

Lars Wissenbach & Paul Kwaku Larbi Anderson

Inclusive local governance vs. unfunded mandate? Effects of decentralisation and local development on the inclusion of people with disabilities in Ghana

Introduction

Across the globe, local governments exert great influence in the decision-making processes on issues affecting the living conditions of the people. Equal opportunities for democratic participation, access to civic dialogue and to the provision of public goods and services play a crucial role in that regard, as prominently highlighted by current global policy frameworks such as the 2030 Agenda on Sustainable Development or the UN HABITAT III New Urban Agenda (NUA) (UN, 2015, 2016).¹ The UN Convention on the Rights of Persons with Disabilities (CRPD) frames disability as an evolving concept and arising from the interaction of physical, mental, intellectual, or sensory impairments with environmental, social and cultural barriers (UN, 2006, art. 1). The principle that disability arises from the interaction between a person and her/his physical and social environment moves the latter aspect into focus when looking at disability from the perspective of decentralisation and local public goods and services. The authors therefore start from the assumption that it is a person's physical and social environment in the local communities they live in where barriers take concrete shape and where the implementation of inclusive structures based on the CRPD has to be managed as a local governance² task.

1 For a discussion of the relevance of these global policy frameworks with regard to the local level and disability-inclusion, see e.g. Wissenbach, 2020.

2 The paper refers to 'local level' as districts, cities, towns, villages or grouping of

This contribution discusses the effects of the Ghanaian decentralisation process on the prospects of disability mainstreaming at the local level. It argues that while decentralised public structures in Ghana offer structural potential for the implementation of disability-related legislation and policies of higher state and international levels, the mainstreaming of disability-inclusion across public tasks might be restrained by the institutional and financial segregation of disability-related tasks by local governments. It concludes by outlining potential steps towards a twin track approach on inclusive local planning in the Ghanaian context.

Decentralisation and local governance in Ghana

The concept of decentralisation is diverse and implemented to varying degrees across the globe. The World Bank (1999) describes decentralised government as the practice of transferring significant power, authority, resources, and responsibility to local authorities to make decisions and implement policies and programs for the common good. In the past decades, decentralisation has become widespread and is being promoted in a more pluralist discourse variously in different parts of Africa placing much emphasis on larger representation and participation of the citizenry in contemporary state reforms to attain social and economic development (Awortwi, 2016; Martinez-Vazquez, 2011). Generally, the decentralisation concept embraces models such as de-concentration, delegation, and devolution, which operate on political, administrative, fiscal, and planning as interrelated pillars that seek to transfer

villages that form a sub-provincial entity with a democratically elected local council with budgetary powers and a local administration with the power to take administrative or policy decisions for that area, within the legal and institutional framework of the state. For the Ghanaian case, it is the so-called Metropolitan, Municipal and District Assemblies (MMDAs) that meet these criteria. Local governance here is defined as "the formulation and execution of collective action at the local level" encompassing "the direct and indirect roles of formal institutions of local government and government hierarchies, as well as the roles of informal norms, networks, community organizations, and neighbourhood associations in pursuing collective action by defining the framework for citizen-citizen and citizen-state interactions, collective decision making, and delivery of local public services" (Shah, 2006, p. 2).

functions, powers, resources, and responsibilities from the centre to the peripheries. In the case of devolution, power is legally granted to the sub-governmental bodies and institutions at the regional and local levels. Devolution ensures a strict sense of decentralisation as the transfer of authority is derived from legal rules accompanied by full responsibilities including freely programmable resources (Ahwoi, 2010; Mewes & Mewes, 2011; Schneider, 2003).

Largely, decentralisation formed the basis of major policy reforms of most governments in sub-Saharan Africa over the past decades with a more recent focus on empowering local authorities to mobilize own resources and get the people to be actively involved in identifying their needs and decision-making on local development (Balaguer-Coll et al., 2010). In this context, decentralisation is often regarded as a means to solving social, spatial, and economic inequalities and enhancing social cohesion (Kersting et al., 2009; Romeo, 2012; Bardhan & Mookherjee, 2015).

In Ghana, the current decentralisation policy framework was instituted by the passage of Law 207 in 1988, replaced by an act of parliament (Local Government Act 462) in 1993 on the basis of the 1992 Constitution of the Republic of Ghana, and transferred to the Local Governance Act 936 in 2016. The objective of the decentralisation process set by the constitution was the devolution of political, administrative, and financial authority from the Central Government to the Metropolitan, Municipal and District Assemblies (MMDAs) by "affording all possible opportunities to the people to participate in decision-making at every level in national life and government" (Gov. of Ghana, 1992, art. 35). The MMDAs are established as the pivot of decentralised government administration with deliberative, legislative, and executive functions. They are assigned the responsibility of bringing about the integration of political, administrative, and development support needed to achieve a more equitable allocation of power, wealth, and geographically dispersed development in Ghana. Essentially the MMDAs are constituted as the planning authority for the district level (Gov. of Ghana, 2016).

Fiscal devolution under the Ghanaian decentralisation and local government policy seeks to boost the financial strength of MMDAs to ensure effective public service delivery. The decentralisation and local

government policy in Ghana provides two main sources of revenue for the MMDAs. The first is intergovernmental transfer such as the District Assembly Common Fund (DACF). The second is the Districts Assembly's Internally Generated Funds (IGF) drawn from local taxes, property rates, licenses, and fees. Besides these sources, the Local Governance Act permits the MMDAs to finance development activities from other official sources such as investment, borrowing, grants, and other non-monetary arrangements. Predominantly, the DACF constitutes the major source of revenue for the MMDAs. Hence, even though the decentralisation and local Government policy in Ghana is based on the principle of subsidiarity with the provision of public goods and services initiated from the local level, local government units so far depend largely on financial resources from the Central Government.

The role of public goods and services

From a socio-spatial perspective, the local level is where the sites for people's housing are, where education, health care, social services, daily convenience shopping, and all the other activities take place that sustain people physically, emotionally, socially, and psychologically (De Filippis & Saegert, 2012). It is the places where people's life courses unfold and where change processes manifest even though they are decided and designed at higher governance levels. The development and maintenance of accessible, affordable, and adequate local infrastructure is a common interest of all inhabitants. Such infrastructure includes a couple of public services responsive to local needs and preferences that are managed by local authorities charged to act in public interest. This applies, amongst others, to basic education, health services, social welfare-services, mobility, housing, security, disaster risk management, water supply, and waste disposal.

Beyond the creation of a local framework for democratic participation, the decentralisation process in Ghana transferred specific mandates for public goods and services to the MMDAs as part of public infrastructure management. Basic decentralised service provision in Ghanaian MMDAs includes the areas of agriculture, registry, community development, co-operatives, education, finance, health, horticulture and landscape

designing, housing and human settlement management, industry, public works, roads, social welfare, sports, statistics, town and country planning, trade, and youth (Gov. of Ghana, 2016, art. 12, sec. 77). The quality and equal accessibility of such service provision strongly influences the quality of life a municipality can offer. It incidentally raises the question of which residents can benefit and which cannot, or not to the same extent. Beyond the mandates for key areas of public sector goods and services, Ghanaian legislation assigns local governments a coordinating role for the implementation of development programmes on the basis of policies, strategies and implementation plans promoted by public bodies both at national and local levels (*ibid.*, art. 12(5)). This includes provisions made by international legislation and policy frameworks ratified or supported by the Ghanaian National Government, such as the CRPD, the 2030 Agenda for Sustainable Development or the NUA, as well as national frameworks as the Disability Act or relevant national policies on inclusive and sustainable development that are to be considered in the local development process.

In decentralised states, local governments can be regarded as the principal democratically legitimised agent of local development processes (Romeo, 2012). Accordingly, as part of the Ghanaian decentralisation process, MMDAs became obliged to coordinate and implement development plans for the district in the areas of economic, social, spatial, environmental, sectoral and human settlement issues and to guide, encourage and support sub-district local structures, public agencies and local communities to perform their functions in the execution of these plans (*ibid.*, art. 12(4), 83(1)). District Planning and Coordinating Units (DPCU) coordinate and integrate sectoral plans into four-year Medium-term Development Plans (MTDP) and budgets for consideration by the executive committee and debate by the district assembly. Adopted MTDPs are to be processed to 'Regional Coordinating Councils' (RCC) to be coordinated at regional level and harmonized with national development objectives (*ibid.*, art. 86). The District Assembly shall co-ordinate, integrate and harmonise the execution of programmes and projects under approved development plans for the district and other development programmes promoted or carried out by Ministries, Departments, public corporations and other statutory bodies and non-

governmental organisations in the district. This applies to both sector-specific and cross-sectoral planning issues of all levels.

Disability Legislation and Policies in Ghana

The history of systemic planning of services for people with disabilities in Ghana goes back to the pre-independence era, with a system of rehabilitation programs and centres rooting in the British model of social orthopaedics at the time of World War II (see Grischow, n. d.; Grischow, 2011). From the 1950s, also Organisations of People with Disabilities (OPDs) were most active, running schools and vocational training centres (ibid.). During the Nkrumah era³, disability became a major state welfare affair, including a nationwide rehabilitation programme with systematic registration campaigns and a national trust fund fostering the cooperation of government bodies and civil society organisations to enhance the provision of services for people with disabilities (Guerts, 2015; Grischow, 2011). By the end of the 1960s, there was at least one rehabilitation centre in each region of Ghana providing services mainly to people with physical, visual, or hearing impairments (Kuyini et al., 2011). This centralised, institution-based approach was facing massive resource constraints and had very limited reach to rural populations with disabilities, which made it an inappropriate model of service delivery (ibid.; Ofori-Addo, 1994). Nonetheless, these developments provided a critical starting point for local disability-related structures in Ghana that lasted for decades and can be traced to the present day, as e. g. demonstrated by the Accra Rehabilitation Centre. Still in operation, today it builds a hub for OPDs and a critical locale for disability activism in Ghana and beyond.

After the troubled and politically unstable late 1960s and 1970s in Ghana, the 1980s brought crucial developments around the Accra Rehabilitation Centre described by Guerts (2015) as the “worlding” of

3 Kwame Nkrumah was initially elected Prime Minister of the British Crown Colony of the Gold Coast in 1952, which took the name Ghana after the 1957 independence. Following a referendum, Ghana became a republic in July 1960. In the subsequent presidential elections, Nkrumah was finally elected President of Ghana's first republic. His term ended in 1966 as a result of a military coup.

the institution. The UN had declared the 'International Year of Disabled' in 1981, followed by the formulation of the 'World Programme of Action concerning Disabled Persons' (1982), and the 'International Decade of Disabled Persons' (1983 to 1992) which provided for a global push towards networking and rights-oriented programming for people with disabilities (ibid.). In this context, the Ghana Society of the Physically Disabled and a predecessor of the Ghana Federation of Disability Organisations (GFD) were established with support of the Norwegian Agency for Development Cooperation and the Norwegian Association of People with Disabilities. This set the development path for today's legislative and policy framework and the institutional setup on disability-inclusion at the local level in Ghana. OPD representatives formed a steering committee on the drafting of a disability policy during that time (ibid.). GFD got strongly involved in disability legislation and social policy making both on national and subnational levels in the following years. The first effects of these developments became visible in the 1992 Constitution which built an important basis for disability-related legislation and policy making in the 2000s. It includes a lone standing article on the rights of persons with disabilities which prohibits discrimination on grounds of disability and guarantees the rights of people with disabilities against all forms of exploitation, discriminatory or abusive regulations (Gov. of Ghana, 1992, art. 17, 29). It further emphasizes their right to live with their families and to participate in social, creative or recreational activities and calls for the accessibility of public places and access to employment, and ensure the enforcement through enacting respective laws (ibid., art. 29).

Throughout the 1990s, the Accra Rehabilitation Centre further developed as a major staging ground for disability activism, strengthening capacity building for OPDs, creating Community Based Rehabilitation (CBR) initiatives, and advocating for a Disability Act and disability policies (ibid.). In 1992, the Government of Ghana with support of multi- and bilateral donors initiated a pilot CBR programme to promote disability rights, establish links to service providers, and strengthen OPDs (Ghana Statistical Service, 2014). The programme also made major contributions to the drafting of the 2000 Ghana Disability Policy and finally the Ghana Disability Act (715) that entered into force in 2006 after many years of advocacy and preparation (Guerts, 2015).

The 'Disability Act' provides a legal framework for persons with disabilities in several spheres of life including education, employment, health, or transportation (Gov. of Ghana, 2006). In addition, it formed the basis to establish a National Council on Persons with Disability to coordinate the implementation of the rights of persons with disabilities (ibid., art. 41–59). Since its passage, the Persons with Disability Act has been subjected to a number of criticisms, including several inconsistencies with provisions made by the CRPD (see e.g. GFD, 2022; Abedi & Sasu, 2015). In 2012, the Republic of Ghana ratified the Convention on the Rights of Persons with Disabilities (CRPD). In order to domesticate the CRPD, since 2018 Act 715 is being reviewed to conform to the provisions of the CRPD. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa adopted by the African Union in 2018 has not yet been signed and ratified. Overall, it can be noted that the adoption of the Disability Act, as well as the ratification of the CRPD, has led to a more of sectoral legislation and policies in recent years that include provisions for people with disabilities (UN, 2019; UN, 2022), while implementation is criticized for lacking behind in most cases (GFD, 2022).

Disability in the Context of Decentralisation

Article 9 of the CRPD obliges states parties to "take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas" in order to enable persons with disabilities to live independently and participate fully in all aspects of life (UN, 2006, art. 9). The CRPD thus provides a framework for the right to participation of persons with disabilities, including in the community (article 19), a key objective of decentralisation and local governance.

With decentralisation, Ghanaian MMDAs assumed national government responsibilities for the implementation of legal and political measures affecting the living conditions of persons with disabilities in

several areas of life. In fact, many provisions under the CRPD and the Ghanaian Disability Act today are under local level responsibility. These include, amongst others, the provision of health and social welfare services as well as the areas of education and employment. This transfer of public responsibilities had to be reflected in the structures, capacities and financial frameworks of local governments as a decisive factor in the success or failure of the implementation of public legal obligations and political objectives. So, the question arises as to what extent this has been successful in the Ghanaian context when viewed from a disability perspective.

The decentralisation of public tasks affected disability programming from the very outset. The above CBR programme piloted by the Ghanaian government from 1992 forms a vivid first example in this regard. With the withdrawal of international donors from the programme and in line with the national decentralisation policy, the programme management was decentralised to district assemblies in the mid-1990s. As those were lacking resources and contemporary concepts to maintain the initiative, CBR program structures have collapsed in many communities (Kuyini et al., 2011). While the transfer of management responsibility to the district assemblies appears reasonable against the background of decentralisation efforts, the challenge consisted rather in the fact that it was carried out in the form of an 'unfunded mandate'. 'Unfunded mandates' refer to situations where sub-national governments are obliged by the constitution, national legislation or policy pronouncements to take over certain public tasks, but do not receive funding from national revenues to carry out these tasks. This undermines the ability of the local government to deliver services and effectively returns control to the central government. Evidence on decentralisation processes suggests that higher level governments often devolve responsibilities for social services to the lower level, without corresponding devolution of funds or personnel. This leads to 'unfunded mandates' on social responsibilities for local governments, restricting their capabilities and preventing them from implementing social policies (Kersting, 2009; Bardhan & Mookherjee, 2015). Against this background, the question arises as to what extent decentralisation affects the implementation of the rights of persons with disabilities at the local level today.

The decentralisation of key mandates for the implementation of the rights of persons with disabilities to the local level was operationalised in particular through the District Common Fund Act and specifications for a Disability Common Fund (DCF) in 2005, a 3 % (formerly 2 %) allocation of the District Assembly Common Fund (DACF). In 2010, the National Disability Council launched guidelines for the disbursement of the DCF. It seeks to support income generating activities as a means of economic empowerment, provide educational support, build the capacity of OPDs in the districts to enable them to advocate and assert their rights and undertake awareness raising and sensitization on disability issues, and to support access to technical aids and other assistive devices and equipment (NCPD/GFD, 2010). District Disability Fund Management Committees (DFMC) assess the applications for the fund, decide on the disbursement and are responsible for monitoring the use of disbursed funds.

The DCF is implemented as a quarterly cash and in-kind transfer. Up to now, it builds a key social protection and graduation scheme for people with disabilities in Ghana. The importance of this district-based disability-specific scheme has emerged over the past years as it covers provisions made in several sector legislations and policies which so far could not be addressed by the mainstream schemes and programmes of the respective sectors. It is against this background that the DCF has to cover, strictly speaking, any disability-related expenses. These include, amongst others, assistive devices, specific medicines, school fees, transportation, capacity development measures as well as investments in income generating goods and activities. At the same time, the access of people with disabilities to mainstream social protection and graduation schemes like the Livelihood Empowerment Against Poverty (LEAP) social cash transfer or the Microfinance and Small Loans Programme (MASLOC) remains low. Similar applies to health programmes. The benefit package of the National Health Insurance Scheme (NHIS), for example, does not cover impairment specific medicines, devices, or services.

The DCF has been criticized for ineffective implementation and limited impact (for a detailed discussion see e.g. Edusei et al, 2016; Terre, n.d.; Opoku et al., 2019). The current 'Coordinated Programme of Economic and Social Development Policies' (2017–2024) states that the DCF

"continues to have teething problems arising from the poor management, allocation and recovery of the funds. Misapplication of funds by MMDAs continues to be reported" (Gov. of Ghana, 2017; see also GFD, 2022). The assistance provided by many MMDAs for people with disabilities has largely been limited to one-off transfers by the DCF with limited account on the interaction of individual circumstances and the conditions of the local environment.

The Disability Common Fund – driver or blocker of decentralised disability mainstreaming?

In fact, existing evidence (e.g. Edusei et al. 2016; Terre n.d; Opoku et al., 2019; GFD, 2022) including data collection on disability by the authors in three Ghanaian districts (unpublished)⁴ suggests that delays in releasing or insufficiency of transfers in many cases make the implementation of key legislative and policy provisions on disability-inclusion an unfunded or at least an underfunded or irregular funded mandate. This seriously harms the potential to meet obligations assumed under the Disability Act and the CRPD by the national government. Further, it prevents local governments from taking over the lead in local governance processes towards disability-inclusive service provision across sectors. At the same time, and despite these challenges, the DCF is often made the 'Jack of all trades' for disability-related responsibilities at the local level, as suggested by assessments of several MTDPs and disbursements of the DCF by the authors. MMDAs themselves mostly do not have any programmes of their own for persons with disabilities (Gov. of Ghana, 2015). MTDPs include disability mostly in the field of social welfare. It is hardly mainstreamed into initiatives of different sectors, be it skills development, employment, health, or others. Provision of disability-related items or services are frequently referred to the DCF. When looking at the scope of transfers made through the DCF by MMDAs, the

4 The respective dataset consists of 30 qualitative interviews conducted with people with disabilities and 10 qualitative interviews conducted with local social welfare officers in Ghana's Central Region and Eastern Region.

enormous range of types of disbursement is particularly striking. These go far beyond the original mandate of the fund and often cover the most basic needs of people with disabilities across sector responsibilities, be it school fees for special schools, costs for medication, health treatment, assistive devices, transport costs, capacity development measures as well as investments in income generating goods and activities, which challenges the management of limited resources available under the fund. In addition, the DCF, so far, has no solid legal basis, neither in the Local Governance Act, which is completely silent on disability, nor in the Disability Act. Further, the objective of the fund as a provider of start-up capital for developing a business was not familiar with the majority of recipients the authors spoke to in three districts. Many assumed the programme to be a regular social transfer and were waiting for their next turn to receive from the fund.

From a critical perspective, the above settings around the DCF can be described as a situation, where a huge part of national legislative and policy responsibility for disability-inclusion is decentralised to the local level where it gets segregated to an underfunded mandate that prevents disability mainstreaming across local governance sectors. Instead, all matters related to disability get segregated into the DCF and the local Social Welfare Departments in charge. They are therefore kept away from other sectoral unit responsibilities of local development that would have the mandate to make their sectoral development strategies and programmes inclusive of people with disabilities. Assuming this to be the case, another question arises with regard to the objective of decentralisation reforms as outlined before: To what extent can decentralisation reforms in Ghana enfold potential to improve the living conditions of people with disabilities in the long run?

Concluding perspectives for local disability mainstreaming

The contribution attempts to focus attention on a dissonance arising between legal and political aspirations on the one hand and practical realities on the other hand where inadequate local governance arrangements might hamper disability-inclusion. The authors draw attention to the question of how disability-specific schemes and

disability mainstreaming perspectives could be harmonized towards disability-inclusive local governance that fits the Ghanaian context. 'Disability mainstreaming' refers to efforts being made to realize equal opportunities for people with disabilities as a cross-sectoral task at all levels and to promote human diversity as a positive value. For local communities, it means that equal opportunities are considered in planning, implementation, monitoring and evaluation of local development processes. Local policies, strategies, measures, procedures and services should therefore be examined in terms of how they affect the realities of all people, including those with disabilities, and be responsive to their rights and needs.

The Medium-term Development Plans (MTDP) build a promising structural framework for systematically strengthening disability mainstreaming. They offer opportunities to operationalise a consideration of rights and needs of people with disabilities living in the district across all areas of public goods and services that are subject to local development planning. At the organisational level, this requires a systematic inclusion into the MTDP planning cycle, starting from sectoral baseline assessments and the obligatory performance review (evaluation) of the previous plan, through a systematic consideration in sectoral planning procedures and consultation formats in the planning phase, to the technical coordination and monitoring of implementation. A first step in this regard could for example be realised through the District Performance Assessment Tool (DPAT) (Gov. of Ghana, 2018) by making compliance with the Disability Act a DPAT assessment criterion for all areas of public goods and services planned under the MTDPs. This would even be backed by the current decentralisation policy framework (Gov. of Ghana, 2015).⁵

From that perspective, the District Planning and Coordinating Units (DPCU) would have a pivotal enabling function for disability mainstreaming in the MMDAs. In this context, the question of how

5 Under its outline on minimum conditions and performance measures, the DPAT includes a measure on the DCF, assessing the disbursement of the fund. However, the only indicator set here is an output indicator on the 100 % disbursement of DCF funding received by the MMDAs (Gov. of Ghana, 2018). Compliance of the DPAT with the Disability Act 715 is not included as an assessment criterion of the tool, but recommended by the decentralisation framework.

competences for disability mainstreaming might be transferred from the Social Welfare Office to the DPCU, or might be established there, could be discussed. From an organisational perspective, such discussion might be linked to the open question of realising the decentralisation of the National Disability Council. The establishment of district offices is planned under the Disability Act to enable the Council to carry out its mandate effectively (Gov. of Ghana, 2006, art. 49), but has not yet been realised due to financial constraints (GFD, 2022, art. 33).

Staying with this perspective, the question finally arises as to how one could neutralise the segregating effect of the DCF and reconcile it with the suggested role of the DPCU in the sense of a twin track approach, harmonising specific measures addressing people with disabilities with a mainstreaming approach and which strengthen mutually. Considerations for a new conception of the DCF could be conceivable. Consideration may be given to progressively limiting the DCF to its core mandate. In parallel, a funding source to support mainstreaming activities in other sectors could be sought, designed as an incentive structure. The coordination of disability-specific measures and disability mainstreaming could be thought of as a task of the DPCU. Corresponding competences could be created by docking a decentralised unit of the Disability Council to the DPCUs.

This outline aims to contribute to the Ghanaian discourse on disability-inclusive local governance, which particularly focuses on the role of local administrations in the context of public goods and services. By highlighting the challenges and opportunities of devolution of public responsibilities on disability, it seeks to embed into the lively professional discourse on improving the living conditions of people with disabilities in Ghana, emphasising the pivotal role of local governments in facilitating change processes at the political-structural level. This assumes, that respective change processes in the context of decentralisation must not be merely understood as diffusion from (inter-)national to local levels but can be guided by a "push from below" (Romeo, 2012), based on collective local learning and upscaling of promising local approaches towards disability-inclusion (Schädler & Wissenbach, 2021).

References

- Abedi, L.& Sasu, A. (2015). The Persons with Disability Act, 2006 (Act 715) of the Republic of Ghana: The Law, Omissions and Recommendations. *Journal of Law, Policy and Globalisation*. 36.
- Bardhan, P. & Mookherjee, D. (2015). Decentralization and development: dilemmas, trade-offs and safeguards. In: Ahmad & Brosio (2015): *Handbook of Multilevel Finance*. Cheltenham: Edward Elgar Publishing Ltd.
- Edusei, A. K.; Adjei-Domfeh, P.; Kwadwo Mprah, W.; Opoku, M.; Badu, E. & Appiah, C. (2016). Assessing the Impact and Uses of the Disability Common Fund Among Persons with Disabilities in Kumasi Metropolis in Ghana. https://www.researchgate.net/publication/311427890_Assessing_the_Impact_and_Uses_of_the_Disability_Common_Fund_Among_Persons_with_Disabilities_in_Kumasi_Metropolis_in_Ghana [08.08.2022]
- Geurts, K. L. (2015). On the Worlding of Accra's Rehabilitation Training Centre. *Science, Medicine, and Anthropology*. <http://somatosphere.net/2015/on-the-worlding-of-accras-rehabilitation-training-centre.html/> [08.08.2022]
- Ghana Federation of Disability Organisation (2022). *Civil Society Organisations Alternative Report On The Implementation Of The Convention On The Rights Of Persons With Disabilities In Ghana*. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fICO%2fGHA%2f47924&Lang=en [08.08.2022]
- Government of Ghana (1992). *The Constitution of the Republic of Ghana*. https://www.constituteproject.org/constitution/Ghana_1996.pdf [08.08.2022]
- Government of Ghana (1993). *Local Government Act 462*. <http://extwprlegs1.fao.org/docs/pdf/gha91927.pdf> [08.08.2022]
- Government of Ghana (2006). *Persons with Disability Act*. Ghana: Act No. 715 of 2006. <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/86287/97299/F355459223/GHA86287.pdf> [08.08.2022]
- Government of Ghana (2015). *National Decentralisation Policy Framework 2015–2019. Accelerating Decentralization and Local Governance for National Development*. <http://imccod.gov.gh/images/imccod/publications/National%20Decentralisation%20Policy%20Framework.pdf> [08.08.2022]
- Government of Ghana (2016). *Local Governance Act*. Ghana: Act No 936. <http://lgs.gov.gh/index.php/local-governance-act-of-2016-act-936/> [08.08.2022]

- Government of Ghana (2018). District Assembly Performance Assessment Tool (DPAT). http://www.mlgrd.gov.gh/ctn-media/filer_public/b1/d2/b1d2f2c0-66fb-4f1a-9366-bfc169e49396/2018_dpat_operational_manual.pdf [08.08.2022]
- Grischow, J. D. (2011). Kwame Nkrumah, Disability and Rehabilitation in Ghana, 1957–66. *Journal of African History*, 52(2011), pp. 179–199.
- Grischow, J. D. (n.d.). Disability and Rehabilitation in Late Colonial Ghana. <https://scholarspace.manoa.hawaii.edu/bitstream/10125/58501/397.pdf> [08.08.2022]
- Kersting, N.; Caulfield, J.; Nickson, R. A.; Olowu, D. & Wollmann, H. (2009). Good Local Governance. Local Government Reform in Global Perspective. An Introduction. In: *Local Governance Reform in Global Perspective*. Wiesbaden: VS Verlag für Sozialwissenschaften
- Kuyini, A. B.; Alhassan, A. R. K. & Mahama, F. K. (2011). The Ghana Community-Based Rehabilitation Program for People With Disabilities: What Happened at the End of Donor Support?. *Journal of Social Work in Disability & Rehabilitation*, 10(4), 247–267.
- Ofori-Addo, L. (1994). The community-based rehabilitation program in Ghana. In *UNESCO: Making it happen. Examples of good practice in special needs education & community-based programs* (pp. 24–33). Paris: UNESCO.
- Opoku M. P.; Nketsia, W.; Agyei-Okyere, E. & Mprah, W. K. (2019). Extending social protection to persons with disabilities: Exploring the accessibility and the impact of the Disability Fund on the lives of persons with disabilities in Ghana. *Global Social Policy*. 2019; 19(3):225–245.
- Picard, L. A.; Groelsema, R. & Lawrence, T. (2015). Donors, Public Sector Reform, and Decentralization. Democracy and Civil Society in Ghana. In: Picard, L. A.; Groelsema, R. & Buss, T. F. (eds.). *Foreign Aid and Foreign Policy*. New York: Routledge. 146–170
- Romeo, L. G. (2012). Decentralizing for Development: The developmental potential of local autonomy and the limits of politics-driven decentralization reforms. ICLD Working Paper No11.
- Schädler, J.; Wissenbach, L. (2021). The role of local planning in the implementation of the UNCPRD. In: Šiška, J.; Beadle-Brown, J. et al. (eds.). *The Development, Conceptualisation and Implementation of Quality in Disability Support Services*. Prague: Karolinum Press.

- Shah, A. (2006). *Local Governance in Development Countries*. Washington, DC: The World Bank.
- Terre (n.d.). Effective management, disbursement and utilisation of the District Assembly Common Fund allocated to persons with disabilities. <http://www.teeregh.org/projects/anti-Corruption-Project.php> [08.08.2022]
- United Nations (2006). *Convention on the Rights of Persons with Disabilities*. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> [08.08.2022]
- United Nations (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*. A/RES/70/1. New York: United Nations. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E [08.08.2022]
- United Nations (2016). 71/256. *New Urban Agenda*. UN General Assembly A/RES/71/256. <http://habitat3.org/wp-content/uploads/New-Urban-Agenda-GA-Adopted-68th-Plenary-N1646655-E.pdf> [15.08.2022]
- United Nations (2018). *Committee on the Rights of Persons with Disabilities*. Initial report submitted by Ghana under article 35 of the Convention, due in 2014. CRPD/C/GHA/1. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fGHA%2f1&Lang=en [08.08.2022]
- United Nations (2022). *Committee on the Rights of Persons with Disabilities*. List of issues in relation to the initial report of Ghana. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fGHA%2fQ%2f1&Lang=en [08.08.2022]
- United Nations Sustainable Development Solution Network (2016): *Getting Started with the SDGs in Cities. A Guide for Stakeholders*. <http://unsdsn.org/wp-content/uploads/2016/07/9.1.8.-Cities-SDG-Guide.pdf> [15.08.2022]
- Wissenbach, L. (2020). From global goals to local action: The innovative potential of global policy frameworks for disability-inclusive local development. In: Hobelsberger, H. (ed.). *Social Glocalisation and Education. Social Work, Health Sciences, and Practical Theology Perspectives on Change*. Leverkusen: Budrich.