women are even raped by their own relatives, and they can’t report the abuse because they rely on their abusers for basic needs like mobility’.

One Sightsavers programme officer provided the following insight:

‘Police stations are often not equipped to handle cases involving people with disabilities. For example, the toll-free numbers set up for reporting abuse do not accommodate people with hearing impairments. Additionally, there are no shelters for women with disabilities who are fleeing abusive situations, leaving them trapped in their circumstances’.

Table 9: Disaggregation of gender-based violence by gender

Gender-based violence	Sex		Total
	Male	Female	
Strongly agree	58	72	130
	12.9%	16.0%	28.8%
Agree	55	55	110
	12.2%	12.2%	24.4%
Neutral	22	44	66
	4.9%	9.8%	14.6%
Disagree	33	46	79
	7.3%	10.2%	17.5%
Strongly disagree	19	47	66
	4.2%	10.4%	14.6%
Total	187	264	451
	41.5%	58.5%	100%

Source: GESI Analysis Data, 2024

3.4.7 Political exclusion of people with disabilities

The findings on participation in decision-making show limited involvement of people with disabilities in community decisions. 85.1 % of respondents perceived that people with disabilities do not participate in politics and decision-making platforms. 28.4% of females compared to males (24.6%) believe people with disabilities are excluded from politics and decision-making platforms.

Ashanti region has the highest support for political exclusion, with 23% of Ashanti region strongly perceiving the exclusion of people with disabilities in politics with, while Bono East was as low as 2.2%. This finding aligns with literature that outlines any form of disability as a disqualification to assuming traditional leadership.

As indicated in table 10 below, around 53% of participants identified political exclusion as a significant concern, with 18% of female respondents and 12% of male respondents strongly agreeing. This suggests that a greater proportion of females view political exclusion as a barrier compared to their male counterparts, highlighting broader societal challenges where women often face higher levels of political exclusion - leading to inequities in representation and decision-making.

Table 10: Disaggregation of political exclusion by sex

Political exclusion	Sex		Total
	Male	Female	
Strongly agree	54	81	135
	12.0%	18.0%	29.9%
Agree	57	47	104
	12.6%	10.4%	23.1%
Neutral	29	34	63
	6.4%	7.5%	14.0%
Disagree	29	50	79
	6.4%	11.1%	17.5%
Strongly disagree	18	52	70
	4.0%	11.5%	15.5%
Total	187	264	451
	41.5%	58.5%	100%

Source: GESI Analysis Data, 2024

3.4.8 Health disparities among people with disabilities

Overall, 49.4% of respondents reported that individuals with disabilities encounter barriers to accessing healthcare. Approximately 32.2% noted that these barriers specifically affect access to reproductive healthcare. Additionally, 65.6% of respondents indicated that women with disabilities face challenges in obtaining healthcare services. Furthermore, 58.5% of respondents stated that women with disabilities experience more health-related barriers compared to 41.5% of male respondents.

Some key informants shared their views on this:

‘People with disabilities encounter numerous challenges in accessing healthcare. During my time at my previous station, I observed that patients with disabilities face significant obstacles when seeking medical assistance, beginning with the difficulty of reaching healthcare facilities. For example, individuals with hearing impairments often lack access to interpreters for effective communication, while those with mobility issues struggle due to seating arrangements that do not meet their needs’.

(Planning Officer, Bono)

A worker from the Help for African Women Alliance (HAWA) shares:

‘Yes, with respect to education, there are special schools for people with disabilities, but the spaces are limited. When it comes to health facilities, there aren’t trained healthcare providers at the facilities. For instance, if a person who is deaf and dumb walks into the hospital, there’s no one there to communicate in sign language. It becomes very difficult for them’.

During the validation of GESI reports, a panellist noted that the communication barrier faced by people with disabilities in accessing quality healthcare highlights the need for the inclusion of social workers and sign language interpreters at all public centres, particularly schools and hospitals. This is crucial to ensuring that people with disabilities receive the support they need without facing barriers. The involvement of trained professionals would bridge communication gaps, improve learning outcomes, and provide tailored assistance in medical service delivery. Achieving this would require integrating sign language into key national policies and systems, such as the national curriculum, and enhancing teacher training programmes to further promote inclusivity.

Table 11 below presents regional perceptions of health disparities, illustrating varying opinions across different regions. Respondents from the Greater Accra region reported the highest health barriers faced by women with disabilities, at 22.2%, closely followed by the Ashanti region at 22.1%. The Bono East region showed a similar trend, with 32 respondents (7.1%) indicating health barriers, while Bono accounted for 6.7%.

Table 11: Health disparities by regions

Region	Health disparities					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Ashanti	52	48	35	15	6	156
	11.5%	10.6%	7.8%	3.3%	1.3%	34.6%
Bono	30	13	15	9	4	71
	6.7%	2.9%	3.3%	2.0%	.9%	15.7%
Bono East	32	15	8	10	2	67
	7.1%	3.3%	1.8%	2.2%	.4%	14.9%
Greater Accra	12	21	24	50	50	157
	2.7%	4.7%	5.3%	11.1%	11.1%	34.8%
Total	126	97	82	84	62	451
	27.9%	21.5%	18.2%	18.6%	13.7%	100%

Source: GESI Analysis Data, 2024

The findings align with existing literature emphasising the pervasive impact of cultural factors on the lives of women with disabilities. Groce et al (2011) argue that cultural norms and societal attitudes in many contexts contribute to the marginalisation of individuals with disabilities. This resonates with the evidence in the study, where cultural barriers, including social stigma and discrimination, were reported as major challenges affecting self-esteem, access to services, and social participation. Similarly, Shakespeare (2013) highlights the role of societal constructs in perpetuating inequality, suggesting that addressing cultural biases is essential to fostering inclusion.

3.5 Thematic objective 2 - understanding differential impacts

The study highlights how differing circumstances create disparities in access, opportunities, and vulnerabilities. The study also highlights that women with disabilities are disproportionately affected by factors such as the socioeconomic status and literacy levels of their families, as well as whether they reside in rural or urban areas. Around 33% of respondents believe that women with disabilities face significant inequality in accessing social amenities. Across all four regions, 52.3% of respondents observed a substantial differential impact, with the Ashanti region reporting the highest percentage at 34.6%, and the Bono region the lowest at 15.7%.

Furthermore, 28.8% of respondents feel that more females than males (23.5%) experience this differential impact. Additionally, 8% of respondents have no formal education, and 33.5% live in rural areas where access to basic amenities is limited. Below are some insights shared during key informant interview (KII):

‘Rural and marginalised communities often experience disparities in access to education, healthcare, and employment - with limited resources, fewer economic opportunities, and restricted access to credit facilities’.

(Assemblyman, Sunyani)

‘People with disabilities in rural or remote areas often struggle, with limited access to programmes and services. Geographic isolation, poor infrastructure and lack of transportation further exclude them from essential interventions’.

(Interviewee, Accra)

‘My parents were literate and recognised my potential in education. They prioritised my schooling, despite their limited resources. They enrolled me in the Wa School for the Blind, which meant I had to travel a long distance to access education. I often wonder how many parents would be willing to do the same for children with disabilities. I am grateful to my educated parents, who identified my potential early on, and their efforts have truly paid off’.

(Programme Officer, Sightsavers)

‘Individuals with disabilities from affluent backgrounds often do not feel the need to access the district assembly fund designated for people with disabilities. I must also acknowledge that those from wealthier backgrounds are able to leverage their influence to access the funds more easily and quickly compared to their peers from poorer backgrounds’.

(Department of Social Welfare, Bono region)

The findings reveal that women with disabilities are particularly vulnerable to inequalities in accessing social amenities due to compounding disadvantages, including limited education, rural residency, and societal discrimination. The findings are similar to insights from studies by World Bank (2013) and Trani & Loeb (2012) – who posited that poverty, education and geographical location (rural versus urban) interact to limit access to opportunities and resources for people with disabilities - with a specific focus on gendered disparities.

3.6 Thematic objective 3 – informed policy and programme design

The needs of people with disabilities are often overlooked in policy discussions. A significant majority (81.6%) of respondents report being unaware of programmes and policies that target and benefit people with disabilities. Only 16% of respondents indicate knowledge of such policies and programmes, with 77% of them describing these initiatives as ineffective in addressing the needs of people with disabilities.

The Greater Accra region recorded the highest level of awareness regarding programmes for people with disabilities, while Bono East reported the lowest - at 9.3% and 1.3% respectively. Additionally, 46.1% of females respondents reported being unaware of policies and programmes benefitting people with disabilities. Two key informants, an Executive Director of an NGO and a Regional Planning Officer stated that:

‘Policies and programmes often do not fully consider the needs of people with disabilities, especially women. It is important to involve people with disabilities in the design of programmes from the outset, to ensure their needs are met. Limited resources and funding affect the implementation of programmes designed to support people with disabilities, hindering effective outreach and assistance’.

(Executive Director - Africa Disability Institute)

‘Involving or inviting people with disabilities for participation is seen as costly, as it requires budgeting for their caregivers’.

(Regional Planning Officer, Sunyani)

The data highlights that the needs of people with disabilities are often neglected in policy discussions. A significant majority (81.6%) of respondents are unaware of programmes supporting people with disabilities, and 77% of those familiar with such initiatives believe they are ineffective. The Greater Accra region has the highest awareness, while Bono East has the lowest. Additionally, 46.1% of female respondents are unaware of these policies, indicating that women with disabilities face further barriers. The findings suggest a need for more targeted efforts to raise awareness and improve the effectiveness of disability-related policies, especially in areas with low awareness and for female people with disabilities.

The neglect of people with disabilities in policy discourses reflects a global trend of marginalisation, as documented in some studies (Sharma, 2021; Berie et al, 2024). These findings show the gaps in awareness and effectiveness of disability-related programmes, particularly for women with disabilities. Stienstra (2023) argues that women with disabilities are less likely to access education, healthcare and social programmes due to entrenched patriarchal norms, limiting their awareness and participation in policy discussions.

3.7 Thematic objective 4 0 targeting of interventions

This section highlights targeted interventions designed to promote gender equality. Approximately 43.9% of respondents are aware of specific strategies and initiatives for people with disabilities. Awareness of these interventions is particularly high in Greater Accra, at 24%, while it is significantly lower in Bono East at 9.3%. Furthermore, female respondents (12.3%) show slightly higher awareness compared to their male counterparts (11.1%). Two key informants shared their frustration on the issue of lack of data to support interventions. They said that:

‘No government policy reaches people with disabilities and no proper data collection method that targets people with disabilities’.

(Person with disability, Bono East)

‘Government programmes sometimes lack mechanisms to ensure people with disabilities, particularly marginalised groups (for example, rural women with disabilities), are reached. Often, outreach fails to go beyond urban areas’.

(Person with disability, Sunyani)

3.7.1 Progress in social inclusion efforts for people with disabilities

The study examines the progress and efforts aimed at improving social inclusion for people with disabilities. Half of the respondents (50%) reported no significant changes in social inclusion initiatives. However, 37.1% noted improvements, suggesting that these efforts are positively impacting many individuals. Conversely, 12.9% felt that the situation had worsened, indicating growing barriers for some people. This is confirmed by a key informant and a focus group attendee in Kumasi and Techiman respectively. They stated that:

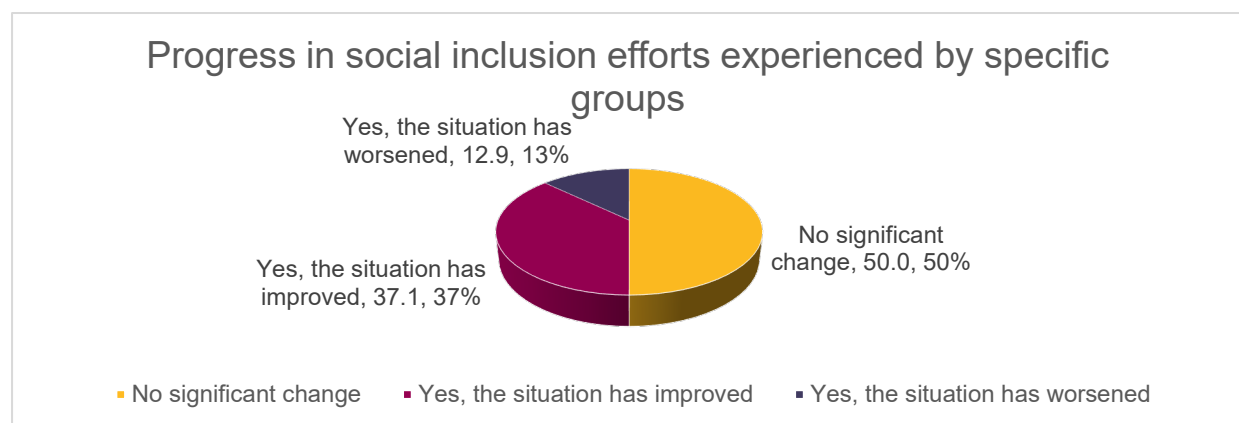
‘People with disabilities face significant barriers in accessing social protection programmes, primarily due to economic inequalities and cultural norms that limit their participation in the workforce. The only consistent support available to people with disabilities is the district assembly common fund, which is irregular and insufficient to meet their needs’.

(Key informant. Kumasi)

‘Children, particularly girls, face early marriage and they are forced to drop out of school to help with domestic chores. Most of the youth face barriers in accessing employment or entrepreneurship opportunities, while elderly women face neglect by some family members’.

(Focus group attendee, Techiman)

Figure 5: Progress in social inclusion efforts for people with disabilities by specific groups



Source: GESI Analysis Data, 2024

3.7.2 Regional progress in social inclusion efforts for people with disabilities

Table 12 on the next page presents responses regarding the progress of social inclusion efforts for people with disabilities, with a particular focus on women with disabilities. Across all regions, 52.3% of respondents reported no significant change, while 30.8% noted improvements - with Greater Accra showing the highest percentage of improvement at 14%. However, 16.9% of respondents felt the situation had worsened, with Greater Accra again leading at 6.7% reporting deterioration. In Ashanti, 19.5% saw no change, 9.3% observed improvements, and 5.8% noted worsening conditions. Bono and Bono East recorded lower percentages, with most respondents (12.4% and 6.2%, respectively) reporting no significant change in social inclusion efforts.

Regarding gender, 30.8% of respondents felt the situation had improved, with a higher percentage of females (20.6%) than males (10.2%) reporting positive changes. This indicates that women perceive greater progress in reducing social exclusion. However, 16.9% of respondents noted a worsening situation.

Furthermore, individuals with disabilities, especially those who are deaf, often encounter systemic discrimination at District Assembly offices, where there are no provisions for sign language interpreters to help them access services (Assembly Member, Kotokrom).

Table 12: Changes in social inclusion efforts for people with disabilities by region

Region	Changes in social inclusion efforts for people with disabilities by region			Total
	No significant change	Yes, the situation has improved	The situation has worsened	
Ashanti	88	42	26	156
	19.5%	9.3%	5.8%	34.6%
Bono	56	10	5	71
	12.4%	2.2%	1.1%	15.7%
Bono East	28	24	15	67
	6.2%	5.3%	3.3%	14.9%
Greater Accra	64	63	30	157
	14.2%	14.0%	6.7%	34.8%
Total	236	139	76	451
	52.3%	30.8%	16.9%	100%

Source: GESI Analysis Data, 2024

The World Health Organization (2011) report on disability notes that, even where initiatives are introduced, they often fail to reach target populations due to poor dissemination, lack of community engagement, and systemic barriers.

3.8 Thematic objective 5 – enhanced participation

About 53.7% of respondents perceived an increase in the participation of people with disabilities in social activities within their communities - with Greater Accra reporting the highest perception, at 23%, while Bono region shows the lowest at 7%. Additionally, a greater proportion of female respondents (31.7%) recognise an increase in participation compared to male respondents (22%).

Also 53.7% of respondents indicated that there has been no progress in social inclusion efforts for people with disabilities at the community level. The perception of progress is highest in Greater Accra, where 18% of respondents noted improvements, while Bono East reported the lowest at 4%. Additionally, there are gender differences - with more female respondents (24.6%) recognising increased efforts for people with disabilities compared to male respondents (21.7%). Some insightful statements from some key informants are as follows:

‘We have a GESI focal person within our organisation who advises us on GESI-related issues. With the experience and data we have, we also contribute to discussions and involve our stakeholders at both the district and community levels. Occasionally, we engage the office of the Regional Minister and key regional directors, especially when we have programmes, to highlight these efforts’.

(Programme Officer - Global Action for Women Empowerment)

‘Our engagement process always begins at the community level, then moves to the district and regional levels. We start by meeting with Chiefs and Queen Mothers to officially introduce the project - informing them about our organisation and the officers who will be working in their communities before the actual implementation begins’.

(Programme Officer - Global Action for Women Empowerment)

‘When it comes to representation and leadership within organisations for people with disabilities, it is evident that women are underrepresented. At the national level, women with disabilities rarely hold positions of influence’.

(Global Technical Lead on Disability Rights)

During the validation of GESI reports, a participant remarked that quotes like ‘A blind man cannot lead a blind man’ or ‘A cripple cannot chase a thief’ reflect negative societal perceptions and cultural beliefs that continue to hinder disability inclusion. These views perpetuate the idea that individuals with disabilities are incapable of leading or guiding others, and are further reinforced by traditional proverbs and narratives that stigmatise people with disabilities.

There is an urgent need to challenge and revise these thought processes through strategic cultural and religious engagement. Given the influential role of traditional and religious leaders in Ghanaian society, they are in a prime position to promote positive messaging and drive social change. By leveraging this influence, they can dismantle prejudices and help reshape public attitudes toward disability inclusion.

3.8.1 Awareness of initiatives aimed at promoting social inclusion

Figure 6 below illustrates the responses regarding the introduction of new programmes to promote social inclusion. A significant majority (83.8%) of respondents reported that no new initiatives have been introduced, indicating either a lack of recent efforts or limited awareness of programmes focused on inclusivity. In contrast, only 16.2% acknowledged the implementation of new social inclusion programmes, suggesting a restricted scope or minimal recent activity in this area.

While most respondents are unaware of new initiatives for people with disabilities, key informants from governmental and non-governmental agencies highlighted several programs that people with disabilities could benefit from. This reveals a communication gap regarding the availability of these initiatives. They remarked that:

‘We have a GESI focal person within our organisation who advises us on GESI issues, drawing from their experience and the data we possess. We also actively engage our stakeholders at both the district and community levels. Occasionally, we involve the office of the Regional Minister and key regional directors during our programmes, highlighting their contributions’.

(Programme Officer - Global Action for Women Empowerment)

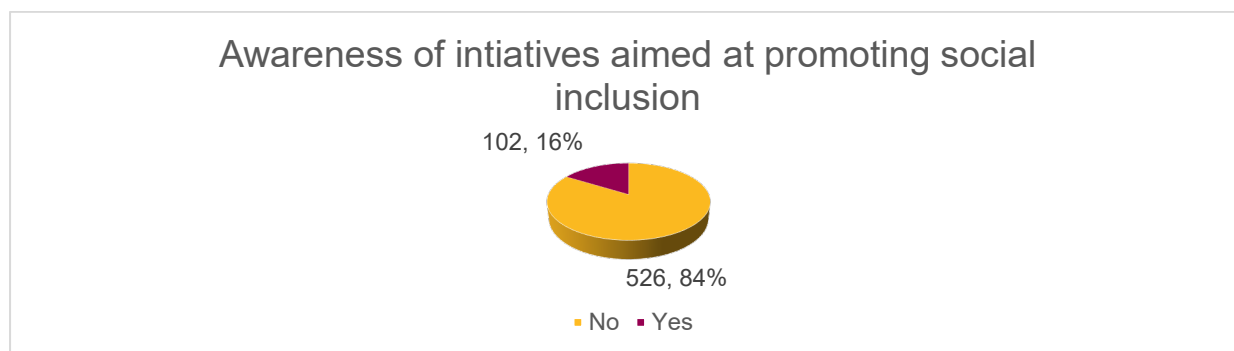
‘The Ghana Enterprise Agency has launched a ‘Business in a Box’ project, which, while open to various participants, primarily targets women and people with disabilities. They have allocated specific slots for these groups to undergo training in areas such as hairdressing or tailoring. Upon graduating from these apprenticeship programmes, participants receive all the necessary equipment to start their businesses. This initiative aims to encourage their involvement’.

(Regional Director, Department of Gender)

‘Across all regions, rehabilitation centres have been established under the Department of Social Welfare, where we have been training people with disabilities since then. Any issues related to people with disabilities are addressed by the Department of Social Welfare’.

(Programme Officer, Department of Social Welfare)

Figure 6: New programmes introduced to enhance social inclusion



Source: GESI Analysis Data, 2024

The World Health Organization (2011) report on disability notes that initiatives often fail to reach target populations due to poor dissemination, lack of community engagement, and systemic barriers. Also, the ILO (2016) report emphasises the need for inclusive policies to address inequalities in employment and social participation - particularly for marginalised groups, including people with disabilities. The research also highlights how gender and regional disparities impact perceptions of social inclusion for people with disabilities.

3.9 Thematic objective 6 – monitoring and evaluation frameworks

This section examines the presence of formal monitoring systems and the extent of community involvement in the evaluation process. It underscores the significance of community participation in tracking progress and ensuring accountability in gender equality initiatives to achieve more impactful results.

Figure 7 below shows that around 86% of respondents indicated that formalised monitoring systems for gender equality interventions are lacking, while only 14% confirmed their existence. This reveals a significant gap in structured monitoring and evaluation mechanisms, which may hinder the effective tracking and assessment of intervention outcomes - as articulated by the following respondents:

‘Although the government collects data, it is not disaggregated to reflect the various types of disabilities. Instead, the data is often reduced to a simple yes or no response, which is insufficient for informed policymaking’.

(Programme Analyst, UNFPA)

‘Another challenge we encounter is that regions and districts that previously reported to us are now managed by different local government services. Consequently, our district and regional offices are no longer obligated to report to us, resulting in a lack of information on registered individuals with disabilities. This separation has obstructed our access to reliable data’.

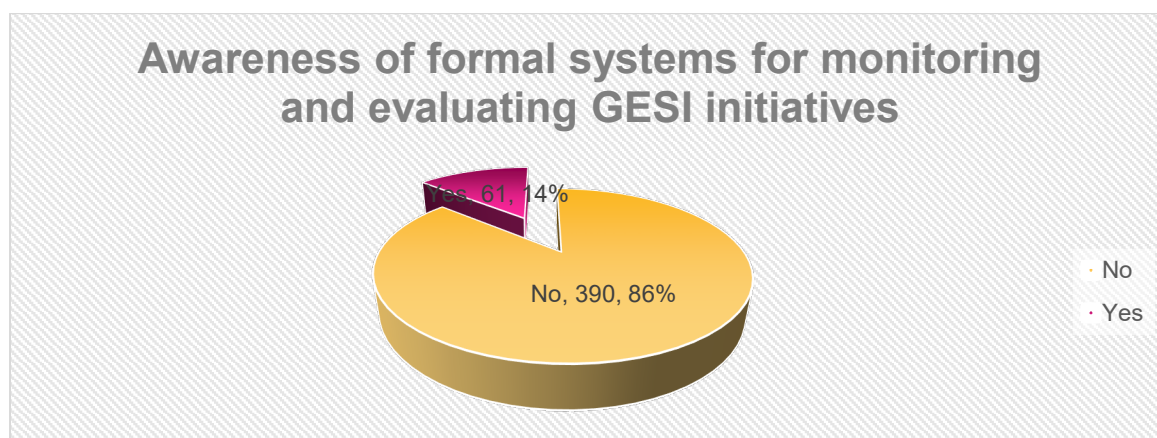
(National Director, Department of Social Welfare)

‘To improve policy outcomes, it is essential to empower local bodies to monitor the progress of initiatives and report on their effectiveness’.

(Pastor, Ningo-Prampram)

Overall, approximately 86% of respondents noted the absence of formalised monitoring systems for gender equality interventions, while only 14% acknowledged their presence. This underscores a considerable gap in structured monitoring and evaluation mechanisms that could impede the effective tracking and assessment of intervention outcomes.

Figure 7: Formal system in place for monitoring and evaluating gender equality and social inclusion initiatives



Source: GESI Analysis Data, 2024

Stephen et al (2018) stress the critical role of inclusive evaluation frameworks that integrate diverse perspectives, particularly for marginalised groups, to effectively track progress towards the sustainable development goals (SDGs) and gender equality. Their Gender Equality, Environment and Marginalised Voices (GEMs) framework identifies key weaknesses in traditional monitoring and evaluation systems, such as the lack of participatory approaches and comprehensive mechanisms to assess intersectional factors like gender and marginalisation. This parallels the finding that 86% of respondents report the absence of formalised monitoring and evaluation systems for gender equality initiatives, suggesting an inability to incorporate the opinions of affected people into evaluation processes.

3.10 Thematic objective 7 – capacity building

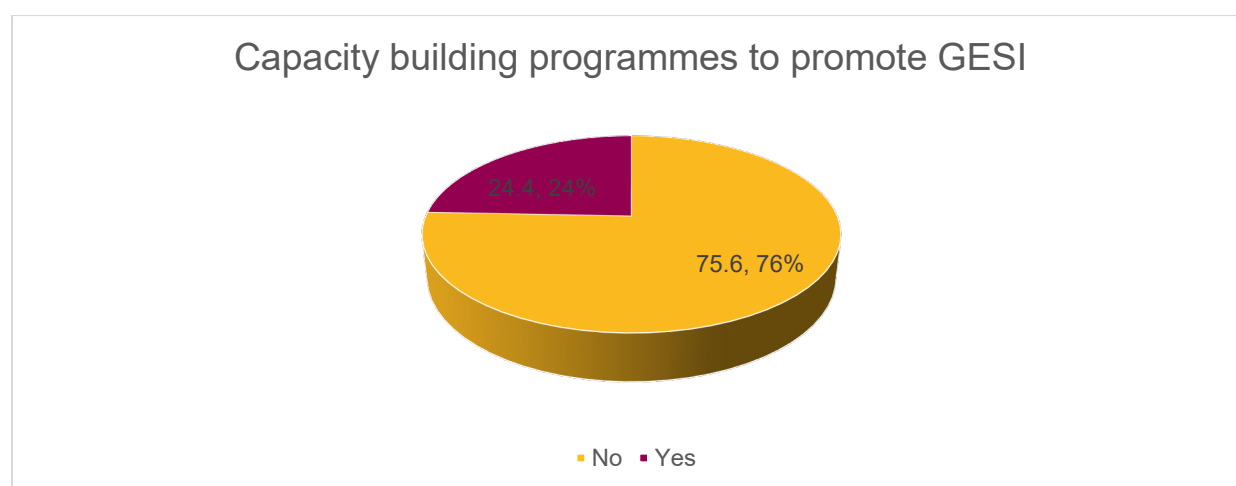
A significant majority (75.6%) of respondents reported that no programmes had been implemented specifically for people with disabilities. Furthermore, a notable portion (74.3%) indicated they were unaware of training programmes designed to address the needs of people with disabilities, with 27% of those unaware located in Greater Accra and Bono - which had the lowest awareness at 9%.

Interestingly, a higher percentage of female respondents (42.7%) compared to male respondents (31.6%) were unaware of these training programmes. However, 28.8% of respondents who identified as beneficiaries of GESI training described it as impactful in promoting inclusiveness. In the words of one respondent:

‘Yes, we do. So, three months ago, we had a programme for people with disabilities. It’s called inclusion. We gave them insight into what we do as an organisation and how they can access our services. We also partner with another organisation on women in agribusiness, and we supported people with disabilities with farm inputs’.

(Respondent, Help for African Women Alliance)

Figure 8: Awareness of capacity-building programmes aimed at promoting GESI



Source: GESI Analysis Data, 2024

3.10.1 Awareness of capacity-building programmes for promoting GESI in ABAK regions

Of the 75.6% of respondents who indicated a lack of capacity-building programmes, Greater Accra reported the highest percentage, at 27.3%, while Bono recorded the lowest at 11.5%. Likewise, in the Ashanti region, 104 respondents (23.1%) reported the absence of programmes - while 52 respondents (11.5%) confirmed that programmes are in place. Two informants remarked that:

‘Empowerment and capacity-building initiatives are crucial to enhance the participation of people with disabilities in community activities. Programmes should aim to build self-confidence among people with disabilities and address the psychological effects of stigma and exclusion. Organisations need to engage people with disabilities intentionally, recognising their unique needs and ensuring their active participation in all aspects of community life’.

(Programme Officer for the Economic Empowerment Programme, Sightsavers)

‘Start with the building blocks that the UN Committee on the Rights of People with Disability have recommended to Ghana and ensure that anything that you do with people with disabilities includes people with disabilities from the get-go right from the beginning. And make sure that you provide adequate remuneration for those people with disabilities - for their transport, for their time engaging with you, as somebody who's an expert in disability, and provide all the reasonable adjustments like a sign language interpreter or an accessible building, etcetera’.

(Global Technical Lead on Disability Rights and Equalities, Sightsavers)

Table 13: Awareness of capacity-building programmes for promoting GESI

Region	Capacity-building programmes conducted to promote gender equality?		Total
	No	Yes	
Ashanti	104	52	156
	23.10%	11.50%	34.60%
Bono	52	19	71
	11.50%	4.20%	15.70%
Bono East	56	11	67
	12.40%	2.40%	14.90%
Greater Accra	123	34	157
	27.30%	7.50%	34.80%
Total	335	116	451
	74.30%	25.70%	100%

Source: GESI Analysis Data, 2024

3.10.2 Gender-based awareness of capacity-building programmes aimed at promoting GESI in ABAK regions

In terms of awareness of capacity-building programmes designed to meet the needs of people with disabilities along gender lines, a higher percentage of female respondents (42.7%) were unaware of these training programmes compared to male respondents (31.6%). Reflecting on the issue, one respondent with a disability said:

‘Some capacity-building initiatives exist, but they are often insufficient in the areas of human rights, financial literacy and business management, sexual reproductive health rights, and family planning. Training for government officials and service providers on disability inclusion is limited, and there is a lack of ongoing professional development in this area’.

(Respondent with a disability, Fiapra)

Another respondent added:

‘Few initiatives exist to train government staff and service providers on disability inclusion. Only one initiative, championed by Inclusion Ghana. More capacity-building programmes are needed, particularly those focused on understanding different forms of disabilities’.

(Respondent, Dormaa, East)

Table 14: Gender-based awareness of capacity-building programmes

Capacity building programme to promote gender equality?	Sex		Total
	Male	Female	
No	134	201	335
	29.7%	44.6%	74.3%
Yes	53	63	116
	11.8%	14.0%	25.7%
Total	187	264	451
	41.5%	58.5%	100%

Source: GESI Analysis Data, 2024

Mitra and Sambamoorthi’s (2014) work supports the observation of gender disparities by recognising intersectional barriers faced by women with disabilities. The findings that more women (42.7%) than men (31.6%) were unaware of programmes for people with disabilities align with global trends indicating that women often face compounded disadvantages, including exclusion from capacity-building initiatives.

3.11 Accountability mechanisms

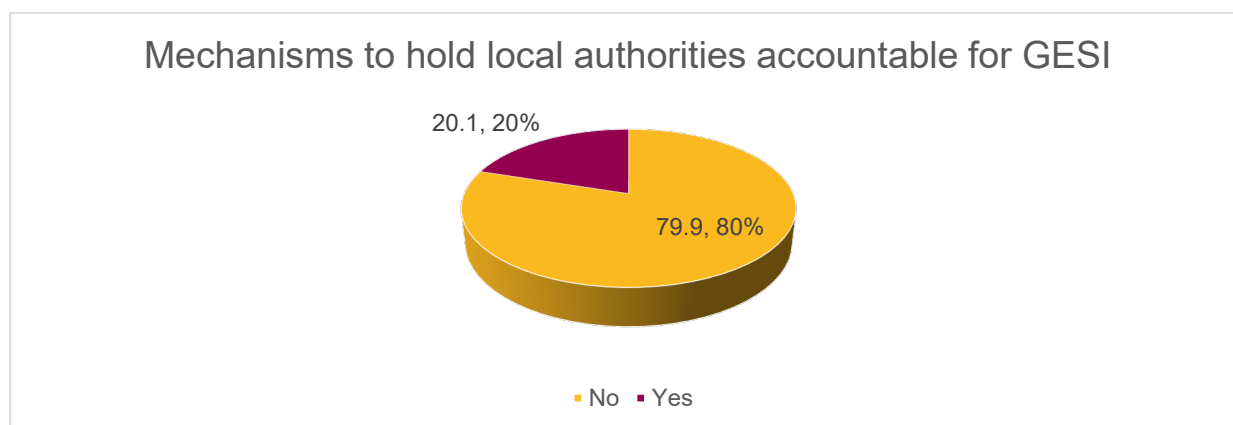
Figure 9 below highlights that a significant majority (79.9%) of respondents were unaware of accountability mechanisms, with the Ashanti region reporting the highest level of unawareness at 24.8%, while Bono recorded the lowest at 7.8%. Additionally, a greater proportion of female respondents (47%) reported unawareness of available accountability mechanisms compared to male respondents (29.9%).

Describing the procedures, an expert with a UN agency said:

There is a law requiring that all public places, including government offices, be disability friendly. However, many older buildings are not, and little is being done about it. Our organisation can't directly ensure compliance, but we advocate for it at higher levels.

(Programme Analyst, UNFPA)

Figure 9: Measures to enhance GESI accountability within local authorities



Source: GESI Analysis Data, 2024

3.11.1 Mechanisms for ensuring GESI accountability among local authorities, categorised by region

Table 15 below shows that respondents from the Ashanti region reported the highest level of unawareness at 24.8%, while only 9.8% believed accountability mechanisms were in place. Bono had the lowest awareness, with 7.8% unaware of the mechanisms. However, Bono East showed considerable scepticism, as only 2.2% acknowledged the existence of such mechanisms, while 12.6% disagreed. In contrast, the Bono region showed a more balanced perspective, with 7.8% indicating no awareness and 8% confirming the availability of accountability measures. An Assembly Member commented:

‘Introducing independent bodies to monitor the enforcement of gender policies, as well as increasing transparency through public reporting, would help hold authorities accountable. Encouraging the active participation of women’s groups in these processes would also add legitimacy’.

(Assembly Member, Kotokrom)

A traditional leader added:

‘There are no such mechanisms in place. Assembly Members should be empowered to keep track of these’.
(Chief, Berekum East)

Table 15: Mechanisms in place to hold local authorities accountable for implementing GESI

Region	Mechanisms in place to hold local authorities accountable?		
	No	Yes	Total
Ashanti	112	44	156
	24.8%	9.8%	34.6%
Bono	35	36	71
	7.8%	8.0%	15.7%
Bono East	57	10	67
	12.6%	2.2%	14.9%
Greater Accra	143	14	157
	31.7%	3.1%	34.8%
Total	347	104	451
	76.9%	23.1%	100%

Source: GESI Analysis Data, 2024

3.11.2 Mechanisms for ensuring GESI accountability among local authorities, disaggregated by gender

Table 16 on the next page shows that more female respondents reported unawareness of available accountability mechanisms compared to male respondents, with 47% of females indicating unawareness compared to 29.9% of males. The need for monitoring of initiatives for purposes of accountability was highlighted by a clergy key informant. He said:

‘We must empower local bodies to monitor the progress of initiatives and reports on their effectiveness can enhance policy outcomes’.
(Pastor, Ningo-Prampram)

Table 16: Mechanisms to hold local authorities accountable for implementing gender equality and social inclusion policies disaggregated by sex

Mechanism in place?	Sex		Total
	Male	Female	
No	135	212	347
	29.9%	47.0%	76.9%
Yes	52	52	104
	11.5%	11.5%	23.1%
Total	187	264	451
	41.5%	58.5%	100%

Source: GESI Analysis Data, 2024

According to Ardigó (2022), local government accountability mechanisms are often influenced by socio-political dynamics, including the extent of citizen engagement and local elite control. These factors create disparities in awareness and accessibility of accountability measures across regions. Reig-Aleixandre et al (2023) also noted that women face systemic barriers to accessing information and engaging with accountability processes. Such disparities may stem from gendered access to resources, decision-making forums, or communication channels. For regions like Ashanti with high unawareness, localised strategies involving community-based organisations could bridge the gap. Similarly, gender-focused initiatives, such as inclusive communication campaigns and capacity-building programmes for women, could help reduce the gender divide in accountability engagement.

3.12 Policy recommendations

The study highlights several critical areas that require attention in order to improve the lives of individuals with disabilities and promote inclusivity within society. It emphasises the importance of understanding the realities and lived experiences of people with disabilities, as well as those of their families and caregivers. Key focus areas include the necessity for reliable data, initiatives to reduce stigma, the removal of barriers across various sectors, and advocacy for stronger legal protections. The study highlights several critical areas that require attention to improve the lives of individuals with disabilities and promote inclusivity in society.

Reliable data collection

One key focus is the need for reliable and comprehensive data to better understand the challenges faced by people with disabilities and inform targeted interventions. Additionally, efforts to reduce stigma and increase societal awareness about disability issues are essential to creating a more inclusive environment.

Reducing stigma

Stigma surrounding disabilities can significantly impact the lives of individuals with disabilities, affecting their self-esteem and willingness to participate in society. Efforts must be made to raise awareness and educate communities about disabilities to help combat misconceptions and promote acceptance.

Removing barriers

The removal of barriers in various sectors - such as education, healthcare, employment and public spaces - is another major area of concern. These barriers often limit the participation of people with disabilities in society and hinder their ability to access essential services and opportunities.

Advocacy for legal protections

Furthermore, advocacy for stronger legal protections is critical to ensuring that people with disabilities' rights are upheld, and they are provided with the support and opportunities necessary for full participation in society.

3.13 Social equity

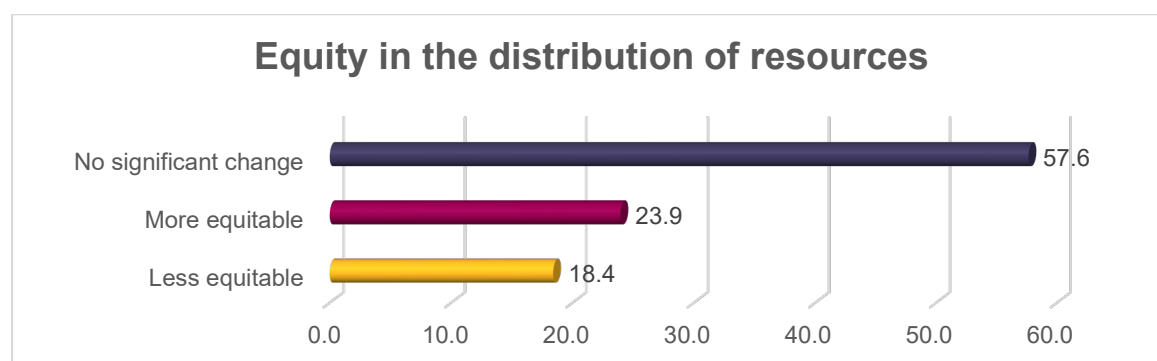
A large majority (58.1%) of respondents reported equal access to opportunities and resources for GESI interventions, with respondents from the Ashanti region showing a higher level of agreement (16.4%) regarding equitable access compared to Bono, which had the lowest level of agreement. Additionally, more female respondents (28.9%) agreed that there is equal access to resources and opportunities for GESI interventions than male respondents (28.2%).

3.13.1 Equity in resource distribution for GESI

58.1% of respondents reported no significant change in resources for GESI interventions. In contrast, 23.6% perceived an improvement in equity, while 18.3% felt that equity had declined. Although some initiatives may have had a positive impact on resource distribution, overall perceptions of equity in resources for GESI remain mixed. A key informant from Department of Gender corroborated the need for equity, commenting:

'We should also go the extra mile to be intentional about people with disability and include them in our plans, making sure they are represented in positions and then not discriminated against'.
(Regional Director, Department of Gender)

Figure 10: Equity in the distribution of resources - including education, healthcare and employment - across different genders and social groups



Source: GESI Analysis Data, 2024

Responses from both key informant interviews and focus group discussion reveal gaps in the employment and empowerment of people with disabilities, particularly women. They highlight the absence of enforceable legislation, biases in recruitment practices, and the need for targeted education and legal protections. These perspectives show the importance of inclusion for people with disabilities.

Two respondents remarked that:

‘Furthermore, there’s no strict legislation enforcing a quota system for the employment of people with disabilities, so employers use their discretion in deciding who to hire. There’s also a bias in talent recruitment - many employers don’t actively seek out talent among people with disabilities’.

(Global Technical Lead on disability rights)

‘There should be constant training and education for women on their rights and there should also be strengthened laws to guard us in the community’.

(Focus group participant, Sene East)

3.13.2 Regional breakdown of equity in resource distribution for people with disabilities

Table 17 on the next page shows that respondents in Ashanti region exhibit a higher (16.4%) level of agreement with equitable access to resources and opportunities while Bono records the least level of agreement. Respondents from Bono East shows a more positive sentiment, with 5.7%. The Greater Accra region has a diverse distribution of perceptions, with 3.4% resource distribution.

Table 17: Regional breakdown of equity in resource distribution

Region	The potential of social equity by region					
	Very High	High	Moderate	Minimal	No	Total
Ashanti	36	36	43	32	6	153
	8.2%	8.2%	9.8%	7.3%	1.4%	34.9%
Bono	3	8	16	28	15	70
	.7%	1.8%	3.7%	6.4%	3.4%	16.0%
Bono East	25	16	10	15	1	67
	5.7%	3.7%	2.3%	3.4%	.2%	15.3%
Greater Accra	15	23	24	46	40	148
	3.4%	5.3%	5.5%	10.5%	9.1%	33.8%
Total	79	83	93	121	62	438
	18.0%	18.9%	21.2%	27.6%	14.2%	100%

Source: GESI Analysis Data, 2024

The analysis reveals mixed perceptions regarding equity in access to opportunities and resources for GESI interventions. A significant majority (58.1%) of respondents reported equal access to resources, suggesting a generally positive view of GESI interventions. However, regional differences exist, with respondents from the Ashanti region showing a higher level of agreement (16.4%) regarding equitable access compared to Bono, which recorded the lowest level of agreement. Respondents from Bono East, however, displayed a more positive sentiment, with 5.7% expressing favourable views on equitable resource distribution. Greater Accra, in contrast, displayed a more diverse range of perceptions regarding resource distribution.

Regarding the change in resources for GESI interventions, 58.1% of respondents reported no significant change, indicating stability in the distribution of resources. Meanwhile, 23.6% perceived an improvement in equity, while 18.3% felt that equity had declined. Although some GESI initiatives appear to have had a positive impact on resource distribution, overall, perceptions of equity in resources for GESI remain mixed - reflecting a need for further efforts to ensure equitable resource allocation, especially in regions like Bono with lower agreement on equitable access.

Section Four: Recommendations and conclusion

4.1 Introduction

This section provides policy and programmatic recommendations for gender equality and social inclusion, with a particular focus on reducing barriers faced by people with disabilities - promoting effective community engagement, and ensuring the sustainable and inclusive participation of marginalised groups, particularly young girls and women with disabilities.

4.2 Recommended stakeholders for collaboration on the project

Table 18: Recommended stakeholders for collaboration on the project

Item	Type of stakeholder
National	<ul style="list-style-type: none">• United Nation Population Fund• United Nations Children's Fund• Ghana Statistical Service• National Council for Persons with Disabilities
Regional	<p>Regional offices:</p> <ul style="list-style-type: none">• Department of Social Welfare• Department of Community Development• Department of Gender• Planning Unit <p>Bono region:</p> <ul style="list-style-type: none">• Help for African Women Alliance (HAWA) Bono• Mission of Hope• Bono East Region• Centre of Posterity Interest Organization COPIO <p>Ashanti region:</p> <ul style="list-style-type: none">• Muslim Family Counselling Services <p>Greater Accra:</p> <ul style="list-style-type: none">• KGL Foundation• Star Ghana Foundation
Districts	<p>District offices:</p> <ul style="list-style-type: none">• Department of Social Welfare• Department of Community Development• Planning Unit

Sene East:

- Centre of Prosperity interest org. (COPIO)
- Asante Akim North
- Edmark Rescue Foundation/ LANET
- Asante Akim Central
- Erudite Women Empowerment Foundation/ Premier Youth Network

Ablekuma West (Dansoma):

- Youth Network for Human Rights and Democracy
- Shai Osudoku (Dodowa)
- Kraban Support Foundation
- Sene West (Kwame-Danso)
- Duapan Mothers Union (GSPD)

Sunyani Municipal:

- Global Media Foundation (GLOMEF)/GFD

Berekum East (Berekum):

- Mission of Hope (MIHOSO)/GFD
- Dormaa West (Nkrankwanta)
- Human Care and Maintenance Foundation/GFD

4.3 General recommendations

The following general recommendations are proposed to address key areas for advancing social inclusion, particularly for people with disabilities, and to promote a more equitable society. These recommendations focus on overcoming barriers to gender equality and social inclusion through policy changes, enhancing economic opportunities, strengthening legal frameworks, and supporting community development. By prioritising informed policy and programme design, economic empowerment, legal reforms and improved enforcement mechanisms, these strategies aim to create a more inclusive environment where all individuals, regardless of their background or abilities, can fully participate in society.

Table 19: General recommendations

Identifying barriers	
Summary of findings	Recommendations
<p>The findings highlight the significant impact of cultural factors on women with disabilities - with societal norms, stigma and discrimination limiting their rights and opportunities. These cultural barriers, including the denial of disability status and unrealistic expectations, hinder their success and access to services, employment, and social participation. Despite these challenges, 59.4% of respondents acknowledge these issues, indicating growing awareness and potential for change.</p> <p>Transportation and healthcare access are critical challenges, with 53.2% of respondents noting mobility barriers, particularly affecting women (58.5%). Healthcare access is also limited, with 49.4% identifying barriers, including reproductive healthcare difficulties. Gender disparities are evident, as 65.6% believe women with disabilities face greater healthcare challenges than men.</p>	<p>Cultural barriers and social stigma:</p> <ul style="list-style-type: none"> • Launch community education programmes to raise awareness about the rights and abilities of women with disabilities, addressing stereotypes. • Involve religious and traditional leaders to help change cultural norms and attitudes. • Advocate for policies that guarantee equal opportunities for women with disabilities in employment, education, and healthcare. <p>Transportation access:</p> <ul style="list-style-type: none"> • Invest in accessible public transport, including buses and taxis equipped for people with disabilities. • Advocate for accessible infrastructure, particularly in regions with significant mobility barriers like Ashanti and Greater Accra. • Subsidise transportation costs for people with disabilities. and advocate for inclusive designs that accommodate wheelchairs without extra financial burdens. <p>Healthcare access:</p> <ul style="list-style-type: none"> • Train healthcare providers to address the needs of women with disabilities and ensure respectful care. • Explore telemedicine and deploy mobile clinics to reach rural and underserved areas - addressing transportation challenges and enhancing access to healthcare. • Amend NHIS policies to include disability-related healthcare services such as physiotherapy, assistive devices, and eye care. <p>Gender-specific barriers:</p> <ul style="list-style-type: none"> • Develop gender-sensitive disability policies - addressing issues like

	<p>gender-based violence and discrimination.</p> <ul style="list-style-type: none"> • Create support networks and mentorship programmes to empower women with disabilities.
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Understanding differential impacts

The study highlights significant disparities faced by individuals, especially women with disabilities - influenced by factors such as family socioeconomic status, literacy, and whether they live in rural or urban areas.

About 33% of respondents believe women with disabilities face substantial inequality in accessing social amenities. Regional differences are evident, with Ashanti reporting the highest impact (34.6%) and Bono the lowest (15.7%). Additionally, 28.8% of respondents feel more females than males experience these challenges.

The study also notes that 8% of respondents lack formal education, and 33.5% live in rural areas, where access to essential services is limited.

- Focus on rural development - expand programmes aimed at improving the quality of life for women with disabilities in rural areas. This could include community-based initiatives that provide better access to education, healthcare, and social services
- Improve educational access - implement inclusive education programmes and adult literacy initiatives to ensure women with disabilities have access to quality education and skill-building opportunities.
- Enhance access to social amenities - prioritise infrastructure improvements and mobile service units, especially in regions with significant disparities, to improve access to healthcare, education, and transportation in rural areas.
- Address gender-specific challenges - develop gender-sensitive policies and launch awareness campaigns to address challenges such as gender-based violence, healthcare access, and discrimination.

Policy and programme design

The data highlights that the needs of people with disabilities are often neglected in policy discussions. A significant majority (81.6%) of respondents are unaware of programmes supporting people with disabilities, and 77% of those familiar with such initiatives believe they are ineffective.

- **Increase awareness of disability programmes:**
Launch region-specific awareness campaigns, with a focus on areas like Bono East, and target women with disabilities to inform them about available resources. Engage with local leaders to promote inclusive attitudes.
- **Improve the effectiveness of disability programmes:**

The Greater Accra region has the highest awareness, while Bono East has the lowest. Additionally, 46.1% of female respondents are unaware of these policies, indicating that women with disabilities face further barriers.

Assess and reform existing programmes based on feedback, involve people with disabilities in policymaking, and establish regular monitoring to ensure policies are effectively addressing needs.

- **Strengthen females with disabilities' access to support:**

Develop gender-sensitive programmes to address barriers like gender-based violence and healthcare, and create empowerment initiatives such as vocational training and microfinance.

- **Improve policy visibility and accessibility:**

Simplify communication of disability policies and ensure they are accessible, including in multiple languages and formats like braille and sign language. Focus on increasing visibility in regions with low awareness.

Targeting of interventions

The data reveals moderate awareness of strategies for people with disabilities, with 43.9% of respondents familiar with specific initiatives. Awareness is higher in Greater Accra (24%) than in Bono East (9.3%), highlighting regional disparities.

Slightly more female respondents (12.3%) are aware of initiatives focused on people with disabilities than males (11.1%), suggesting women with disabilities may have better access to information.

Regarding social inclusion, 52.3% of respondents report no significant changes, while 30.8% observe improvements, particularly in Greater Accra. However, 16.9% feel the situation has worsened, with Greater Accra seeing the highest deterioration. Other regions - such as Ashanti, Bono, and Bono East - show fewer perceived improvements.

Increase awareness of disability programmes:

Launch region-specific awareness campaigns, especially in areas with low awareness like Bono East, using diverse communication channels. Ensure gender-sensitive outreach to provide equal access to information for both men and women with disabilities.

Enhance social inclusion programmes:

Focus on improving social inclusion in regions like Ashanti, Bono, and Bono East, where fewer improvements are observed. Engage with local communities to develop culturally relevant programmes that address accessibility, employment, and social participation.

Enhance stakeholder collaboration:

Collaborate with NGOs, organisations for disabled people, and the private sector to improve awareness, service delivery, and employment opportunities - ensuring effective policy implementation and community involvement in social inclusion programmes.

Enhanced participation

The findings highlight varying perceptions of social inclusion for people with disabilities across communities. While 53.7% of respondents believe people with disabilities' participation in social activities has increased, Greater Accra reports the highest perception (23%), while Bono region has the lowest (7%). Women (31.7%) are more likely than men (22%) to observe this improvement.

However, 53.7% feel there has been no significant progress in community-level social inclusion efforts, with Greater Accra (18%) showing the most progress and Bono East (4%) the least. Female respondents (24.6%) also report greater progress than male respondents (21.7%). Furthermore, 83.8% of respondents indicate no new initiatives have been introduced, suggesting limited action or awareness, while only 16.2% recognise new programmes.

Promote regional equality:

Implement targeted programmes in regions like Bono and Bono East to improve perceptions of social inclusion, using local media and community events to raise awareness.

Encourage gender-sensitive efforts:

Tailor initiatives to empower women with disabilities - ensuring both genders benefit equally from social inclusion programmes.

Increase new initiatives:

Launch new programmes and introduce innovative solutions, such as inclusive technology and community-based projects, to enhance participation in social, educational and economic activities for people with disabilities.

Strengthen community engagement:

Encourage community-led social inclusion projects, and provide training for local leaders to advocate for the rights of people with disabilities - fostering a more inclusive culture.

Monitoring and evaluation frameworks

Summary of findings

The findings highlight a significant gap in the monitoring and evaluation (M&E) systems for gender equality interventions, with 86% of respondents reporting the absence of formalised systems. This lack of structured M&E mechanisms raises concerns about the effectiveness of tracking and assessing gender equality initiatives.

While 14% of respondents confirmed the existence of such systems, these efforts remain limited. The absence of formal M&E systems could hinder accurate progress measurement, accountability, and data-driven

Recommendations

Establishment of partnerships and collaborations:

Establish partnerships to facilitate intersectoral collaborations among key stakeholders, such as MMDAs, NGOs, academic institutions, and other relevant entities to work together in the collection, analysis and reporting and sharing of data on people with disabilities.

Sightsavers, in partnership with GSS and agencies such as NCPD, should conduct training and technical assistance to boost the production of data on people with disabilities.

improvements, in gender equality interventions.	<p>Quality and consistency: Capacity building training should focus on effective inclusive data collection procedures, analysis, dissemination and utilisation of the data.</p> <p>Monitor and evaluate progress: Regularly assess social inclusion programmes, collect data on barriers to participation, and adjust strategies to ensure their effectiveness.</p>
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Capacity building

Summary of findings	Recommendations
<p>The findings reveal significant gaps in the availability and awareness of capacity-building programmes for people with disabilities. Approximately 75.6% of respondents reported no such programmes, and 74.3% were unaware of training initiatives, with particularly low awareness in Greater Accra (27%) and Bono (9%).</p> <p>Gender disparities exist, as more women (42.7%) than men (31.6%) were unaware of these programmes. Although 28.8% of participants in GESI training found it impactful, regional disparities persist, with Greater Accra having the highest absence of programmes (27.3%) and Bono the lowest (11.5%). This highlights the need for improved implementation, increased awareness, and gender-targeted outreach programmes for people with disabilities.</p>	<p>Increase programme availability: Develop more training initiatives to enhance skills in employment, education, and social inclusion - especially in regions like Greater Accra and Bono with low programme availability.</p> <p>Raise awareness: Launch targeted campaigns to inform people with disabilities, particularly women, about existing opportunities - using local media, social media, and community outreach.</p> <p>Gender-sensitive outreach: Tailor programmes to address the unique needs of women with disabilities and focus on overcoming barriers to their participation.</p>

Accountability mechanisms

Summary of findings	Recommendations
<p>The findings highlight a significant lack of awareness regarding accountability mechanisms, with 79.9% of respondents unaware of their existence. The Ashanti region has the highest unawareness at 24.8%, while Bono has the lowest at 7.8%. Bono East shows scepticism, with only 2.2% acknowledging such mechanisms,</p>	<p>Targeted awareness campaigns: Focus on regions like Ashanti and Bono East, using local media and community events to raise awareness.</p> <p>Gender-sensitive outreach: Ensure equal awareness for both men and women, with a focus on overcoming barriers for women.</p>

<p>while 12.6% disagreed. In Bono, a more balanced view is seen, with 7.8% unaware and 8% confirming the presence of accountability measures.</p> <p>Gender differences are evident, as 47% of female respondents reported unawareness compared to 29.9% of males, indicating a need for targeted communication to ensure equal information access for both genders.</p>	<p>Regional focus: Improve communication about accountability measures and focus on Ashanti, Bono East, and Greater Accra by consistently publishing updates to build trust.</p> <p>Training and capacity building: Provide training for community members and authorities to improve understanding and sharing of information.</p> <p>Monitoring and feedback: Set up systems to track awareness and collect feedback to improve engagement with accountability measures.</p>
Enhanced social equity	
Summary of findings	Recommendations
<p>The findings reveal mixed perceptions about equity in access to resources for GESI interventions. While 58.1% of respondents feel there is equal access, regional differences persist. Ashanti respondents show a higher level of agreement regarding equitable access, while Bono reports the lowest. Bono East displays more positive views, and Greater Accra shows varied perceptions.</p> <p>Regarding changes in resource distribution, 58.1% observed no significant change, 23.6% noted improvement, and 18.3% felt equity had declined. Despite some positive impacts, overall perceptions of equity in GESI resources remain mixed, highlighting the need for more equitable resource allocation, particularly in regions like Bono.</p>	<p>Targeted regional interventions: Develop strategies for regions like Bono and Greater Accra to improve access to GESI resources, addressing regional disparities. Mandate representation of marginalised groups, including women and people with disabilities, in decision-making roles across sectors.</p> <p>Introduce quotas for fair resource allocation across genders and social groups.</p> <p>Address disparities by ensuring equitable access to resources, including education and healthcare, through affirmative action policies.</p> <p>Improve communication: Regularly update the public on resource allocation processes, promoting transparency and fostering trust in GESI programmes.</p>

4.3.1 Specific recommendations

This section presents recommendations across ten thematic areas, organised by stakeholders - including government agencies, donor agencies, NGOs, CBOs, FBOs, traditional, religious, and community leaders, OPDs, and implementing partners - and, in some cases, by region, to ensure targeted and focused interventions.

4.3.2 Recommendations for Sightsavers

Address cultural barriers:

- Launch community awareness campaigns to challenge stigma and discriminatory attitudes towards women with disabilities.
- Provide training to community leaders, families, and service providers, to promote inclusive behaviours.
- Collaborate with local influencers to shift cultural perceptions and foster greater acceptance.

Empower women with disabilities:

- Offer skill development and vocational training to enhance employability and economic participation.
- Provide mentorship and peer support to help women navigate cultural and societal barriers.

Improve transportation and mobility:

- Advocate for accessible public transportation systems for women with disabilities.
- Support the development of local, affordable, and accessible, transport solutions, particularly in underserved areas.

Enhance healthcare access:

- Advocate for inclusive healthcare services and trained healthcare providers to meet the needs of women with disabilities.
- Ensure reproductive healthcare services are accessible and free from barriers.
- Provide capacity-building programmes for healthcare professionals, focusing on reproductive and sexual health for women with disabilities.

Gender-sensitive approaches:

- Ensure all interventions are gender-sensitive, addressing specific challenges faced by women.
- Implement gender-sensitive monitoring and evaluation frameworks to track the effectiveness of interventions.

4.3.3 Recommendations for government agencies

Promote inclusive education:

Ensure equal access to education, provide scholarships and training, and support individuals with disabilities - particularly in rural areas.

Enhance accessibility of social services:

Make essential services like healthcare and transportation accessible in both urban and rural areas, and ensure public infrastructure is disability friendly.

Address socioeconomic barriers:

Implement poverty reduction programmes for women with disabilities, particularly in regions like Ashanti, and offer financial support, skill development, and job training.

Regional targeting and support:

Prioritise interventions in regions with higher impacts, like Ashanti, and improve disability friendly infrastructure in rural areas for better access to services.

Awareness and advocacy:

Launch national campaigns to raise awareness about the challenges faced by people with disabilities and work with local organisations to advocate for their rights.

Strengthen data collection and monitoring:

Collect data on the challenges faced by individuals with disabilities and use the findings to design targeted policies and allocate resources effectively.

Support family and community involvement:

Provide resources to families of individuals with disabilities, particularly in rural areas, and encourage community-based solutions for inclusion.

4.3.4 Recommendations for donor agencies

Increase awareness and outreach:

Fund campaigns to raise awareness about programs for people with disabilities, especially in underserved regions, with a focus on gender-sensitive approaches.

Support effective and inclusive programmes:

Provide funding to develop and expand accessible programmes, collaborating with local governments to ensure policies meet regional needs.

Capacity building and training:

Offer training to local authorities and service providers to enhance disability-inclusive programme design, including gender-specific considerations for women with disabilities.

Promote gender equality:

Implement targeted initiatives addressing barriers women with disabilities face in areas like healthcare and education, and fund research on the intersection of gender and disability.

Enhance monitoring and evaluation:

Support systems to track the success of disability programmes and ensure data collection focuses on gender disparities.

Strengthen partnerships and coordination:

Collaborate with governments, NGOs and local stakeholders to ensure the sustainability of disability-inclusive programmes, and promote employment opportunities for people with disabilities.

Increase funding for disability-inclusive initiatives:

Allocate resources specifically for disability-inclusive programmes, with an emphasis on rural areas and marginalised communities.

4.3.5 Recommendations for NGOs, CBOs and FBOs

Increase awareness:

Launch targeted campaigns in underserved areas like Bono East, using various communication channels to educate communities about programmes for people with disabilities.

Promote regional engagement:

Focus on regional disparities, prioritising outreach in Bono East, Ashanti and Greater Accra, and engage local leaders to help raise awareness.

Enhance gender-sensitive outreach:

Ensure all genders, especially men, are informed, and tailor strategies to address the unique barriers women with disabilities face.

Strengthen social inclusion:

Implement community-based projects to integrate people with disabilities into social, educational and economic activities, with a focus on areas like Greater Accra where inclusion has worsened.

Provide training:

Offer training to communities, service providers and organisations on supporting people with disabilities - promoting inclusion, with an emphasis on disability awareness and gender sensitivity.

Advocate for policy changes:

Work with local governments to advocate for policies supporting people with disabilities' rights and inclusion, considering regional and gender-specific needs.

Monitor and evaluate impact:

Continuously assess the effectiveness of initiatives, gathering feedback from the community, particularly women with disabilities, to improve strategies.

4.3.6 Recommendations for traditional, religious and community leaders

Promote social inclusion:

Actively encourage the participation of people with disabilities in all community activities, ensuring their inclusion in social, cultural and religious events.

Raise awareness:

Use community platforms, including religious gatherings and traditional ceremonies, to educate people about the rights and abilities of people with disabilities - challenging stereotypes and stigma.

Support women with disabilities:

Since women with disabilities face unique barriers, community leaders should actively support and promote their participation in social and community activities - ensuring they have equal opportunities.

Introduce new initiatives:

Launch and support new community programmes and initiatives specifically designed to improve the social inclusion of people with disabilities. This can include skills development, awareness campaigns and social integration activities.

Engage local leaders and influencers:

Work with respected local figures, such as religious leaders and elders, to champion the cause of people with disabilities, helping to change attitudes and encourage inclusive behaviour across communities.

Create inclusive environments:

Advocate for changes in public spaces, religious buildings, and social centres to ensure they are accessible to people with disabilities. This includes making physical spaces more disability-friendly and ensuring that social events cater for all individuals.

Monitor and reflect on progress:

Regularly assess and reflect on the progress made in community-level social inclusion. Use feedback from people with disabilities, especially women, to adjust efforts and ensure they meet the needs of those who are often marginalised.

4.3.7 Recommendations for OPDs and implementing partners

Increase awareness and outreach:

Launch targeted campaigns to raise awareness about capacity-building programmes, focusing on underserved regions like Greater Accra and Bono, using diverse communication channels to reach both urban and rural areas.

Expand capacity-building programmes:

Develop more accessible training programmes that cater to the specific needs of people with disabilities, with attention to gender and regional disparities - including vocational, entrepreneurship and life skills training.

Focus on gender-sensitive outreach:

Design outreach efforts to address gender disparities, providing gender-specific support and mentorship for women with disabilities to overcome additional barriers.

Strengthen local partnerships:

Collaborate with local stakeholders - including government, community leaders and disability organisations - to ensure the successful implementation and sustainability of programmes.

Monitor and evaluate effectiveness:

Implement monitoring systems to assess the impact of programmes, ensuring they meet the needs of people with disabilities and adjust accordingly based on feedback.

Provide continuous support:

Offer follow-up support such as mentorship, job placement and peer networks to help people with disabilities apply their skills effectively.

Advocate for policy changes:

Advocate for policies that ensure equal opportunities for people with disabilities in capacity-building programmes, and work with policymakers to increase funding and integrate programmes for people with disabilities into broader development plans.

4.4 Strategic implementation of study findings with downstream partners: Key steps for effective collaboration and targeted interventions

Implementing study findings with downstream partners requires a strategic approach that fosters collaboration, enhances awareness and drives targeted interventions. The following key steps outline a comprehensive plan for effectively executing the recommendations from the GESI analysis and the Gender Equality and Social Inclusion (GESI) action plan for organisations of people with disabilities (OPDs) and downstream partners. By adopting these steps, Sightsavers can establish a strategic, inclusive process that ensures the successful implementation of study findings - resulting in lasting and impactful improvements for people with disabilities.

Develop a GESI action plan:

Sightsavers should create a detailed GESI action plan based on the findings of the

GESI analysis report. This plan should be incorporated into the organisation's annual work plan to ensure GESI principles are embedded within broader programme strategies. The GESI action plan will outline specific actions, timelines and responsible parties for promoting gender equality and social inclusion, with a particular emphasis on improving the quality of life for people with disabilities.

Capacity building and training:

To ensure that downstream partners can effectively implement the GESI action plan, Sightsavers should organise 'Training of Trainers' (ToT) sessions. These sessions will focus on the key elements of the GESI action plans and the recommendations from the GESI analysis for organisations of people with disabilities. Sightsavers should further supervise and provide ongoing support for subsequent trainings of partners, ensuring they have the skills and knowledge needed to carry out the GESI recommendations on the ground.

Strengthen partnerships:

A key component of successful implementation lies in building and strengthening partnerships across various stakeholders. Sightsavers should foster collaboration between government bodies, OPDs, civil society organisations, and international partners to raise awareness about the stigmas, cultural barriers and other challenges identified in the GESI analysis that affect people with disabilities - particularly the representation of women. This collaboration should focus on making tangible progress in the 20 ABAK project districts located in Bono, Bono East, Ashanti and Greater Accra. Collective action will ensure that GESI recommendations are effectively implemented and that local communities are better equipped to support people with disabilities.

Joint monitoring, evaluation and feedback:

To ensure that interventions are achieving the desired outcomes, Sightsavers should establish a robust framework for monitoring and evaluation (M&E). This framework should include the active involvement of downstream partners in assessing the effectiveness of the GESI action plans and the recommendations from the GESI analysis. Regular feedback from OPDs and people with disabilities will be critical for monitoring progress and identifying areas for improvement. This iterative process will help sustain efforts and ensure that the interventions remain relevant and effective over time.

5. Conclusion

In conclusion, addressing the critical areas identified in the study is essential for enhancing the lives of individuals with disabilities and fostering a more inclusive society. By focusing on reliable data collection, reducing stigma, removing barriers, advocating for legal protections, and applying relevant theoretical frameworks, stakeholders can work together to create meaningful change that benefits all members of society.

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Appendices

Appendix 1: Consent form for interviews

Project title:

Strengthening Civil Society Representation of Women with Disabilities in Ghana

Organisation:

Sightsavers Ghana

Contact Information:

Email mira26565@yahoo.com

Telephone +233244749926

Purpose of the study:

You are invited to take part in a research interview for a project focused on understanding and addressing systemic inequalities while promoting inclusive development for people living with disabilities. Your participation will provide us with valuable insights into this important topic and help us gain valuable insights into the subject matter.

General information about research:

- You will be asked to participate in an interview that will take approximately 60- 90 minutes.
- The interview will include questions related to GESI.
- With your consent, we will take pictures as evidence during the interview, and it will be audio recorded to ensure accurate data collection.

Voluntary participation:

Participation in this interview is completely voluntary. You are free to decline to participate or withdraw from the study at any time without any consequences or loss of benefits.

Confidentiality:

Your privacy is of utmost importance to us. All information you provide will be kept confidential and used only for research purposes. Your name or any identifying information will not be disclosed in any reports or publications resulting from this study. The data collected will be securely stored and accessible only to the research team.

Risks and benefits:**Risks**

There are no foreseeable risks associated with participating in this study.

Benefits:

While there are no direct benefits to you for participating, your responses will contribute to a better understanding of GESI, which may help improve the lives of women and people with disabilities within our communities.

Compensation:

There is no compensation provided for participation in this study.

Additional Costs:

There are no additional costs to participants resulting from participation in this study.

Consent to participate: By signing below, you indicate that you have read and understood the information provided above, that you agree to participate in this research interview, and that you are at least 18 years old. You will receive a copy of this consent form for your records.

Participant's name:

Signature:

Date:

Researcher's name:

Signature:

Date:

Total time: 1 hour 10 minutes

Buffer time of ten minutes for introduction, any concluding comments/information, and any unexpected lengthy discussions.

Overall time: 1 hour 20 minutes

Appendix 3: List of stakeholders consulted in the study

Table 1: List of stakeholders consulted in the study

Name	Position/Organisation	District	Email	Phone	Invitation sent	Interview date	Interview guide sent
Volta							
Kwaku Baffour Asare	District Planning Officer	Akatsi North/Volta	kwakuasare43@gmail.com	547927851	Yes - Sep 23	24/09/2024	x
Felix Boateng	Regional Planning Officer	Ho	fakboateng@gmail.com	242717541	Yes - Sep 25	26/09/2024	x
Roland Kumfo	Director/ Department of Social Welfare	Ho West	rolandkumfo@gmail.com	249431731	Yes - Sep 23	24/09/2024	x
Stella Mawutor	Regional Director DoSW	Ho	stmawutor@gmail.com	553518000	Yes - Sep 23	26/09/2024	x
Keren Quaye	Regional Community Development Officer	Ho	kerhapuch@gmail.com	541837397	Yes - Sep 24	25/09/2024	x
Gershon Tuduabor	Planning Officer	Hohoe	gershontudoabor@yahoo.com	246302063	Yes - Sep 23	24/09/2024	x
Ivy Bedy	Programme Officer - Global Action for Women Empowerment	Ho	glowaghana1@gmail.com	504261311	Oct-01	02/10/2024	x
Francis Asong	Executive Director - Africa Disability Institute	Ho	asong.asonge@gmail.com	243913183	Oct-02	03/10/2024	x
Bono East							







Monica Onyen	Regional Officer - Department of Gender	Bono East	a.monicaonyen@gmail.com	244593784	Yes - Sep 24	30/09/2024	
Isaac Nwangu	Regional Planning Officer	Bono East	isaacmwangu50@gmail.com	244755117	Yes - Sep 24		
Evelyn Bansa	Regional Officer Department of Social Welfare (DSWCD)	Bono East	evebansa@gmail.com	243606083	Yes - Sep 24	30/09/2024	
Mavis Sunkwah	Regional Planning Office	Bono East		0247624341			
Yaw Boakye	Persons with Disabilities Chairman	Bono East		0247802537		03-Oct-24	
Mustapha M Yeboah	Centre of Posterity Interest Organization COPIO	Bono East	copioghana@yahoo.co.uk	0246990191		03-Oct-24	
Ashanti							
Tijani Mahmoud	Muslim Family Counselling Services	Kumasi	tijani.mahmoud@gmail.com	244939121	30/9/2024	30/09/2024	
Mrs Esther Apraku Nyarko	Regional Director - Department of Social Welfare	Kumasi	estherapraku@gmail.com	243819698	30/9/2024	30/09/2024	
Albert Boateng	DSW	Kumasi	albertkboateng66@gmail.com	242361562	30/9/2024	10/01/2024	
Ama Nyana Boateng	Regional Director - Department of Gender	Kumasi	maamenyant@gmail.com	243006554	30/9/2024		
Bono							

David Dankwah	Help for African Women Alliance (HAWA)	Sunyani	daviddankwahy eboah@gmail.com	542114463	30/9/2024	05-Oct-24	
Berlinda Osei Mensah	Regional Director - DoSW and Community Development	Sunyani	Oseimensahbeli nda1@gmail.com	597908398	30/9/2024	05-Oct-24	
Joycelyn Adii	Regional Director - Department of Gender	Sunyani	joycelynadii19@gmail.com	244967845	30/9/2024	02-Oct-24	
Nana Effah Boakye I	Chief (Amangoase)	Berekum		208238362	10/09/2024		
Greater Accra							
Jemima Ainooson	REPO Planning Officer	Accra	jamabson@gmail.com	265035309	29/9/24		
Matilda	Regional Director - Department of Gender	Accra	mbanfro@yahoo.com	244871183	10/03/2024		
Comfort Asare	National Director DSW	Accra	sweetlingconnie50@yahoo.co.uk	244027651	26/9/24		
Anastasia Mawudoku	DSW	Accra	anastasiamawudoku@gmail.com	244041230			x
Esther Akua Gyamfi	National Council on People with Disability	Accra	esther.gyamfi@ncpd.gov.gh	244237367	02-Oct-24		x
Diane Kingston	Sightsavers - Global Technical Lead on Disability Rights	UK	dkingston@sightsavers.org	+44 7565 299952	06/10/2024	08/10/2024	x

Rhoda Enchil	UNICEF - Education Officer	Accra	renchil@unicef.org	244468605	10/10/2024	12/10/2024	x
Muntaru Goro Iddrisu	UNFPA - Programme Analyst	Accra	middrisu@unfpa.org	244229730	13/10/2024	14/10/2024	x
Joseph Bogrebon	EU - Gender Rep	Accra	Joseph-Bogrebon.ALLAN@eeas.europa.eu	245372642	24/10/2024	24/10/2024	x
Rasak Adekoya	Technical Advisor – Sightsavers	Nigeria	radekoya@sightsavers.org		16/10/2024	21/10/2024	x
Nicholas Margalski	Reg MEL Manager – Sightsavers		nmargalski@sightsavers.org		16/10/2024	21/10/2024	x
Beatrice Mahmood	Programme Officer for the Economic Empowerment Programme - Sightsavers	Ghana	bmahmood@sightsavers.org				x
Oti							
Rev. Obourba Wiafe	Regional Planning Officer	Dambai	obourbawiafe@yahoo.com	247773034		10/02/2024	x
Innocent Agbolusu	Regional Director - DSW	Dambai	innocentkomla@gmail.com	247572100		10/01/2024	x
Esther Hammond	Regional Director - Gender Department	Dambai	estherhammond36@gmail.com	540631285		10/01/2024	x
Kwesi Boapim	District Director - DSWCD	Dambai	kwasiaboapim3@gmail.com	243730602		10/02/2024	x

Appendix 4: Letters of introduction

Table 2: Letters of introduction

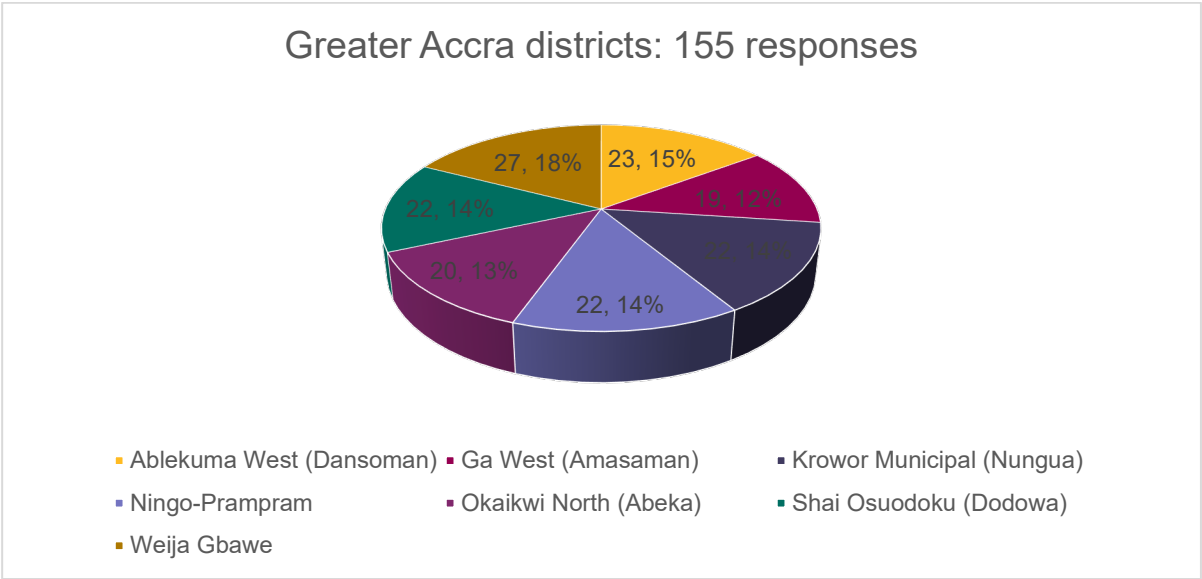
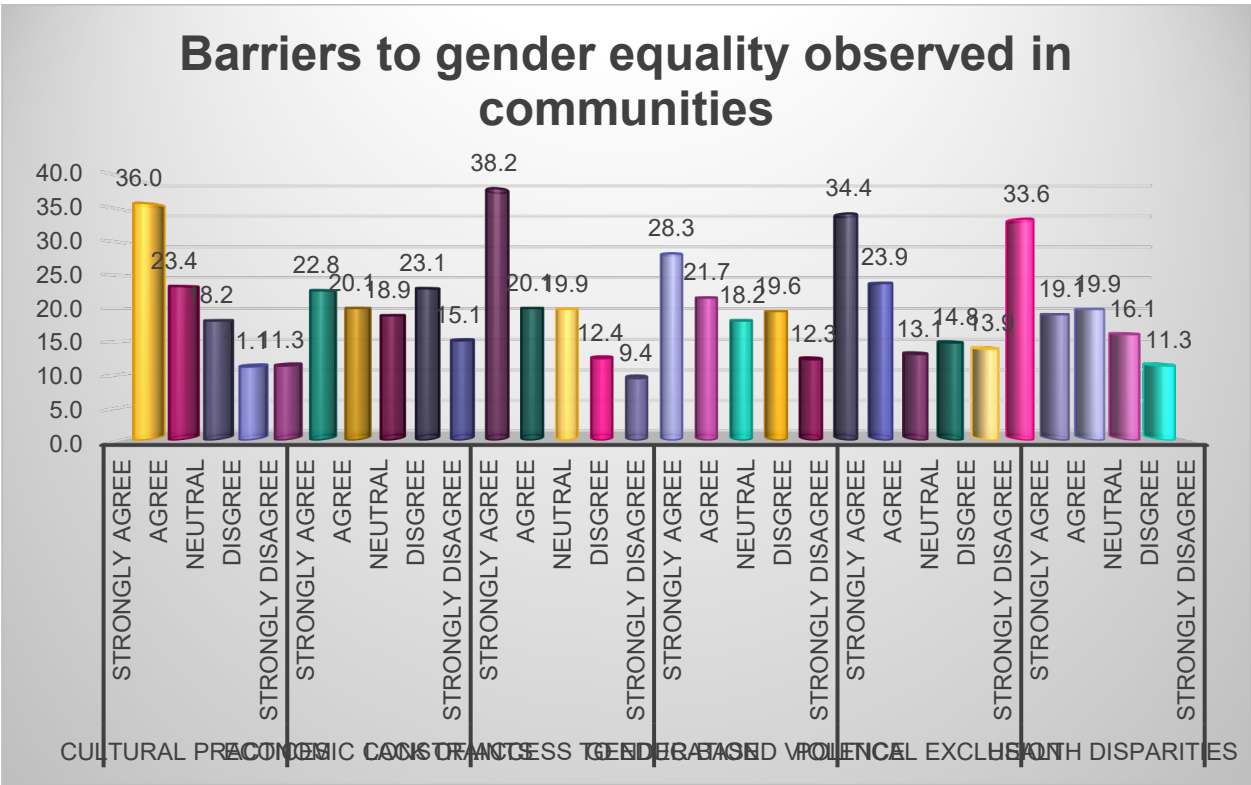
Name	PDF document
Letter of Introduction_Basicneeds Ghana	 Letter of Introduction_Basicnee
Letter of Introduction_Department of Gender	 Letter of Introduction_Departr
Letter of Introduction_Disability Right Fund International Ghana	 Letter of Introduction_Disability
Letter of Introduction_Greater Accra planning	 Letter of Introduction_Greater ,
Letter of Introduction_MoGCSP	 Letter of Introduction_MoGCSF
Letter of Introduction_Star Ghana	 Letter of Introduction_Star Gha

Appendix 5: Sightsavers GESI study project photos



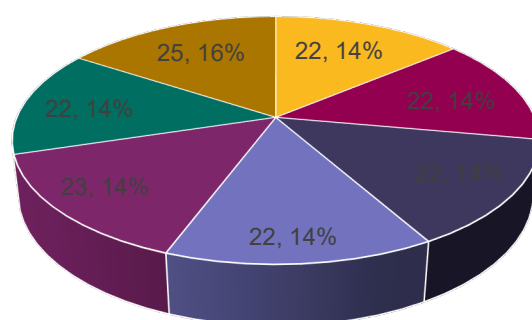


Appendix 6: List of charts and tables



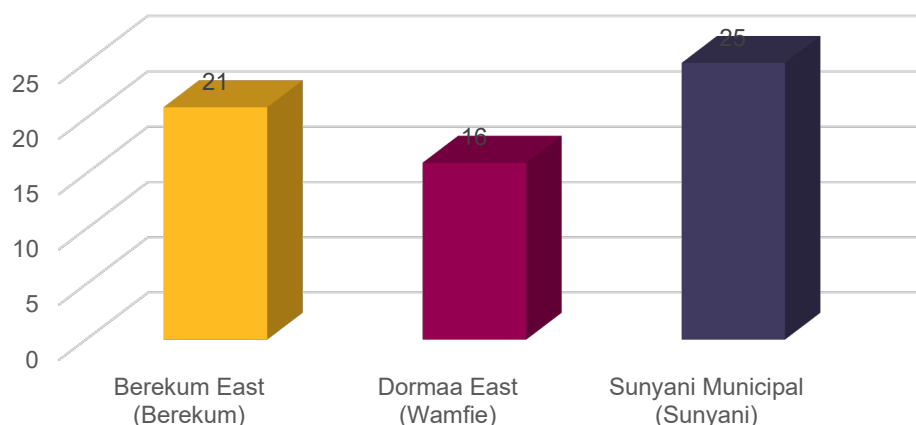
Source: GESI Analysis, 2024

Ashanti region districts: 158 responses

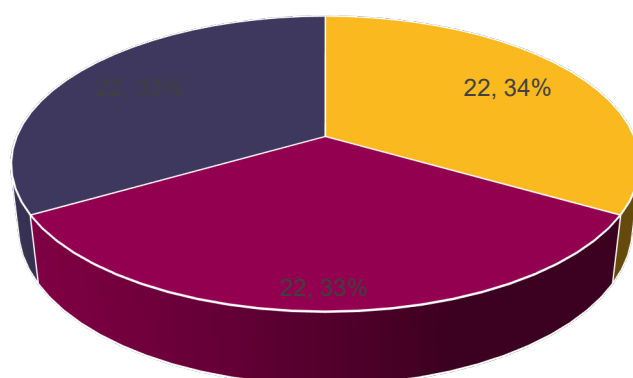


■ Asante Akim Central
 ■ Asante Akim North
 ■ Asante Akim South
 ■ Bekwai Municipal
■ Effigyia Sekyere East
 ■ Ejisu Municipal
 ■ Obuasi Municipal

Bono Region: 63



Bono East 66: Responses



■ Pru East (Yeji)
 ■ Sene West (Kwame-Danso)
 ■ Techiman Municipal

Source: GESI Analysis, 2024

Table 37: Gender inequality and social exclusion impact on different age groups in your community

Category	Response	Frequency	Per cent
Children. For example, girls are denied access to education.	High impact	47	7.5
	Minimal impact	187	29.8
	Moderate impact	127	20.2
	No impact	220	35.0
	Very high impact	47	7.5
Youths. For example, young women excluded from sports or community.	High impact	63	10.0
	Minimal impact	216	34.4
	Moderate impact	121	19.3
	No impact	184	29.3
	Very high impact	44	7.0
Adults. For example, women discriminated against in the workplace.	High impact	68	10.8
	Minimal impact	162	25.8
	Moderate impact	152	24.2
	No impact	207	33.0
	Very high impact	39	6.2
Elderly. For example, elderly women are more likely to experience ageist prejudices.	High impact	96	15.3
	Minimal impact	148	23.6
	Moderate impact	177	28.2
	No impact	152	24.2
	Very high impact	55	8.8
	Total	628	100

Source: GESI Analysis, 2024

Table 38: Interventions implemented to address gender inequality

Variable	Effective	Moderately effective	Not effective at all	Slightly effective	Very effective	TOTAL
Gender-responsive budgeting	18	81	347	162	20	628
Access to education for girls	95	148	126	138	121	628
Support for female entrepreneurs	55	144	208	196	25	628
Legal reforms against gender-based violence	62	125	217	182	42	628
Political empowerment initiatives	54	123	223	204	24	628

Source: GESI Analysis, 2024

We work with partners in low
and middle income countries to
eliminate avoidable blindness
and promote equal opportunities
for people with disabilities.

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