National Assessment on the impact of COVID -19 on the Rights and Welfare of Children with Disabilities in Ghana

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And
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II. List of Abbreviations

Abbreviation	Definition
ACERWC	African Committee of Experts on the Rights and Welfare of the Child
AND	Association of National Disables
CBO	Community-Based Organisation
CHPS	Community and Health Planning Services
CHRAJ	Commission on Human Rights and Administrative Justice
COVID-19	Coronavirus Disease
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
DACF	District Assemblies Common Fund
EPRP	Emergency Preparedness and Response Plan
ESMF	Environmental and Social Management Framework
ESP	Education for Special Persons
FCUBE	Free Compulsory Universal Basic Education
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDP	Ghana Disability of Persons

GES	Ghana Education Service
GFD	Ghana Federation of the Hearing impaired
GLSS	Ghana Living Standards Survey
GSS	Ghana Statistical Service
IE	Inclusive Education
INGO	International Non-Governmental Organization
IRB	Institutional Review Board
JHS	Junior High School
KII	Key Informant Interview
LNGO	Local Non-governmental Organization
MaRL	Migration and Rights Lab
MICS	Multiple Indicator Cluster Survey
NANHRI	Network of African National Human Rights Institutions
NCPD	National Council of Persons with Disability
NHRI	National Human Rights Institution
OHCHR	Office of High Commission of Human Rights
OOP	Out of Proportion
PD	Physically Disabled
PID	Physically Impaired Disability
PPE	Personal Protective Equipment
PWD	Persons With Disability
RTI	Responds To Interventions
SARS	Severe Acute Respiratory Syndrome
SPED	Special Education Division
TOR	Terms of Reference
UN	United Nation
UNICEF	United Nations International Children Emergency Fund
WB,	World Bank
WHO	World Health Organisation

III. Acknowledgement

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IV. Executive Summary

The rights of persons with disabilities are guaranteed by International Conventions such as the Universal Declaration of Human Rights, the International Convention on the Rights of Persons with Disability, the African Charter on the rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples' Rights and the 1992 Constitution of the Republic of Ghana. Ghana signed its commitment to protect the rights and welfare of Persons with Disability (PWDs) by signing the United Nations [UN] Convention on the Rights of persons with Disabilities in 2007 and ratified it in 2012.

Ghana has several legislations and policy frameworks that seek to protect rights and welfare of Children, including persons with disability. The District Assemblies Common Fund Act 1993,(Act 455) enjoins Parliament to make an annual allocation of 7.5% of the total national revenue to District Assemblies for development out of which 2% is allocated to PWDs. The National Council on Persons with Disability (NCPD) was established to ensure this inclusivity.

Following the outbreak of the coronavirus disease COVID-19 in December 2019, a number of governments worldwide, put in place measures to curb the spread of the virus and to mitigate the impact of the pandemic on the social and economic lives of the citizenry. The impact of the pandemic on the rights and welfare of children with disabilities in Ghana has been great but is not fully understood as the literature that exists speaks generally about persons with disabilities and not children.

This assessment provides an insight into the rights and welfare issues that children with disabilities faced during the COVID-19 pandemic. It highlights recommendations and suggestions on how to overcome them through policy formulations and implementations by adopting a mixed method approach to understand the different dimensions of the effects of COVID-19 on the rights and welfare of children with disabilities in Ghana. The study was conducted across the sixteen regions of Ghana. Key Informant Interviews were carried out in all regions using virtual means. In-depth interviews with children and focused group discussions with children and parents/caregivers were

carried out in four regions (Greater Accra, Ashanti, Eastern and Central Regions) which has been noted (GSS, 2021) as the regions with most population with disabilities

1.0 Introduction

The protection and guarantee of the rights and welfare of children in Africa is a core function of The African Committee of Experts on the Rights, and Welfare of the Child (ACERWC) and the Network of African National Human Rights Institutions (NANHRI). ACERWC draws their mandate from Article 32-46 of the African Charter on the Rights and Welfare of the Child, and work in concert to carry out strategic advocacy in mobilizing the required level of political, and social acceptance of the protection of children's rights including children with disabilities. NANHRI, through its in-country partner, Commission on Human Rights and Administrative Justice (CHRAJ), contracted Migration and Rights Lab (MaRL) to conduct a National Assessments on the impact of COVID-19 on the Rights and Welfare of Children with Disabilities in Africa. This assessment focuses on Ghana, and it is part of a similar Africa wide study.

Following the first case of COVID-19 in Ghana on 11 March 2020, the Minister for Health (Ghana) declared a Public Health Emergency in accordance with Section 169 of the Public Health Act, 2012 (Act 851). Also, the imposition of the Restriction Acts, 2020 (Act 1012) and the Imposition of Restriction (COVID-19) Instrument, 2020 (E.I 64) were adopted (Addadzi-Koom, 2020).

The recent figures released by the Ghana Statistical Service (GSS) indicates that about 8 % (2,098,138) of the total population of Ghanaians are persons having varying degrees of difficulty in performing their normal activities. Of this number, females constitute 8.8% whilst males were (6.7%). These categories of people were higher (9.5%) in rural areas as compared to (6.5%) in urban areas. The data also shows that four regions accounted for more than half (53.6%) of the population 5 years and older with difficulty in performing an activity: Ashanti (17.3%), Greater Accra (13.5%), Eastern (12.0%) and Central (10.8%). The proportion of persons aged 5-17 years with varying degrees of difficulty in performing activities is 3.0 percent, with a higher representation in rural areas (3.4%) than urban (2.7%).

Lockdown measures, and its attendant socio-economic crisis, carried a myriad of risks, including an increase in severe forms of exploitation, yet, there is limited analysis on the ramifications of these longer-term effects on the rights and welfare of children with disabilities in Africa, questioning the effort geared towards the achievement of the Sustainable Development Goals, the United Nations Convention on the Rights of the Child (UNCRC), The African Charter on the Rights and Welfare of the Child and Chapter 5 of Ghana's 1992 Republican Constitution as well as the Disability Act, 2006, (Act 715).

1.1 The Objectives of the Study

The outcome of the assessment is intended to meet the objectives of ACERWC and NANHRI as follows:

- Strengthen ACERWC's capacity to operationalize the Strategy for promoting and protecting the rights and welfare of children with disabilities in Africa, focusing on the impact of COVID-19 by:
- Providing an overall assessment detailing how the rights of children with disabilities in Ghana have been protected and (or) violated and neglected during the COVID-19 pandemic, detailing and bringing to light the areas that must be addressed.
- Gathering children centric disability data that can help devise recommendations and solutions to understand pre-existing gap areas and tailor responses to how State and non-state actors could tackle the current inequities faced by children with disabilities as revealed by the COVID-19 pandemic.
- Elaborating on existing (or lack thereof) COVID-19 response strategies and complaints handling systems of the select 5 NHRIs, with a goal to ensure integration and strengthened focus on the rights of children with disabilities
- Enhance the capacity of African NHRIs to respond to the impact of COVID-19 on children with disabilities.
- Improve the effectiveness of African NHRIs contribution to the work of the ACERWC

1.2 Limitations of the Study

The study encountered some limitations, and the results should be interpreted with caution, bearing in mind the limitations encountered.

Due to limitations in budget and time, the study could not deploy the same type of methodology across all sixteen regions of Ghana. This implies that some regions like Ashanti, Greater, Eastern and Central Regions had a lot more detailed information than the rest of the regions. In these four regions, the study conducted key informant interviews, in depth interviews with children with disabilities and parents as well as focused group discussions. Survey questionnaire was also administered in these regions. In the remaining twelve regions, in-depth interviews and surveys were conducted virtually with key informants and parents of children with disabilities.

The sample size was not large enough, random nor representative of children with disabilities or of caregivers and parents. We cannot draw conclusions from the findings to represent all children with disabilities in the country. This also applies to demographic representation. Despite the limitations of the study, the findings provide significant insight into the lived experiences on the rights and welfare of children with disabilities in Ghana during the COVID-19 pandemic. These findings therefore could be reflective of what some children may also be experiencing.

This study focused on Ghana's institutions mandated among others, to promote, protect and enforce fundamental human rights and freedoms of Ghanaian citizens especially, children with disabilities.

2.0 Research Methodology

The study adopted a mixed method approach to understand different dimensions of the effects of COVID-19 on the rights and welfare of children with disabilities. The Terms of Reference (ToR) for the consultancy specify that this assessment should be conducted using mixed method design. The study was conducted in all sixteen regions of Ghana. Key Informant Interviews (KII) were

carried out in all regions using virtual means. In depth interviews with children and focused group discussions with children and parents/caregivers were carried out in four regions (Greater Accra, Ashanti, Eastern and Central Regions). These four regions were identified by 2021 Population and Housing Census of Ghana as the regions with population with greater numbers of persons living with disability

Based on the requirements and considerations described above, MaRL developed a data collection plan, a quality assurance protocol and data collection tools that were submitted to CHRAJ as part of the inception report for comments and approval. The data collection tools were developed in English then revised to ensure the questions translated into a local language capture the information needed while also making sense to the target groups and being articulated in an appropriate, respectful manner. In all, four data collection tools were developed: Key Informant Interview guide, in-depth interview focused group discussion guide, Survey questionnaire and Observations.

A two-day training of the enumerators/moderators introduced the project and the rationale of the assessment, the use of the data collection tools as well as detailed definitions of the main terms of the assessment. A one-day pilot of the tools was undertaken in Accra and was followed by further hands-on training of enumerators and fine tuning of the questionnaires.

Confidentiality of data applied to the pilot and the Focus Group Discussion (FGD) collection process. All participants in the data collection were asked for consent for their participation. They were informed that their names would not feature in the report. They could also withdraw from the study at any time or decline to answer any questions they were not comfortable with without any repercussions. Respecting the principle of confidentiality allowed data to be collected in a secure environment and ensured that participants worked under ideal conditions to provide accurate information without being under duress.

Given the context of COVID-19, all participants were supplied with a nose mask and hydro-alcoholic solutions before the start of each interview. One metre between each participant was respected. The research assistants also did the same.

2.1 Focus Group Discussion

Focus group discussions were carried out in four regions: Greater Accra, Eastern, Ashanti and Central Regions. In each region, two focus groups, each with 7 participants. One was made up of children with disabilities. This was a mixed group of male and female participants as well as different forms of disabilities. In each group, there was a signed language instructor who interpreted the discussions, where there were hearing impaired among them. The second focused group discussion was composed of caregivers of children with disabilities. Also, this group was a mix of male and female caregivers. Mixed focused group discussion was adopted due to the limited number of participants available. The other focus group discussion was done with teachers, both males and females, and instructors who are teaching the children with disabilities in school. Further, we determined on the field that the mixed composition will not compromise discussions.

2.2 Key Informant and In-depth Interviews

Key Informant Interviews (KII) and in-depth interviews were held with parents of children with disabilities and heads of government and non-governmental organisations. Parents of children with disabilities were identified from special schools. We then obtained their phone numbers and contacted them directly. All interviews were conducted via cell phone. A total of 13 parents were contacted. List of relevant government agencies and other service providers was developed and categorised into geographical areas of functionality. A total of 11 key informants were contacted across all sixteen regions of Ghana.

2.3 Questionnaire/Survey

A survey questionnaire was developed for parents and caregivers of children with disabilities. These questions were structured in open and closed ended format via google forms. List of parents' contacts were obtained from special schools. Additionally, contact details of national, regional and district officers of Ghana Federation of the Disabled (GFD) were obtained from the head office of GFD. They facilitated the identification of caregivers or parents of children with disabilities. Parents/ or caregivers who were literate and had smartphones were sent a google form link to complete the forms. Field officers administered the questionnaire directly with other parents who could not use smartphones but were willing to participate in the study. In all 106 parents/or caregivers were interviewed.

2.4 Data Collection Challenges

The assessment team faced several challenges in data collection both at the institutional level, regional level, district level, and at the community level. The assessment team first wrote letters to government agencies and educational institutions introducing CHRAJ, MaRL and the purpose of the study. While some of these institutions flat out refused to grant interviews on the basis that they had similar projects ongoing, others requested for a formal written letter directly from CHRAJ before they could cooperate. CHRAJ did respond to our request for letters but there were significant administrative delays in getting responses from the government agencies.

It proved difficult to identify children with disabilities at the community level. We worked with disability associations at the regional and district levels but most of their references were of adults. Community members were not also willing to give out information on children with disabilities or of their families. The team drew the same from educational institutions for children with disabilities.

Survey questionnaires administered via google forms received limited responses. This was because of the limited number of parents and caregivers who had access to smartphones. With a limited time, frame for data collection and budget, field enumerators could not reach 35% of targeted population. The quantitative data collected was therefore limited in size. Accessing some of the roads to some communities and towns was also challenging due to the rough nature of the road, coupled with gulley erosions at some places. Thus, the team relied heavily on in-depth interviews (through phone calls) with guardians, district and regional heads of disability organisations

3.0 Legal/Policy Framework and Relevant Literature

3.1 Government of Ghana Policy Framework for Persons with Disabilities

The rights of persons with disabilities are guaranteed by international conventions and the 1992 Constitution. Ghana signalled its commitment to protect the rights and welfare of persons with disability by ratifying the United Nation's Convention on the Rights of People with Disabilities

(UNCRPD) in 2012. The 1992 Constitution provides for the establishment of the District Assemblies Common Fund (DACF) in all districts across the country.

The DACF Act 1993 (Act 455) provides for the establishment of the Fund, the Administrator, the Administrator's functions, and other related purposes. The Act enjoins Parliament to make an annual allocation of 7.5% of the total revenue of Ghana to District Assemblies for their local level development of which 2% is allocated to persons with disabilities. The disability Act, 2006, (Act 715) of the Republic of Ghana, describes a person with disability as "an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one or more of the major life activities of that individual". Other related legal instruments aimed at the protection of the rights of people with disabilities are Children's Act 1998 (Act 560), Education Act 2008 (Act 778), Labour Act 2003 (Act 651), and National Health Insurance Act 2012 (Act 852).

These legislation collectively seek to protect the rights and welfare of persons with disabilities in terms of improving income generation, educational support, capacity building and access to technical aid and assistive devices. In practice, the legislative provisions have offered little protection and guarantees of the rights and welfare of people with disabilities. Beyond provision of educational facilities for children, the broader needs of children, as a vulnerable group, is not mentioned for specific attention in the DACF. Children are dependents and require a lot of assistance and guidance to support them in their psycho-social development. The lack of specific provisions of their unique needs in the various disability laws limits their ability to access the needed rights and welfare support for their educational, vocational, and other technical aid to assist in their development.

3.2 Government of Ghana Policy Responses to COVID-19

The government of Ghana prepared an emergency Preparedness and Response Plan (EPRP) with the overall objective to:

- slow and stop transmission, prevent outbreaks and delay spread.
- provide optimized care for all patients; and

- to minimize the impact of the pandemic on health systems, social services, and economic activity (Ministry of Health, 2020).

The government set up an inter-ministerial committee and appointed a Presidential COVID-19 Coordinator, Dr Asamoah Baah to coordinate all government efforts in mitigating the impact of COVID-19 in Ghana. All the approaches of government were chaired by his excellency, the President of the Republic of Ghana, Nana Addo Danquah Akufo Addo. The Government's responses were in phases, to reflect the changing dynamics of the pandemic. Following the first two reported cases on 12 March 2020, there was a ban on public gatherings, border closures and mandatory quarantine in Accra; mandatory quarantine in Tamale, partial lockdown in Accra and Kumasi and enhanced surveillance/testing; and hotel exit testing. The partial lockdown was lifted in April 2020.

The Environmental and Social Management Framework (ESMF) developed as part of the government COVID-19 response plan sought to establish a mechanism to determine and estimate the potential environmental and social impacts of activities under this project. The aim is to support decision-making and provide guidelines for the implementation process associated with the sub-project activities. These must be environmentally sound, socially inclusive, protect human health and enhance positive and social outcomes (MoH,2020). Following the implementation of this framework the anticipated economic benefits will emanate from the labour-intensive work in the refurbishment of facilities and contact tracing. At the same time, The ESMF anticipated potential social risks:

> *There would be issues relating to noise, dust particles and effluence release from service and construction sites. Facilities treating patients may also generate biological, chemical waste, and other hazardous by-products that could be injurious to human health. With interventions such as lock downs and protracted closure of schools the risk of Gender Based Violence including Intimate Partner Violence or Sexual Harassment is likely to go up.*

The document does not identify the specific risk that people with disabilities may suffer. None the less, children with disabilities could be heavily impacted. For instance, children with mobility or sight impairment may be highly exposed to the environmental pollution from the disposal of chemical waste and other hazardous products

Most Ghanaians are impacted by COVID-19. People with disabilities are particularly vulnerable. Children with disabilities depend a lot on other people either in the home setting or in residential care for their upkeep. Individuals with medical conditions are therefore more at risk of infection than those without (Lund, et al, 2020).

3.3 Rights of Children with Disabilities in Ghana

Several organisations provide child protection and welfare service for children with disabilities. A 2018 mapping of child protection in Ghana by United Nations Children's Fund, identified 1,287 institutions, categorized into government, INGOs, LNGOs, CBOs, FBOs and 'Others'. Most service providers to children had been government, accounting for 70.6% (908), (UNICEF, 2018). Service provision included rehabilitation and education, family integration and maintenance, enforcement and justice administration, health care, birth and death registration, provision of equipment, logistics and infrastructure, child abuse and local governance and social services. Overall, 447 institutions focus on protecting children with special needs, including children with disabilities. Most of this service is however skewed towards the Northern, Ashanti and Central regions. These three regions accounted for 200 organisations. Children with disabilities in rural areas are the most deprived of their rights and the provision of welfare services. This is in part due to the absence of government agencies or civil society in rural areas. The over concentration of government agencies and civil societies in urban centre continue to perpetuate the cycle of rights abuses of children with disabilities in all spheres of their lives.

3.4 Right to Education

Access to education is a universal right, recognized by Universal Declaration of Human Rights and the Convention on the Rights of the Child, affirm the core principles of universality and non-

discrimination in the enjoyment of the right to education (OHCHR, 2013). Additionally, the African Children's Charter,Maputo Protocol and the African Protocol for Persons with Disability applies to all people including children with disabilities. Additionally, the. The Convention on the Rights of Persons with Disabilities further emphasises the need for an inclusive educational system. The government of Ghana introduced the Free and Compulsory Universal Basic Education (FCUBE) in 1995 as part of its drive to achieve the millennium development goals that by 2005 children everywhere should be able to complete a full course of primary schooling. This, along with other policies and laws have done little to improve access to education by children with disabilities.

School systems have typically adopted one of three different approaches to persons with disabilities: **exclusion**, where a student is denied regular education without an equal alternative on the basis of their disability; **segregation**, occurs when a student is sent to a specialized school for their specific impairment; and **integration,** when a student is placed in a mainstream school so long as they can adjust (OHCHR, 2013). Ghana has largely pursued the segregation strategy albeit with limited specialised schools in a few regions, thus school for the visually impaired in the Upper West Region and school for the hearing impaired in Akropong. The government's educational strategic plan 2010-2020 set a strategic goal: "To provide education for those with physical and mental impairments, orphans, and those who are slow or fast learners, by including them, wherever possible, within the mainstream formal system or, only when considered necessary, within special units or schools" (GoG, 2015). However, many of the strategies articulated in national plans have fallen far short in achieving their objectives due to limited resources among others.

3.5 Right to Health

Children's access to health services and nutrition was severely disrupted because of the outbreak of COVID-19. It is estimated that globally 43% of children under five years are not achieving their developmental milestones, particularly their cognitive, language, and psychosocial skills (GoG, 2018). Children between the ages of 0-3 are often taken care of by their parents, family members or other caregivers. These caregivers need to have access to basic health care.. The initial misconception that children were less susceptible to COVID-19 has been disputed by multiple reports (Innocent, 2020). The level of susceptibility is dependent on multiple factors. In low- and

middle-income countries, persons aged 20 years comprise 11% of the overall COVID-19 cases. In countries with high child and adolescent mortality rates like Nigeria, India and Brazil, the infection rate is much higher. Restrictions in movement affected Children's access to health interventions such as vaccinations and primary health care; household income shocks reduced health seeking behaviour for maternal and child health, ante/post-natal care, and vaccinations.

A recent monitoring data on child wellbeing during the COVID-19 pandemic suggests a general reduction of households having overdue and unobtained vaccinations. The reduction constituted 14.4% of the sample. This was further compounded by the fear of contracting the virus when exposed to a large crowd (UNICEF Ghana, 2020).

3.6 Right to Nutrition

Households with limited financial resources face greater risk. Children with disabilities with pre-existing health conditions are more susceptible to numerous health and nutritional adverse effects. Poor nutrition leads to stunted growth and a worsening of any pre-existing medical conditions. Most of these children already live in rural areas where access to transportation and health services are challenging. Ghana's health system has a perennial challenge with limited coverage, weak coordination with other services, lack of isolation facilities and irregular supply of health care professional and laboratory supplies (Saleh K., 2013).

3.6 Child Protection

Boys and girls experience protection violations differently. Prior to the COVID-19 pandemic, an estimated 57.7% children aged 0-14 did not receive appropriate child protection interventions. Children were exposed to negligence and violence at home, and within their larger community (NDPC, 2019). Children were exposed to domestic violence due to lock down restrictions and school closures (UNICEF Ghana, 2020). Boys and girls spent more time in overcrowded households, increasing anxiety, frustration, and psychological tensions. A monitoring report by Social Policy Research Institute (2020), found an increase of child abuse and right violations from 18.3% before March 16, 2020, to 26.1% with girls suffering a higher physical exposure rate than

boys. Child labour also increased during this period as parents explored alternative sources of livelihoods due to disruptions in their regular economic activities.

A comparative study of child labour between March 2020 and June 2020 saw increase of 10.9% of children aged 5-17 engaged in child labour activities (UNICEF Ghana, 2020). As the government prioritized health interventions during this period, other social welfare interventions saw a scale down in their intensity due to lockdowns, leaving girls and boys more at risk of potential protection violations (Marques, E. S., et al, 2020). This trend could lead to increased gender-based violence (GBV), teenage pregnancies, lack of access to birth registration among others.

4.0 Analysis of Findings

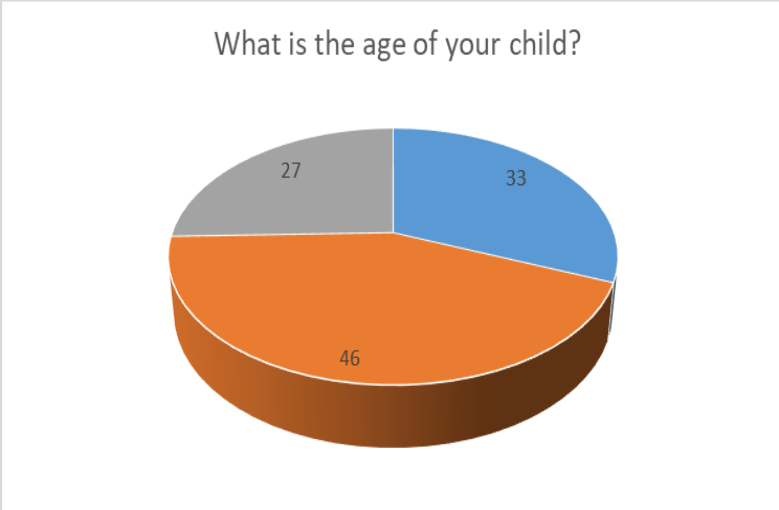
4.1 Survey population.

The total number of parents and caregivers of children with disabilities surveyed across the country was 106 made up of 62 females and 44 males.

Table 1. Total Respondents

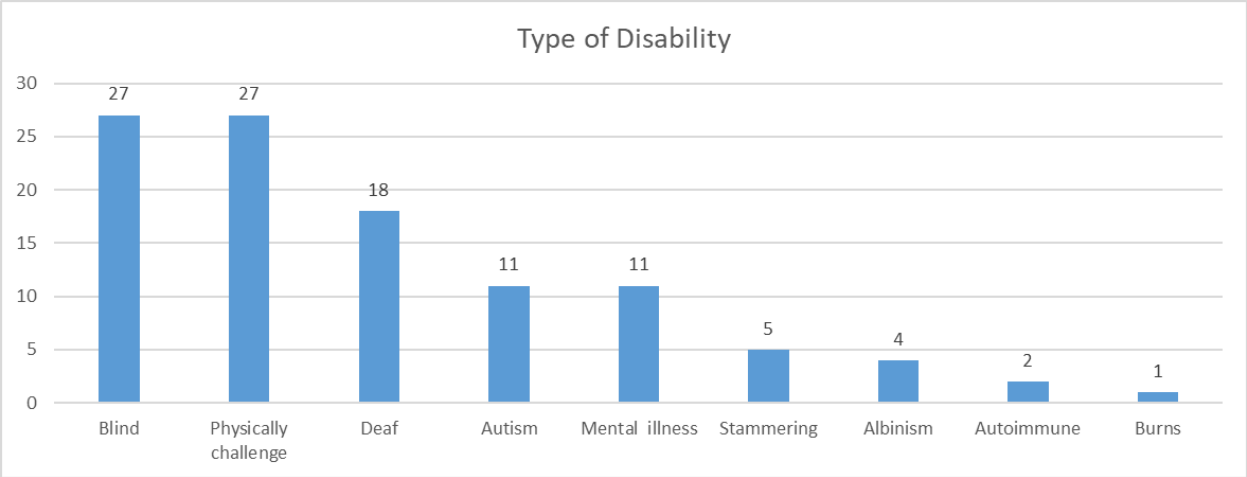
Gender	Count	Percent
Female	62	58%
Male	44	42%
Total	106	100%

Figure1. Age groups of Respondents



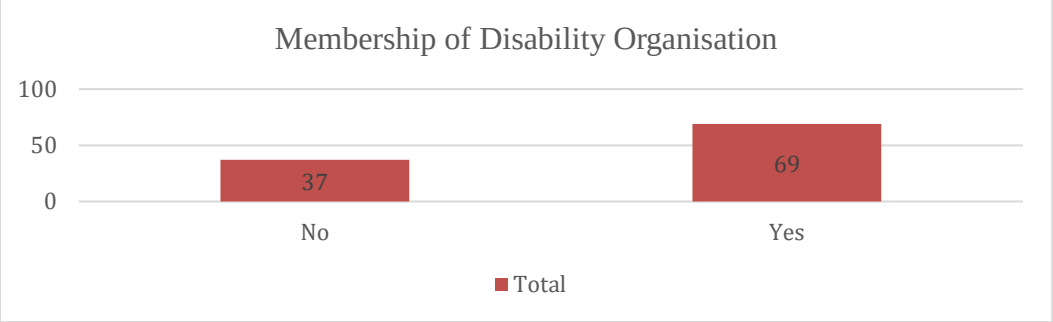
Most of the respondents were between the age group of 14 to 16 as shown in figure 1. This was followed by children with disabilities in the age group of 11 to 13 and 17 to 19.

Table 2 Type of Disability



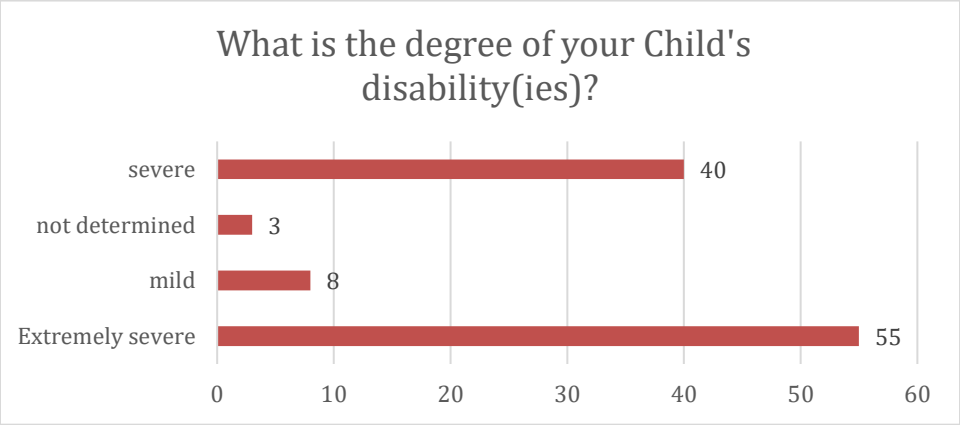
Most of the respondents were parents with children with physical disabilities and visually impaired. There was an equal number of respondents, 27 each. This was followed by children with hearing impairment. Child with autoimmune and burns were the least respondents. The rest were below 6 as shown in table 3

Table 3 Membership of Disability organisation



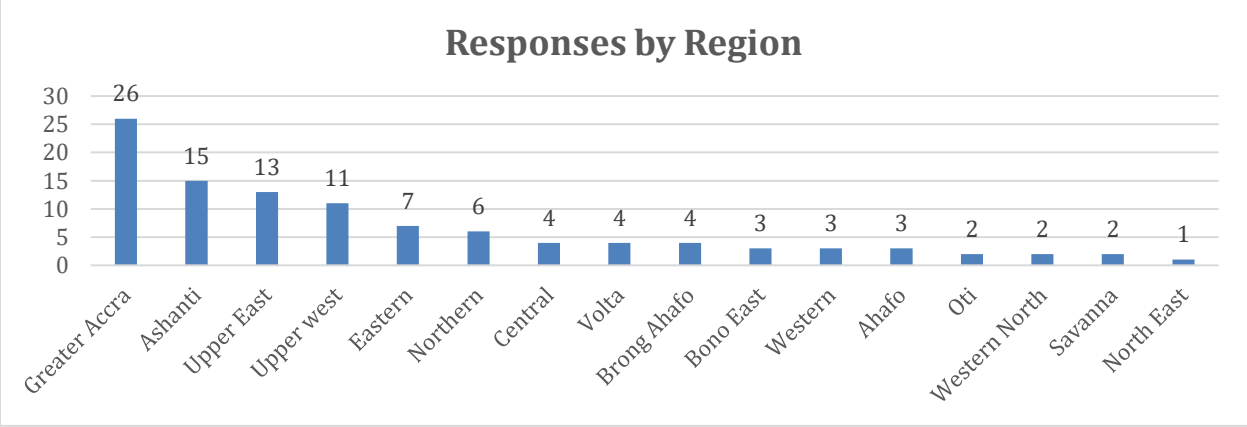
Majority of the respondents 69 out of the total number of 106 were members of on disability organisation or another.

Table 4 Degree of children's disabilities



With regards to severity of children's disabilities, the majority (55) of the total number responded that their children suffered extremely severe disabilities. Extremely severe disability means children who displayed a wide range of disabilities and highly depended on their caregivers or parents. Those who indicated that their children suffered severe disabilities, that is those children who displayed several disabilities but had a higher level of independence, were 40 while mild and undetermined were 8 and 3 respectively.

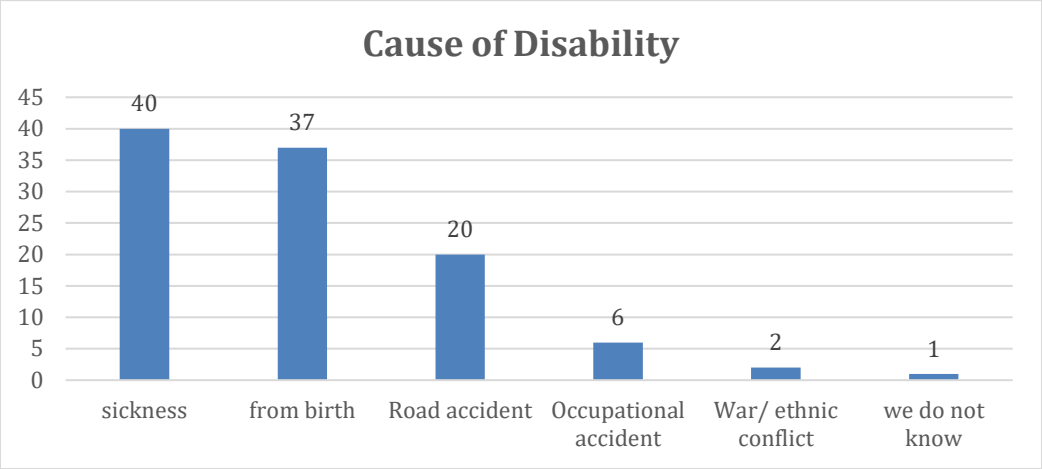
Table 5: Regional Responses



As can be seen from table 5 above, 25% of the respondents were from Greater Accra with Ashanti, Upper East and Upper West having 15(14%), 13(12%) and 11(10%) respectively. This finding, Greater Accra and Ashanti having a higher number of persons with disabilities reflected the

findings in the just ended population and housing census. Although Eastern and Central also appeared as the additional two regions with higher persons with disabilities, our finding showed otherwise. This may be due to our specific focus of children with disabilities instead of people with disabilities in general.

Table 6. Causes of Disabilities



Responses from the field show that the most occurring cause of disabilities among the children were sickness (40) representing 38% of the total responses, while from birth and road accident accounted for 35% and 19% respectively. The rest including occupational, war or conflict and do not know had 6%, 2% and 1% respectively.

7. Cross Tabulation of responses between Region and Disability Type

Cross Tabulation between Region and Type of Disability

Region/Disability	Albinism	Autism	visually impaired	Burns	Hearing impaired	Mental	Physically	share care	Stammering	Total	Percent
Greater Accra	0	4	7	0	2	1	11	0	1	26	25%
Ashanti	0	1	8	0	1	1	4	0	0	15	14%
Upper East	1	2	3	0	2	0	4	1	0	13	12%

Upper west	0	1	2	0	2	3	3	0	0	11	10%
Eastern	0	0	1	0	6	0	0	0	0	7	7%
Northern	0	0	1	0	1	2	1	0	1	6	6%
Brong Ahafo	0	0	1	0	1	1	1	0	0	4	4%
Central	0	0	2	0	1	0	0	1	0	4	4%
Volta	1	1	0	0	0	2	0	0	0	4	4%
Ahafo	0	0	0	0	2	0	0	0	1	3	3%
Bono East	0	0	1	0	0	0	0	0	2	3	3%
Western	0	1	1	0	0	0	1	0	0	3	3%
Oti	1	0	0	0	0	0	1	0	0	2	2%
Savanna	0	0	0	1	0	0	1	0	0	2	2%
Western North	1	0	0	0	0	1	0	0	0	2	2%
North East	0	1	0	0	0	0	0	0	0	1	1%
Total	4	11	27	1	18	11	27	2	5	106	100%

In terms of disability types in relation to regions that they occur most, the Greater and Ashanti regions had the most prevalent forms of disabilities with the visually impaired and the physically challenged dominating. This appears consistent with findings from 2020 Ghana Statistical Service.

Table 7 Distribution of Disability and Gender Group

Type of Disability	Female	Male	Total	Percent
visually impaired	15	12	27	25%
Physically challenge	13	14	27	25%
Hearing impaired	14	4	18	17%
Autism	5	6	11	10%
Mental Health	11		11	10%

Stammering	3	2	5	5%
Albinism	1	3	4	4%
share care		2	2	2%
Burns		1	1	1%
Grand Total	62	44	106	100%

4.2 Challenges during the COVID-19 Pandemic

4.2.1 Perception of Local Vulnerabilities to Rights and Services

The environment plays an important role in the daily activities of human beings of all ages and categories (Nartey et al, 2018). Architectural and environmental barriers have gained increasing attention in recent years as part of efforts to improve the accessibility of the environment for mobility of persons with disability of all ages (Church et al, 2003). These categories of population also largely depend on their immediate environment for sustained livelihood

In response to this, several human rights treaties and national legislation and human rights treaties have been promulgated to ensure that persons with disabilities are able to navigate their environment with minimum difficulties. These include the Convention on the Rights of Persons with Disability which aims at rallying international effort to ensure that the rights of persons with disability are safeguarded. Article 7 of CRPD which deals with children with disabilities and the African Children's Charter, African Disability Protocol.

At the national level, the government of Ghana also passed a legislation that sought to promote the rights and welfare of PWDs in Ghana and streamline their activities into the development effort. The disability Act of 2006, Act 715 is the guiding document for issues relating to disabilities. Despite the existence of these frameworks, children with disabilities have had a lot of setbacks in

accessing their immediate environment. This phenomenon was exacerbated during the COVID-19 pandemic.

During a focus group discussion with children with disabilities in a disability institution, it became evident that they had serious challenges with accessing their environment and this affected them during the COVID-19 era. Although the institution had basic infrastructure including agribusiness (aimed at diversification), community clinic, Assembly Hall and business centre, most of these services and the built environment is not disability friendly and poses danger to the students.

In a focus group discussion, one of the participants had this to say on the built environment:

> *Yes, the infrastructure is ok, I mean we have class rooms, accommodation however, the school geographic location, I mean the landscape is undulating and so as a person with disability, it makes movement very difficult and the situation becomes worse in the rainy season, the ground becomes so wet and slippery which makes some of us to fall- making us prone to COVID-19 since we were not to touch things. In fact two years ago, a student fell and broke her arm. So, imagine being hearing impaired person and breaking your arm, already you cannot talk or hear and so it is your hands that you use in communicating, but now your arm is broken and the situation becomes very difficult.*
>
> *(Gloria, female 15 years, Cape coast, 2022)*

These assertions were corroborated by another participant:

> *…Our school does not have running water and so we had to go and fetch outside. This source of water was sometimes contaminated then we fell sick and going to hospital during the covid itself was very challenging because of social distancing and not touching things. As children with disabilities, it was a serious challenge to us.*
>
> *Because of the undulating nature of the land, when we fetch water to our dormitories, we find it difficult to walk and sometimes it takes time to prepare for lessons and this affects academic work. Again, the path leading to the clinic where we access health facilities*

whenever we are sick is mountainous and undulating. This same road leads to the girl's dormitory. So, it poses a lot of challenges. (Safoa, female, 17 years, Cape Coast,2022)

These findings show that the provisions in the disability Act, 2006 (Act 715) have not been realized. The Act states in part that; "the owner or occupier of a place to which the public has access shall provide appropriate facilities that make the place accessible to and available for use by a person with disability... A person who provides service to the public shall put in place the necessary facilities that make the service available and accessible to a person with disability".

Section 17 of Act 715 further mandates the minister in charge of education to "provide the necessary facilities and equipment that will enable persons with disability to fully benefit from the school or institution".

The provision under the Act aims at ensuring that children with disabilities who are in educational institutions are able to access their environment without difficulties. However, in an in-depth interview with a student with disability, he reveals that the amenities in the institutions are not friendly especially the lightening system, he says:

Most of the time the whole place is dark because of power cuts and sometimes, thereby exposing us to dangers including placing our hands where we are not supposed to touch. So, during the covid times we were always afraid that we could get infected.

Generally, even now the light is not bright and as hearing impaired students, we use the light to communicate with our fellow hearing impaired students and other students and friends but if the whole place is dark how do you communicate? Because, we use our hands to communicate for others to see what we are saying but the darkness makes it difficult for us to communicate. (Kwesi , male, Cape Coast, 2022)

The plight of the hearing-impaired students was equally shared by the partially visually impaired students. In an in-depth interview with a partially visually impaired student, Maame, 19-year-old female, Cape coast, 2022 she reveals that although visually impaired do not need the light to function, the partially sighted persons depend on the light to perform activities, but it was difficult

to move around especially during the covid period where they were educated not to touch the surfaces:

> *Those of us who are partially sighted sometimes help our colleagues who are totally visually impaired to classrooms, bath rooms, library, dining hall, assembly among others, but when the whole place is dark because there is no light then we ourselves become helpless and the end is always catastrophic; injuries to our bodies, we become ill and cannot perform functions ourselves which also leads to great effect on our studies. This was even more difficult during the COVID-19 pandemic because without electricity we were bound to touch the surfaces of the walls and other structures to guide us to walk. This made us more vulnerable to the disease and so sometimes when we fall and injure ourselves, we didn't want to go to the hospital because we were more likely to be detained for covid test.*

The Special Education Division of the Ministry of Education is charged with the responsibilities of overseeing issues related to children with disabilities in educational institutions. The Inclusive Education Policy defines the strategic path of the government for the education of all children with special educational needs. The policy builds upon sections in the 1992 Constitution, the National Development Agenda, the Education Strategic Plan and International Commitments to achieve national as well as international goals for creating an environment for addressing the diverse educational needs of Ghanaians. The Inclusive Education (IE) Policy is based on the value system which holds that all persons who attend an educational institution are entitled to equitable access to quality teaching and learning and which transcends the idea of physical location but incorporates the basic values that promote participation, friendship and interaction(Education Act 778, section 5, p.5,2008).In terms of accessibility of their built environment, the act states in 5.1.1 that the GES/SPED shall ensure that :

> *…. Physical and environmental accessibility of educational facilities (existing and new facilities).*

During the Key Informant Interview (KII) with the director of the special education division he stated:

We are aware of these challenges and are working towards them. We make sure that all upcoming public buildings related to education are accessibility compliant, however, the existing ones, there are budgetary challenges but we are working on ensuring that all inclusive schools are accessible to persons with disabilities

As with responses in the Central Region suggesting access and violations of the rights of children with disability in their built environment, responses from the Eastern Region were not different from the central region. The eastern region is home to one of the two institutions specifically designed for the visually impaired students. Thus, it is only the visually impaired students who attend the school. This limits other persons with disabilities from accessing education there. Most parents therefore send their wards with disabilities to other schools such as Millennium School based in Krobo Odumasi.

The school is a mixed school for both males and females. The JHS section is a story building whilst the others are normal classrooms with steer cases. The classrooms were all occupied with adequate tables and chairs for learning, but that of the disabled children were inadequate. By observation, few chairs were available, with one wheelchair which was not functioning properly at the time of visit. The health conditions of the children seem to be deteriorating without proper care being given to them. They appear not to have the necessary learning materials for the children.

During a focus group discussion, it was revealed that the school has challenges with access to classroom, personal Protective Equipment's (PPEs), teaching and learning materials and trained staff with knowledge in disabilities issues.

We do not get support from any institution- not even the District Assembly. So, the children with disabilities in this school are just in one class and handling them is very difficult because about 90% of them have speech impairment, autoimmune diseases, autism. So being in one class posed a serious challenge during the covid because we could not observe the social distance protocol and some too could not use the face mask because it was too big. In fact, those who could use it properly self we had to constantly change mask for them but at a point we could not continue because there was no support even from the district

assembly and these children are from poor families. (Narko, caretaker Eastern region, 2022)

A casual observation and interaction with caregivers also indicate that they had little training on disabilities. They did not have full understanding of the kind of disabilities the children they were handling suffer from and as such it was difficult to treat each child with disability on a special basis. The Inclusive Education Policy of government requires that teachers shall be required to keep records. Such records shall be aggregated at school, district and regional levels and be collated and analysed to inform the planning and provision of services, track progress on IE, identify gaps and institute both preventative and readiness measures into the education system. The lack of this basic understanding by the caregivers means the objective of this policy will be defeated.

To realize the goal of full enrolment and completion, education for children with special needs are considered as essential. It is against this background that the Ghana Government's Education Strategic Plan 2010-20 set a strategic goal for that:

"To provide education for those with physical and mental impairments, orphans, and those who are slow or fast learners, by including them, wherever possible, within the mainstream formal system or, only when considered necessary, within special units or schools". The findings in this study show that the education of learners with special needs is still problematic because of qualified staffing challenges.

During an in-depth interview with a parent of a child with disability, she bemoaned the treatment they receive from some institutions that are charged with these responsibilities. According to her, her child has a neurological condition and she has been fending for the child without any support from any institution or government. She therefore could not send the child to school although she understands education is free, the assistive devices and medications are very expensive. Additionally, she felt that the school system is not well suited for the care of the child.

I am a single parent; I care for this child without support from anybody. The condition of the child is such that she needs constant care which the school system cannot handle. I tried sending her some years ago but the school

environment was not suitable. They had only single classrooms and the teachers too were complaining that she was aggressive. During the covid, I could not do any business and so I used all my savings to buy medication so that I could prevent her from falling sick which will require that I send her to hospital, I have been to the hospital once during the covid and the experience was terrible, the nurses themselves were afraid to touch her although they were fully protected. (Saaba, 34-year-old, Odumasi, 2022)

4.2.2 Right to Health

The onset of the pandemic put the narrative that children and the youth were less prone to risks associated with COVID-19. However, the narrative has been refuted by recent research carried out by the UNICEF Office of Research – Innocenti. UNICEF (2020) findings on children's susceptibility to the virus suggest that a child's vulnerability to the pandemic was based on where they live and their pre-existing health vulnerabilities. For instance, in low- and middle-income countries (Idele, 2020), persons aged under 20 years comprise 11% of the overall COVID-19 caseload. In Brazil, India and Nigeria, the caseload is higher and in the case of Paraguay the caseload for children was 23%. The UN Convention on the Rights of Persons with Disabilities Article 25 reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination.

Persons with disabilities generally have more healthcare needs than others – both standard needs and needs linked to impairments – and are therefore more vulnerable to the impact of low quality or inaccessible health-care services than others. Compared to persons without disabilities, persons with disabilities are more likely to have poor health: among 43 countries, 42 per cent of persons with disabilities versus 6 per cent of persons without disabilities perceive their health as poor (WHO, 2020).

In this regard, specific groups of children and the population at large face increased risks due to pre-existing conditions. Moreso, the disruptions to critical health services, the quality of health services provided is at risk of further decline as, among other challenges, pressure on the health system increases and priorities shift in resource allocation and funding.

A key informant with the Ministry of Health, Ghana described the situation as dire in the peak of the pandemic.

> *As you may recall, most of the major hospitals were overwhelmed with patients suffering from the pandemic. We worked both day and night, it was not easy as the disease itself was new and kept metamorphosizing. All our concentration was on how to prevent people from dying.*

Mothers visiting antenatal services could not receive full services. Children who required special attention had difficulty getting quality care. Due to huge numbers of patients seeking medical care many of the parents with disability abandoned the hospitals due to long waiting time and extraneous financial commitments on transportation and other inconveniences (Guetterman et al; 2018).

In an in-depth interview with a respondent from the Upper West town of Jirapa, she narrates the following:

> *My brother, you know that even before the COVID-19, our hospitals are always choked so if I have to go to hospital for them to check my child's eyes, I always wake up early, but I still follow the line that is long. But during the covid time things were very bad. As a mother with a visually impaired child, you cannot sit and wait for a long time because you need to pay extra care so that the child will not go and touch anything in the hospital and get covid. So, because of this, I stopped going to the hospital because of the stress and most importantly the fear that my child will get infected with the disease. (Nusrat, 42-year-old mother of child with disability, 2020)*

According to UNICEF (2020), Ghana monitoring data on child wellbeing, during the COVID-19 pandemic vaccination coverage was generally affected. The data shows that 14.4% of surveyed households in Ghana reported having overdue and unobtained vaccinations for their youngest child of 2 years or younger between March and June 2020. More than half of these households listed fear of coronavirus contagion as the main reason for not vaccinating their child during this period, followed by lack of vaccines and movement restrictions associated with the lockdown. The

findings in this research also shows that fear of covid was ranked as the number one reason why parents and children failed to access health care during the covid as seen in table 1 below

During the focus group discussing with children with disabilities in the Asokwa district of the Ashanti region, it was evident that fear and misinformation ranked high on reasons why children with disabilities failed to go to hospitals when they fell sick

> *It was not easy for me to go to hospital. For instance, I remember when I was sick of malaria at Kasoa, my father told me to get prepared to be sent to hospital for treatment but when I was ready, he said no, that he just heard from the radio that people who go to hospital no matter the sickness are usually detained as COVID-19 patients especially person with disabilities so we didn't go. I got medication from the drug store for my treatment (Maame-Esi, Asokwa, 2022).*

These assertions were corroborated by other participants when he stated that he feared going to hospital

> *During the covid time, there was rumour that persons with disabilities were most vulnerable and so when you visit the hospital, they will detain you and let you sit for long... and you will be in your house one day they will come with ambulance and say you have COVID-19.*

The World Health Organisation estimates that nearly 13% of the 30 million population of Ghana suffer from mental disorder with at least 3% suffering the severest form while 10% suffer moderately from the mental health disorder. The institutional framework for mental health issues has not been properly catered for at the policy making level. The first mental health board according to the Executive Director of Mental Health Association of Ghana, did not include experts in the field of mental health. This according to him, mental health access in Ghana became difficult especially during the COVID-19 pandemic:

> *Mental health patients were not included in the first phase of the COVID-19 vaccines. So, we advocated, and they only included them in the second face of the vaccine. Workers who were employed to work in mental hospitals had limited ability on mental issues so they could not render the needed service to patients.*

Again, the medicines that were provided to mental health patients dwindled significantly during the COVID-19 leading to relapse of some of the patients thus posing danger to caregivers

… you know before the onset of covid, the government supported the mental health institutions with free medication, which was given to the patients, however, the onset of covid saw a drastic reduction in the supplies of medicines to these hospitals. The health personnel themselves did not have training on how to handles mental health patients during the covid, this led to a number of them to stop visiting the hospitals

Inability of caretakers to send children to hospitals led to children being increasingly confined at home due to lockdown. They spend less time with their friends and classmates and have limited possibilities for socializing with other children. Children who are living in violent or stressful environments were even more at risk of a negative toll to mental health in addition to protection violations, and therefore face violations of multiple children's rights.

The lack of medicines influenced some patients to resort to traditional and other methods such as prayer camps. The inability of these alternative systems to provide care led to disastrous consequences including death, death resulting from suicide.

…we need to look at the health system so that it can benefit all victims especially children who have mental issues. Hence, it's important to develop a psychotherapist functioning body online which will always give support to victims.

PPE were not properly distributed. The disability groups were not even considered. Things provided also went into the wrong hands.

Some patients

did not also use face mask because they had breathing challenges. And there were no alternatives provided. No specific mental abuses were recorded (Director, Mental Health Society of Ghana, 2022)

Children from households with limited financial resources face greater risks of morbidity and mortality in the context of the pandemic. There were wide disparities in disease prevalence and in access to and utilisation of maternal and child health services between households in the poorest and richest wealth quintiles (UNICEF, 2020).

Household income declined during the pandemic; other related financial shocks may have exacerbated the already precarious conditions children with disabilities faced in Ghana. Data from Ghana Statistical Service (2018a) show that only 55.6% of Ghanaians were covered by health insurance before the pandemic. This raised the health-related expenditure, and out-of-pocket (OOP) healthcare expenditures are very high. In 2012, 21.1% of households were pushed below the $1.90 poverty line by OOPs in the health sector, while 38.1% were pushed below the $3.20 poverty line (WHO 2020). The pandemic has also had a negative toll on children's mental health and emotional distress.

During the focus group discussion with caregivers of children with disabilities, they expressed frustrations they went through during the pandemic.

One of them, Assibi, an autistic child caregiver, said:

> *"My child's condition deteriorated during the covid because I could not sell in the market because of the government directives and again schools were closed so she was always home and without money means no medication. You go to hospital then they tell you the medicine is not covered by health insurance, or the medicine is out of stock they prescribe for you go and buy but no money. hmm it was not good. The government needs to do something about {we} those who are poor and have children with these conditions".*

The challenges in Ghanaian health sector vary with dominant issues such as emergency preparedness, coverage of essential services, financial protection of the poorest and most vulnerable population as well as inequalities in service accessibility and delivery remain pervasive. According to the World Bank (2020b) the health sector faced a lot of challenges in dealing with the pandemic. Chief among them was weak coordination mechanisms, inadequate quarantine, and

isolation facilities (many hospitals were inundated with patients), irregular supply of laboratory supplies and other materials and lack of legislation in dealing with public health emergencies.

In 2018, Ghana had 4.2 nurses and midwives per 1,000 population, and in 2017 the number of physicians per 1,000 population was only 0.136(UNICEF, 2020). This situation rendered service provision very cumbersome leading to high workload in district and regional hospitals as public facilities experience shortages of skilled staff, laboratory services including essential drugs. The situation was dire in the northern region of Ghana.

> *"Apart from the inadequate staffing issues, sometimes it takes time to receive essential drugs even at the regional level not talking about the remote districts. It was worse at the peak of the COVID-19 because priorities changed. Much effort was geared toward containing the disease much to the neglect of other diseases which affect the vulnerable, however, these categories of persons were more vulnerable to covid because they lived with comorbidities" (A district director of health service, Northern Region)*

Although there has always been challenges regarding accessing health care generally for PWDs, the covid times made the situation worse.

> *"For me I refused to attend to the hospital for even my routine check-up because of fear of contracting the covid and being detained. Sometimes, you go and it is difficult to see a doctor, the nurses will always say the doctor is attending to emergency but those of us who have disabilities too need our medication to survive" (Isaac, 18-year-old male Bolgatanga, 2022).*

4.2.3 Right to Food and Nutrition

Malnourishments continue to plague developing countries including Ghana. Year on year basis, the country records 12,000 deaths of children including children with disabilities due to poor weight, essentially caused by inadequate feeding practices, micronutrient deficiency, malnourishment of mothers during pregnancy, and food insecurity (WB,2017). Food insecurity

according to GSS (2018) accounts for 17.5% of children under-5 being stunted and 12.6% being underweight.

The prevalence of moderate and severe food insecurity was very high, nearly 50% in 2017(WB, 2020) and by 2020, the impact of COVID-19 on child nutritional outcomes extended to multiple vectors; increase in food insecurity due to disruptions in food supply chains (and consequently increase in food prices), other shocks affecting food supply chains, and loss of income and remittances due to economic effects of the pandemic. Disruption in essential health and nutritional services provision by health providers, loss of access to school meals and nutrition related programmes for children in public primary schools due to school closures were having debilitating effects on children. The survey analysis revealed that most of the regions did not receive the required support except the Greater Accra and the Ashanti regions. See appendix 1 for types of support received from government by children with disabilities in the regions.

Findings from the field already showed the effects the pandemic had on children's nutrition and food security.

> *"The closure of schools during the pandemic was terrible, we barely fed as there was no longer meals for our children. The support from the District Assembly only reached some people, but I did not get any food. Market too was bad as everybody was indoors. I used to trade in breadfruit business, but people were not buying and so there was no money. Sometimes we will just eat once in a day" (Daavi, North Tongu, 2022)*

Since 16th March 2020 when the government officially closed schools, basic school pupils have lost access to school meals. While meals were provided for people in Accra and Kumasi during the three-week national lockdown, many of the other regions did not benefit from such supply of cooked food on a large scale. Since government did not identify the disability organisations as partners in the distribution process, majority of their members lost out on the initiative and suffered malnutrition as revealed by the Executive Director of Ghana Federation of the Disable (GFD):

..., food as a basic need already was a challenge even before the advent of the COVID-19 and worsened during the pandemic. Since the ban was imposed on movement of persons and goods, most of the PWDs could not go out to buy food. They were afraid to do so because, depending on the nature of disability, the fear of contracting the disease made a lot of them to remain indoors. Again, those who required the assistance from their caregivers could not have because of the social distancing protocol because the caregivers themselves were afraid to go near to provide service. There was a general belief that PWDs were more prone to contracting the disease especially for the visually impaired since it requires touching surfaces for directions and other activities. Those who ventured out with their white canes to look for food were sometimes stranded because people did not want to assist. The situation was worse for the physically challenged children because they could not even move out to purchase basic food items.

The government policy of providing cooked food was not extended to us in the disability fraternity and so most of them did not benefit. We know our members and where they live and how to get them because as I said earlier, they were afraid to go out and so how were they able to get this food assistance?

4.2.4 Right to Education

The COVID-19 impact on children with disabilities' access to quality of education was severely felt through closure of schools without adequate alternatives to educational services accessible by all children across the country. These lapses are likely to exacerbate existing differentials in education in the medium to long term and worsen existing barriers to access to education by children with disabilities.

Before the advent of the COVID-19 pandemic, research indicated 16.9% of children aged 5-11 years, 50.9% of children aged 12-14 years, and 83.3% of children aged 15-17 years were either not attending school, were two or more years behind in school, or have not achieved the correct level of schooling for their grade (NDCP et al., 2019)

The situation was worse for children in general and children with disabilities in particular. Northern Ghana had significant disparities with children faring far worse in rural areas; indicators showing ratio of boys to girls favouring girls in attendance and completion in the lower levels while boys were doing well in upper-level school attendance and completion (NDCP et al., 2019). During the pandemic, the government of Ghana closed down schools on March 16. This decision affected approximately 9,253,063 learners between pre-primary and secondary education levels (MoE, 2020).

To ameliorate this measure, the state introduced modules of learning that were taught through the digital platforms including television, zoom and WhatsApp among others. These distance learning programmes were implemented countrywide on 5th May, 2020, with Ghana Education Service (GES) providing a TV timetable for children from kindergarten to senior high school. It included subjects such as Maths, English and Science.

While these measures were laudable, these services were not equitably accessed by children with disabilities. As a result, the quality of their learning was highly impacted as a result of numerous factors, including learning difficulties at home. In one of the FGD in Accra a participant had this to say:

> *When schools were closed, learning became so difficult because in school, sometimes if you do not understand something, you can ask a colleague to explain but when you are in the house it becomes difficult because maybe your parents or siblings can sign but they cannot explain the concept to me or sometimes your other compound members don't understand us when we want some explanation. Even in most of the TV stations, they do not have sign language interpreters and it becomes difficult to follow news and understand what is being taught or said. There were no assistive devices such as hearing aid giving to us at least for those of us who couldn't hear. (Beatrice (Hearing impaired), 17-year-old, Cape Coast, 2022).*

The closure of schools and the short-term impact was also seriously felt by children with disabilities since it was difficult to follow through with the lessons. The result was that children with disabilities lagged in terms of lessons covered thus when schools eventually reopened, while

other children were on course with scheduled lessons, children with disabilities spent some weeks copying notes from colleagues. Research (UNICEF, 2020) indicates that about 60% of respondents reported that children resorted to their own schoolbooks as opposed to other educational materials, including internet content and Ghana Learning TV buttressing the assertions that children faced difficulties learning at home due to school closures. The research further states that among children attending primary and junior high school, 39.4% of their households indicated they lacked access to basic tools like computers or phones, 33.2% lacked learning materials including textbooks, and 28% of households reported that children's lack of interest in taking lessons was a leading learning difficulty

> *"When we were not going to school, I was not able to watch the television because in our house my father does not have a television, so I did not benefit from the government teaching program on television. but my friends were telling me that they were learning when we meet, so when school reopened, I was not getting a lot of the things that the teacher was teaching, but when I followed for some time, I was able to catch up after some weeks of attending school" (Kadoso, 17-year-old, partially visually impaired child, Kintampo north district, 2022).*

This research also revealed that even for those who had these media for learning, the environment did not permit them to fully utilize the platform to learn at home due to inadequate conditions for proper learning, with factors such as overcrowded households, living in households without electricity or proper lighting or not having an appropriate space for learning or support from parents and teachers. The findings were particularly true for the respondents from rural and remote areas, in low-income households, and those left behind due to migration of family members.

Yakubu, a physically challenged child in the Mion district of the Northern Region described vividly the situation of learning during the pandemic.

> *"I attend school at the Sang DA primary, but during the covid, I was not going to school, but sometimes we followed the teaching on the television, but this was not always because there was always light off and also sometimes when the light*

is back, the television will be on different channel because others also wanted to watch some films and so it was not easy to follow the teaching well"

This confirms the findings in the literature that states that children living in rural areas were at least twice as likely than children living in urban areas, and children living in the two poorest asset index quintiles are at least three times as likely than wealthier children, to not have access to common information channels.

In some of the disability institutions, especially the institutions that dealt with children with learning disabilities, it was so difficult during the COVID-19. Teachers within these institutions agreed that they were to make a follow up to the homes of these children to guide them through learning, but this was not so due to social distancing protocol. After schools were reopened, some of the caregivers did not want to come closer to the children. A parent with a child with autism narrates:

…. during the covid, teachers in the school didn't want to get close to the children even though they were supposed to go house by house to visit them. The children too could not learn in the house because they don't have the devices to enjoy the online learning which was introduced by the government. So generally, the children were left to their fate.

4.2.5 Economic Rights and Child Poverty

Financial wellbeing of children and their households globally was significantly affected. As the secondary effects of the COVID-19 pandemic and related containment measures continue around the world, recent projections by the World Bank suggest an economic growth contraction in the Africa region from 2.4% in 2019 to between -2.1 to -5.1% and the first economic recession in the region in 25 years. (Calderon, et al., 2020).

In Ghana, projections point to a reduction in real GDP growth from an estimated 6.5% in 2019, to a forecasted 1.5% in 2020 and 3.4% in 2021, (The World Bank ,2020). This would be Ghana's lowest growth rate in 37 years. A rise in monetary poverty due to the pandemic is likely to hit vulnerable populations the hardest, while less vulnerable populations are likely to be more

financially resilient and recover faster from financial shocks. This implies that not only will (child) poverty increase due to the economic downturn, but so will inequality.

On the supply side, employment continues to decline with the widespread closure of nonessential businesses, schools, workplaces, and service facilities, alongside travel bans. Moreover, as many lines of work are informal and/ or cannot be carried out remotely, the rise of unemployment among already vulnerable groups who dominate informal labour markets (who constitute upwards of 86% of Ghanaian employment) is of particular concern (International Labour Organization (2020).

Children living in households reliant on informal labour are highly vulnerable to adverse outcomes related to financial shocks. On the demand side, spending patterns have changed and deferred in the context of pandemic-related uncertainty and a reduced access to goods and potential shortages of essential items (ibid). As parents and caregivers are affected by the indirect macroeconomic effects of the global pandemic, a rise in unemployment and income loss is likely to give rise to children living in monetarily poor households. Recent projections suggest that the share of monetarily poor children in Sub-Saharan Africa alone will increase from 250 million children living in poor households, to around 274 million children by the end of 2020. (UNICEF and Save the Children, 2020).

The findings here show that the economic meltdown affected children with disability indirectly as they were hardly engaged in economic activities, but their parents did and the effects on their parents also affected them. The total ban on goods and services affected the informal sector greatly.

> *"During the pandemic our parents hardly engaged in meaningful economic activities as there was ban on movement of people. My mum normally buys and sells plantain and cassava in Kasoa, but during those times she could not travel to buy those items and so even food to eat became a challenge. There was drastic cut in our daily meals in terms of the quantity" (Konbil, 16-year-old male, Cape Coast, 2022).*

During the focus group discussion with parents with children with disabilities, it was evident that their inability to effectively trade had a massive effect on their incomes which also affected their wellbeing in terms of food, medicine, and some recreational activities. The situation was compounded when the schools were shut down making parents bear full responsibilities for the care of their children. Before the COVID, the school feeding program served meals to school going children which also took some burden off the parents.

Donkor, a female parent with disability stated that

> *"Prior to the COVID-19, business was already bad for some of them who took charge of children with disabilities, but was better because our children had free meals from school, and again after the covid19, these children were with us at homes so if you want to go to market you will have to send them-in my case I did not have somebody who will help me keep him back home, so I normally go along with him to the market, but when people also see that there is a child with some abnormality, some refuse to buy from you citing COVID-19 as reasons because, the people have the belief that children with disability have bad luck."*

4.2.6 Social Protection and Institutional Equity in COVID-19 Response

The World Report on Disability as reported by the World Health Organization(WHO) shows that Disability may increase the risk of poverty, and poverty may increase the risk of disability (2011:10). Globally, studies have shown that in most countries, social protection systems offer little support to persons with disabilities and their families, with only 28% of persons with significant or severe impairments having access to disability programmes (Kidd et al, 2018; Mitra et al, 2016; WHO, 2020).

The situation is even more precarious in developing countries which stands at 1% (Mitra et al, 2016). The UN's Policy Brief (2020), stress that a Disability Inclusive Response to COVID-19 must ensure that persons with disabilities have access to services and that measures are adequately put in place to facilitate the timely access to health services for persons with disabilities, including transportation, access to sign language interpretation in hospitals, as well as the procurement of goods, medicines, and services.

Children with disabilities, especially those living in resource-poor areas, experience multiple challenges that are associated with individual as well as societal poverty (Grut et al, 2012; Moodley et al, 2015). Poverty outcomes are formed by numerous factors including gender, race, class as well as severity of impairment (Mitra et al, 2016; Moodley et al, 2015). As a result of the ongoing cycles of poverty, many families in Ghana have come to rely on the government's monthly social disability grants as their main source of income. Distribution of all social grants is made by the Gender Ministry. The disability grant which is 3% of the 7.5 percent of the DACF is available to persons who are unable to work as a result of their impairment, and who do not have sufficient alternative means of support (Kelly, 2013). However, the inability of the state to release the DACF during the COVID-19 period put heavy strain on the children with disabilities who depend on this for their survival.

This came to light during the focus group discussion:

> *Before the COVID-19 pandemic, we used to access the Common Fund for persons with disabilities, although it was not coming regularly but every quarter there was some monies that was giving to us, but when the COVID-19 came it stopped completely and things became hard. Any time we go to the district assembly they always tell us that money is not there. (Johnny, 19 years old, Kumasi, 2022)*

Stigma associated with children with disabilities has been a key contributing factor to how many children with disabilities are exploited and dehumanised (Shah et al, 2016; van der Heijden et al, 2016; WHO, 2020). Additionally, children with disabilities are vulnerable, and at higher risk of experiencing sexual, physical, emotional and financial abuse than persons without disabilities (McKenzie et al, 2015; van der Heijden et al, 2016).

Children with disabilities risk of violence is increased by societal stigma and discrimination, communication barriers, and not being viewed as credible witnesses if violence is reported; and multiple layers of abuse and neglect are experienced by persons living in residential institutions (French et al, 2009; Swedlund et al, 2000). The COVID-19 period further exposed children with disabilities to abuses and neglect as was shared by the Executive Director of the Ghana Federation of the Disabled:

"In terms of abuses of the rights of persons with disability during the covid era, several reported cases were heard from the mainstream media. This was mainly for the visually impaired, the physically challenged and the hearing-impaired persons. Their peculiar situation rendered them immobile and so they relied on people to access basic necessities such as food and water. This situation rendered them vulnerable to various forms of abuse including sexual abuse.

The CHRAJ is the national human rights institution of Ghana and receives several complaints and reports from individuals, groups and organisations. While the Commission follows up on most cases, others rarely come to their attention resulting in their inability to follow and resolve those issues. Most human rights cases are not reported due to some cultural and social connections between the victims and perpetrators. However, CHRAJ 2020 annual report for instance shows that (7,523) human rights complaints were received. Out of this, (7,344) were resolved. The nature of these complains were categorised into **Children's Rights, Women's Rights**, **Property Rights, Economic**, **Social and Cultural Rights** and **Civil & Political Rights as illustrated in the table**

Table 8 : Types of Human Rights Complaints: 2016-2020

TYPES OF RIGHTS	2016	2017	2,018	2019	2020	TOTAL
Children Rights	3,227	3,099	3,143	2,940	2,340	14,749
Economic, Social and Cultural Rights	2,444	2,566	2,888	2,759	2,545	13,202
Property Rights	1,320	1,473	1,540	1,362	1,411	7,106
Women's Rights	1,089	1,152	1,088	970	934	5,233
Civil and Political Rights	474	478	381	348	293	1,974
Total	**8,554**	**8,768**	**9,040**	**8,379**	**7,523**	**42,264**

Source:CHRAJ 2020 Report

In a KII with officials of CHRAJ-Ghana, they maintained that they receive report on abuses from all persons with disabilities in Ghana but there is no disaggregated data specific to children with disabilities. There is no specific program for children with disabilities from CHRAJ. However, CHRAJ for instance partners with other organisations to develop educational materials general to PWDs.

Inaccessible transportation throughout Africa (most of the public transport such as trains, buses and minibus taxis remain inaccessible to persons with disabilities) directly impacts the ability of persons with disabilities to seek employment, receive an education and access healthcare thus creating economic, educational and health barriers (Vergunst et al, 2015; 2017). The lack of accessible transportation negatively impacts the ability of persons with disabilities to access healthcare services such as COVID-19 screening and testing sites, to obtain medication and receive therapeutic interventions, and to be admitted to clinics and hospitals (Ned et al, 2020).

In Ghana, Section 29 of the Disability Act 2006 (Act 715) states that "A person responsible for the booking of passengers on a commercial bus shall reserve at least two seats for PWDs except where the bus is full without the reserved seats having been occupied, the driver or the person responsible for putting passengers on the bus may, fill the reserved seats with other passengers".

> *During the covid period, the restrictions on mobility affected operations of transport. Many drivers suspended their trade making accessibility of transport a major hurdle for children with disabilities who needed to access health facilities. In most cases, people had to scramble for space when there was a vehicle available. Compounded by social distancing protocol, it was difficult for children to be allowed to join vehicles because they needed the assistance of the driver mate to board the bus but the mates themselves were not willing to help for fear of COVID-19. Also, the fact that their situation made them vulnerable, they themselves shun away from public places thus confining them to indoors (Social welfare officer, Kejebi district, Oti region, 2022)*

At the community level, the structure of most Ghanaian communities especially in the rural area are communal in nature, with each being a keeper of the other further espousing the tenets of the kinship system in Ghana, (Nukunya, 1992*).* Public attitude and empathy are very important in approaching all people with disabilities. At the same time, one of the important requirements in our daily lives is to have a socially accessible infrastructure for everyone. It is also desirable to have a more sensitive and caring attitude towards people with disabilities, especially children, within our communities, and to use the right descriptive words in relation to them. Although anecdotal evidence suggests widespread discrimination against children with disability, the situation at Manya Lower krobo appear mixed:

> *"The local community here do not discriminate against children with disability, they understand us however; there were few misconceptions about COVID-19 and how it spreads and people generally thought that PWDs were conduit for the spread and so it was difficult to get support during the COVID-19*." (Aja pee, 17-year child with disabilities)

However, a KII with a person with disability at the Attorney General's Department, gave a different narrative. The interview revealed that there were endemic discriminatory practices against PWDs, particularly children with disabilities.

> *"The society's attitude generally against PWDs appears superficial; it is what I call public show of affection, but in reality, they do not because of the cultural underpinnings and long held notions about PWDs. They see some of us as cursed during birth as a result of misdeeds of our parents and so we are treated with disdain and only offered things in token, for instance during COVID-19, persons with disabilities were not factored in the policy response, it was later that some officials began to talk about us .....even me as a lawyer, during the COVID-19, there were instances I felt discriminated against because certain jobs were not given to me and I have reason to believe that they thought I was more prone to being infected with the disease" (Kakari, 39 year old lawyer, Accra)*

5.0 Key Findings

5.1 General Findings

- Persons with disabilities, and particularly, children with disabilities are not considered at the initial stages of program or policy development which later has significant consequences on their living conditions, for instance during COVID-19, government did not consider the Children with disabilities as a special group for distribution of PPE and vaccination as was done with other social groups such as Members of Parliament, Health Officials, and Religious Bodies. Additionally, there was no deliberate effort to sensitize and inform children with disabilities in disability-friendly manner on the COVID-19 protocols at the community level. This had great negative consequences on them especially accessing health care due to misinformation and fear.
- The Government of Ghana does not have any specific program or policy that is geared toward solving specific challenges peculiar to children with disabilities in their program of activities. The government institutions and even the disability organization do not have policies and programs aimed at children with disabilities. The programs are lumped together as programs for PWDs; thus, children with specific disability needs are not factored in the implementation of policies and programs by government and the disability organizations.
- Although CHRAJ has elaborate reporting systems for all human rights abuses, there is no record of reported cases of abuses by children with disabilities. The CHRAJ 2020 annual report for instance shows that 7,543 human rights complaints were received. Out of this, 7,272 were resolved. The nature of these complains were categorised into Children's Rights, Women's Rights, Property Rights, Economic, Social and Cultural Rights and Civil & Political Rights related respectively as indicated in table 10 above.
- Educational materials: teaching and learning material for children with disability are outmoded. Braille and obsolete computers are still being used to teach instead of employing digital means of teaching and learning. Thus, during COVID-19, children with disability especially the hearing impaired and the visually impaired could not actively participate in

the online teaching and learning offered by the state and other educational institutions. This made children with disability lag when schools reopened as their colleagues who participated in the online teaching were ahead in terms of lessons and topics covered. In the special education institutions, the lack of online facility that could enable the children learn meant that there was backlog of notes and assignment to be done when schools eventually reopened

- There is a disjoint between Central government and the Local Assemblies in terms of information and service delivery. The National Council on Persons with Disability only functions at the top, the Council is not decentralized neither does it have programs that meets the needs and rights of children with disability
- Assistive devices such as hearing aids, computers with appropriate designs for children with disability are very expensive and accessing them at the local stores is also a challenge. During COVID-19, it was difficult to access assistive devices as they were concentrated in the national capital. The ban on movement of people further compounded the situation because it was difficult to travel if it was possible at all. Children with disabilities were therefore constrained in their ability to access these assistive devices for learning.
- Educational institutions for children with disabilities are limited. For instance, there are only two government schools for the visually impaired: one in the Eastern Region and the other in the Upper West Region of Ghana. It does make education of children with disabilities very difficult especially during the COVID-19 era since those schools were far apart for children within the middle belt of Ghana. Most of the children could not easily return to school after the pandemic due to financial challenges by their caregivers.
- Inadequate personnel trained to understand and appreciate issues from the perspective of PWDs from public and private service providers such as banks, hospitals, and other service providers. During COVID-19, most children with disabilities could not access the services of their caregivers, particularly those who did not reside in the same compound with them. They had to travel alone to access these services. For instance, at the hospitals, it was difficult for the children with disabilities especially the hearing impaired and visually impaired to effectively communicate their problems to health personnel for quality health care.

- The built environment in Ghana especially those at the public places and those owned by private people for which the public has access are not disability friendly although the Act 715 makes provision for built environment to be mainstreamed and made accessible for all persons. Children who are physically challenged and the visually impaired found it difficult to fully adhere to the COVID-19 protocols of not touching surfaces of their surroundings. Most of the public buildings do not have rails to serve as guides. Children with disabilities depend a lot on the built environment for mobility and since some had limited access to their caregivers, especially those in institutional care and dependent on external care givers due social distancing rules. They became more prone to contracting the disease.
- General negative perceptions by the public of PWDs during the COVID-19 worsened. The public felt that children with disabilities were more prone to the disease and were therefore hesitant to interact or help them.
- There were also reported cases of sexual abuse of PWDs especially the visually impaired children who were left alone at home. Their request for help from neighbours sometimes led to sexual abuse as was occasioned in Dansoman, a suburb of Accra and in the Asokwa district in the Ashanti Region
- In the educational institutions that are exclusive for PWDs, the environment is not suitable for learning. For instance, in one of the institutions visited, all children with disabilities unanimously complained about the undulating nature of the landscape which made movement difficult. This sometimes makes them fall and get injured, especially the visually impaired. Again, poor lightening system affects PWDs especially the partially visually impaired and the hearing-impaired children. For the partially visually impaired children they use the light to be able to see and also lead their colleagues who are totally visually impaired, while the hearing impaired children communicate through gestures(signing) and so when there is blackout, they become stranded and rendered immobile (partially visually impaired) and in ability to communicate with colleagues(hearing impaired).
- The provision of the 'Veronica buckets' a hand washing station, which were stationed at vantage places in educational institutions and the communities initially became a stumbling

block as children with disabilities were not educated on where these buckets were placed. These resulted in them bumping into the objects

- Accessing washing facilities was also a challenge because as the protocol prescribed, people were encouraged not to touch surfaces of materials, however, for the visually impaired children they found it difficult to use the hand washing facility since they had to struggle to find where the soap was located. The 'try and error' method before eventual location of the soap meant they could touch surfaces that was likely to endanger them
- Persons with autoimmune diseases had major difficulty in the use of the face mask because of breathing issues and were most of the time restricted from entering public places.

5.2 Key Findings for the visually impaired

- Lack of modern equipment for learning by visually impaired children hindered their full participation in the online teaching and learning during COVID 19 era. Devices that could help them identify shapes of objects were lacking. Although these devices are available in the open market, they are very expensive and out of reach of many of the children with disabilities.

5.3 Key findings for the Hearing impaired

- The children with hearing-impairments were the most affected during the pandemic. They rarely understood the messages of the COVID-19 protocols and the prevention measures.
- Children with disabilities could not engage with the larger community as they were on recess because of language. This increased their anxiety levels during the COVID-19.
- Assistive devices prior to COVID-19 were accessible as they were in schools, but as schools were closed, acquiring the devices at the open market became a challenge because it is expensive and inaccessible as few stores have those devices and are concentrated at the national capital
- Children with hearing impairment in the rural settings were more vulnerable to COVID-19. They did could not appreciate the content of the messages and sensitisation in their communities.
- The use of the Personal Protective Equipment (PPE) was also a challenge because, children with disabilities communicated to the public through reading of the lips and since the

protocols required that nose/face masks be used compulsorily, they were limited in their understanding issues that were raised during the pandemic thereby increasing their vulnerability.

5.4 Key findings for the Physically Challenged

- Accessing public and private buildings that the public has access to has always been a challenge for persons with disabilities. This challenge results from the buildings not being disability friendly. Thus, during pandemic, the physically challenged children could not move out to access essential services such as health because they were afraid, they could contract the disease since they move by primarily holding on to pillars and other supporting structures
- The communities became more intolerant of the physically challenged children especially those who did not have access to wheelchairs to assist in movement and had to roll over or crawl on the ground. They were seen as potential sources COVID-19 spread.
- The isolation of the physically challenged children from the society led to some developing psychological and mental issues adding multiple disabilities to them.

6.0 Recommendations

6.1 Government

Government should take steps to encourage enrolment at the teacher training institutions that focus on special education and learning infrastructure to provide a viable learning alternative to regular schools, in the event of current and future school closures. Special attention should be paid to children with disabilities, including those living in poor households, rural and remote areas, living in households without electricity and network access. In this regard government should:

- Ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.
- Take all appropriate measures to domesticate the CRPD; ACRWC; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) and the African Disability Protocol
- Effectively implement the ACERWC' concluding Observations and recommendations on the initial report of the Republic of Ghana on the implementation of the African Children's

Charter, especially the recommendations related to the improvement of the rights and welfare of children with disabilities at the local and national levels.

- Timely report to the ACERWC on the measures that the government of Ghana has undertaken to improve the rights and welfare of children with disabilities in the State Party, especially during COVID-19 and other emergency situations.
- Effectively implement the ACERWC's Guiding Note on Children's Rights during the COVID-19 pandemic to ensure that children's rights are protected during and beyond the COVID-19 pandemic.
- At the national level, there is the need to review some existing legislations and laws to better meet the needs of children with disabilities. For instance, the Disability Act, 2006 (Act715) is silent on the rights and welfare of children with disabilities. It also does not factor in gender dimensions of disabilities. Government must take practical steps to implement legal provision for children with disabilities.

Investment should be made in remedial learning programmes (especially in the rural areas and hard to reach communities) and back-to-school strategies to ensure that children with disabilities, including children who were already behind in their learning, can return to school and have positive learning outcomes. Also, adequate measures aimed at integrating emergency preparedness and responsiveness strategies in the Ghanaian educational system at national and districts should be considered, to promptly respond to ongoing and future emergencies including epidemics. Strengthen health systems to ensure equitable access to health care services for children with disabilities. To this end, health administrators should equip health facilities to provide essential services, immunization, and drugs for all children with disabilities.

6.2 Commission on Human Rights and Administrative Justice

- The Commission on Human Rights and Administrative Justice should strengthen its reporting systems to disaggregate its response to Children with disabilities.
- It should also build its institutional capacity and allocate resources to responding to rights issues for Children with disabilities focusing on sensitization and dedicated officers in all of its decentralized offices.

- CHRAJ should also be more critically positioned to actively be part of national response systems in emergency situations like the COVID-19 pandemic. This would enable them to ensure that targeted responses and interventions are put in place for children with disabilities who are the most vulnerable in such situations and their caregivers.

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- CHRAJ through its partnerships with other institutions should develop specific programs and reporting mechanisms targeting the rights of children with disabilities.

6.3 Network of African National Human Rights Institutions (NANHRI)

- NANHRI should have in place a policy and operational framework that guide national institutions on response in pandemic and other emergency situations. This will include aligning NANHRI priorities with national government priorities over a given period to ensure effective and coordinated reporting on common themes such as protection of children with disabilities among others.
- NANHRI should continuously advocate for the full disbursement of NHRIs budgetary allocations from central government and proactively support other fundraising efforts from national and international actors.

6.4 Civil Society Organisations/Non-Government Organisation(CSOs)

- CSOs, especially those in the human rights and Disability Organisations should continue to advocate for inclusion of PWDs/ Children with disabilities at the policy conception stage such that they are able to make input before policy rollout.

- There should be a concerted effort by CSOs /NGOs in health sector to track attendance of children with disability in order to prompt service providers to provide support to caregivers to seek/follow up on scheduled medical appointments.

- Furthermore, it is recommended that CSOs and NGOs should vigorously advocate for the strengthening of the immunization regimes and campaigns to ensure that the most vulnerable and hard-to-reach children especially children with disabilities are covered.

6.5 Care Givers and Parents

Caring for children with disabilities is considerably costly for caregivers, especially those who were already vulnerable before the pandemic.

- Emergency-response and cash transfers, disability benefits, nutrition and health interventions should be integrated with support for caregivers in this category, as part of a social protection package of interventions. This will mitigate the short and long-term effects of the pandemic.
- Parents of children with disabilities should be assisted by NGOs and government to engage in income generation activities to be able to meet necessities.

7.0 Annexes

7.1 Annex 1 Kinds of Support Received from Government

Region	Appropriate training (Hand washing, mask usage, social distancing etc.	Assistive Devices, Food, Cash allowance or other financial support (tax reduction, loan with lower interest)	Information about COVID-19 in different channels /accessible format	Personal Protective Equipment (PPE) such as masks, hand sanitizer, clean water and soap, etc	Priority for people with disabilities in accessing essential goods (such as priority hour in local markets /supermarket)	Psychosocial support, medical supplies and devices	no support	nothing	we did not receive anything	we were not given anything	(blank)	Grand Total
Ahafo	0	0	0	3	0	0	0	0	0	0	0	3
Ashanti	2	1	6	3	1	0	0	0	0	1	1	15
Bono East	1	0	0	2	0	0	0	0	0	0	0	3
Brong Ahafo	1	0	2	1	0	0	0	0	0	0	0	4
Central	3	0	0	1	0	0	0	0	0	0	0	4
Eastern	3	1	1	0	0	2	0	0	0	0	0	7
Greater Accra	2	12	6	2	1	2	1	0	0	0	0	26
North East	0	0	1	0	0	0	0	0	0	0	0	1
Northern	2	1	2	1	0	0	0	0	0	0	0	6
Oti	2	0	0	0	0	0	0	0	0	0	0	2
Savanna	0	0	1	0	1	0	0	0	0	0	0	2
Upper East	2	1	4	3	0	0	0	1	1	0	1	13
Upper west	4	2	1	2	1	0	0	0	1	0	0	11
Volta	0	0	1	2	1	0	0	0	0	0	0	4
Western	0	0	2	0	1	0	0	0	0	0	0	3
Western North	0	0	2	0	0	0	0	0	0	0	0	2
Grand Total	22	18	29	20	6	4	1	1	2	1	2	106

7.2 Annex 2. In-depth Interview Schedule for Children with Disability and Care Givers

Note: All questions should be asked with the ultimate aim of unearthing the rights that were violated during the COVID-19

Demographic Information

1. What is your age group?
    1. 0-5, 2. 6-18, 3. 19-25, 4. 26-40, 5 41-50, 6. 51-60, 7. Over 6
2. What is your gender:
    1. Male 2. Female

3.Which region and district

3.What is your ethnic group?

5. Are you a member of any Disability Organisation? a. Yes b. No. Please explain why: …….

6. What is /are your form of disability(ies)? (Multiple choices are allowed)
    a. Physical b. Hearing and speech c. Visual d. Intellectual e. Mental and psychiatric f. Others. Please specify: …….

7. What is the degree of your disability(ies)?
    a. Extremely severe b. Severe c. Mild…. d. Not determined. Please explain why:

8.What is the cause for your disability (ies)?
    a. At birth b. Due to disease/illness c. Occupational accident d. Accident in daily life e. Traffic accident g. ethnic conflict h. Others. Please specify: …….

EXPERIENCES

This section details the experiences of children with disability during COVID-19

9.Kindly tell us your experiences as a Child with disability during the COVID-19 pandemic

- Whether he/she was diagnosed with COVID-19
- Whether parent/guardian or caretaker/someone close was diagnose

Since the breakout of the COVID-19 pandemic: what has been the COVID-19 Specific Distress in relation to the following

Type or right and service	Note
Food	
Shelter	
Health	
Transportation	
Education/vocational training	
Economic and livelihood	
Social relations (interactions, sign language, use of PPEs; effect on the visually impaired especially on communication e.g., reading the lips during communication)	
Birth registration	
Access to facilities	
Other services	

Responses and Coping Strategies to COVID-19

Family level

How did you and your family cope with the COVID-19?

- Stay at home and try to limit going out as much as possible
- Store food and PPE
- Looking for another job
- Finding other ways to generate (additional) income
- Using savings
- Asking help from relatives/neighbours/friends (for taking care of your children, for example)
- Using online/home delivery services to buy essential goods
- Receive allowance and support from the social welfare system of the Government and social organizations

Governmental level

13. What kind of support or assistance did you received from the Government, as well as organizations of /for people with disabilities, as part of the COVID-19 response?

- Personal Protective Equipment (PPE) such as masks, hand sanitizer, clean water and soap, etc.
- Appropriate training (Handwashing, mask usage, social distancing etc.)
- Priority for people with disabilities in accessing essential goods (such as priority hour in local markets /supermarket)
- Psychosocial support, medical supplies and devices
- Assistive Devices, Food, Cash allowance or other financial support (tax reduction, loan with lower interest)
- Information about COVID-19 in different channels /accessible format

14. What kind of government policy or directive affected you negatively during COVID-19? Probe for further details

15.Needed support

28. What support do you need more to help you better cope with the COVID-19 or any pandemic situation? On the scale from 1 to 5, please rank:

No. Items 1 2 3 4 5

Number	Variables	1	2	3	4	5
1	Personal Protective Equipment (PPE) such as masks, hand sanitizer, clean water and soap etc.					

2	Appropriate training (Handwashing, mask usage, social distancing etc.)					
3	Priority for people with disabilities in local services (priority hour in local markets /supermarket, priority in transportation…)					
4	Cash allowance or other financial support (more tax reduction, loan with lower interest					
5	Medicines					
6	Medical supplies (Assistive devices					
7	Food					

(1) Needed the least (2) Somewhat needed (3) Needed (4) Much needed (5) Needed the most

7.2 Annex 3 Draft in-depth Interview Schedule for Parents and Caregivers of Children with Disability

Note: All questions should be asked with the ultimate aim of unearthing the rights that were violated during the COVID-19
Demographic Information

1. What is the age of your child with disability?
    1. 1-5, 2. 6-18, 3. 19-25, 4. 26-40, 5 41-50, 6. 51-60, 7. Over 6
2. What is their gender:
    1. Male 2. Female
3.Which region and district
5. Are you a member of any Disability Organisation or support group? a. Yes b. No. Please explain why: …….
6. What is the form of disability(ies) of your child? (Multiple choices are allowed)
    a. Physical b. Hearing and speech c. Visual d. Intellectual e. Mental and psychiatric f. Others. Please specify: …….

7. What is the degree of your child's disability(ies)?

a. Extremely severe b. Severe c. Mild…. d. Not determined. Please explain why:

8.What is the cause for the disability (ies)?

a. At birth b. Due to disease/illness c. Occupational accident d. Accident in daily life e. Traffic accident g. ethnic conflict h. Others. Please specify: …….

EXPERIENCES

This section details the experiences of children with disability during COVID-19

9.Kindly tell us your experiences as a Parent or Caregiver of a child with disability during the COVID-19 pandemic

- Whether he/she was diagnosed with COVID-19
- Whether you were diagnosed with COVID-19

Since the breakout of the COVID-19 pandemic: what has been the COVID-19 Specific Distress for you and your child in relation to the following

Type or right and service	Note
Food	
Shelter	
Health	
Transportation	
Education/vocational training	
Economic and livelihood	
Social relations (interactions, sign language, use of PPEs; effect on the visually impaired especially on communication e.g. reading the lips during communication)	
Birth registration	
Access to facilities	
Other services	

Responses and Coping Strategies to COVID-19

Family level

How did you and your family cope with the COVID-19?

- Stay at home and try to limit going out as much as possible
- Store food and PPE
- Looking for another job
- Finding other ways to generate (additional) income
- Using savings
- Asking help from relatives/neighbours/friends (for taking care of your children, for example)
- Using online/home delivery services to buy essential goods

- Receive allowance and support from the social welfare system of the Government and social organizations

Governmental level

13. What kind of support or assistance did you received from the Government, as well as organizations of /for people with disabilities, as part of the COVID-19 response?

- Personal Protective Equipment (PPE) such as masks, hand sanitizer, clean water and soap, etc.
- Appropriate training (Handwashing, mask usage, social distancing etc.)
- Priority for people with disabilities in accessing essential goods (such as priority hour in local markets /supermarket)
- Psychosocial support, medical supplies and devices
- Assistive Devices, Food, Cash allowance or other financial support (tax reduction, loan with lower interest)
- Information about COVID-19 in different channels /accessible format

14. What kind of government policy or directive affected you negatively during COVID-19? Probe for further details

15.Needed support

28. What support do you need more to help you better cope with the COVID-19 or any pandemic situation?

On the scale from 1 to 5, please rank:

No. Items 1 2 3 4 5

Number	Variables	1	2	3	4	5
1	Personal Protective Equipment (PPE) such as masks, hand sanitizer, clean water and soap etc.					
2	Appropriate training (Handwashing, mask usage, social distancing etc.)					
3	Priority for people with disabilities in local services (priority hour in					

	local markets /supermarket, priority in transportation…)					
4	Cash allowance or other financial support (more tax reduction, loan with lower interest					
5	Medicines					
6	Medical supplies (Assistive devices					
7	Food					

(2) Needed the least (2) Somewhat needed (3) Needed (4) Much needed (5) Needed the most

7.4 Annex 4. Focused Group Discussions with Parents and Guardians of Children with Disabilities

1. Introduce yourself and discuss the objective of the study being conducted and why they are being interviewed
2. Make sure to get consent from the interviewee by getting them a thumb print on the consent sheet. Read the consent form out loud for those who are not able to read; emphasize that they are free to leave or end the interview (at any time)
3. Ask them if any of them has any questions before you start
4. Make sure to record the name of the village, the name and place the interview was conducted, as well as your own name and the date of the data recording sheet

Thematic areas	Suggested Guiding Questions
1. Perceptions of local vulnerabilities to rights and services	2. What types of services are you aware of this locality (education, health, nutrition, economic, access to buildings etc)? 3. How would you describe these services (access, adequacy, reliability) 4. Which groups of children with disabilities do you perceive as being most vulnerable to not having access to services. 5. Has COVID-19 made a difference to the numbers or groups of people who are affected?
2. Prevention context	1. What organisations, policies, government, NGO, community, or faith provision usually helps to protect rights of children with disabilities and the provision of services.

	2. What impact has COVID-19 had on these children (if any) and why? 3. What impact has COVID-19 had on the organisations, policies, and service provision that usually helps to protect children? 4. Where are the main gaps?
3. Local support systems	1. What local services are available to support children with disabilities (government, community, faith, or NGOs) 2. Has access to any of these services been restricted because of COVID-19? 3. What are the key gaps in local service provision for children at present?
4. Local Resilience	1. What aspects of the local social and cultural practices impacts on access to rights and services? 2. Do traditions or religious issues impact upon exploitation in this locality? If so, how? 3. How has COVID-19 affected any of these contextual factors, and if so, how? 4. What services, policies or practices would help.

Remember to thank the interviewees for their time and contribution to the study

Group members					
No. of Participants	Name	status in household	No. of children in household	Number of children with disabilities in HH	
Participant 1					
Participant 2					
Participant 3					
Participant 4					
Participant 5					
Participant 6					
Participant 7					

7.5 Annex 5. Key Informant Interviews (Government Institutions, Disability Organisations and NGOs)

Section A. IDENTIFICATION: Name of Institution

1. Region ----------
2. District ----------
3. Town ----------
4. Place of interview ----------
5. Office GPS no. (If applicable) ----------
6. Name and Signature of interviewer ----------
7. Date of interview ----------
8. Duration of Interview ----------

Section B. Organizational Demographics
Note: precede all questions with "please"

1. Sex of respondent
2. Position or Rank
3. Number of years at post
4. Name of institution
5. Core mandate
6. Specific activities for children with disabilities
7. Year established
8. target areas (regional, district, community etc)
9. key partner organisation
10. funding sources
11. budget if known
12. number of staff/volunteers
13. number of beneficiaries
14. linkages with religious or faith?

Section C. Prior to Covid: Core functions of the organisation in relation PWDs (Children)

1. What are the living conditions of children with disabilities in this area?

Type or right and service	Note
Food	
Shelter	
Health	
Transportation	
Education/vocational training	
Economic and livelihood	

Social relations (interactions, sign language, use of PPEs; effect on the visually impaired especially on communication eg reading the lips during communication)	
Birth registration	
Access to facilities	
Other services	

2. What is your main function or responsibilities for children with disabilities? List
    I. …
    II. …
    III. ….
    IV. …
    V. ….
3. What organisations do you work with most frequently?

4. How does your project fit into other services from government or NGOs for children with disabilities
5. What will you say about the specific challenges children with disabilities face in Ghana?
6. What specific measures have been in place to deal with the challenges?
7. How do you measure or judge the impact of your work?
8. What factors affect success:
    I. which ones are you fully in control?
    II. which can you influence?
    III. which are you concerned about but cannot control?

Section D. During COVID-19: the impact of COVID -19 on existing services

1. What has been the new success for your work?
2. How did COVID-19 influence this service or success
3. What are the biggest challenges for your work at present?
4. What extra pressures has COVID-19 brought to your work

Section E: Recommendations for improvement

1. Where do you see the biggest remaining gabs in the provision of services and protection of the rights of children with disabilities
2. How do you manage present existing challenges?
3. What would help to manage this challenge
4. Who else should we speak to about these issues?
5. Are there any report or studies on this issue you would share or recommend for further study?

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