



**INCLUSIVE HEALTHCARE AND SOCIAL  
PROTECTION AT A CROSSROADS:**

**GHANA'S HEALTH INSURANCE  
AND DISABILITY COMMON FUND**

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# NHIS – A COMPLIMENTARY SOCIAL PROTECTION PROGRAMME

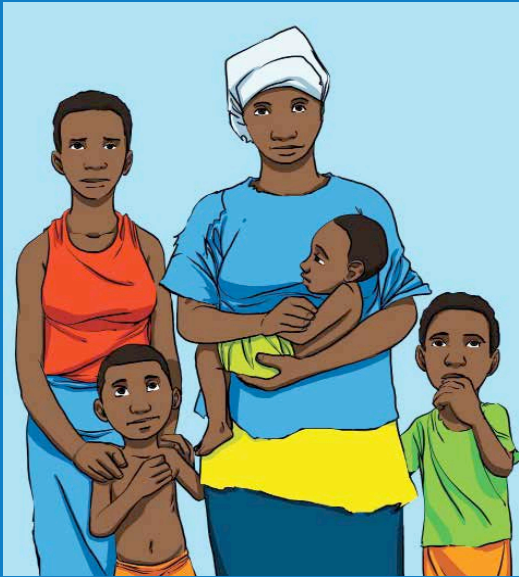


**A Social Health Protection Policy** initiated by Government of Ghana to secure financial risk protection against the cost of healthcare services for all residents in the country

The NHIS was established by an Act of Parliament in 2003 (Act 650) in response to challenges posed by “Cash and Carry” system. Per the Act, NHIS is supposed to be free for PWDs.

However PWDs who have mostly enjoyed this free premium are those on the LEAP (Livelihood Empowerment Against Poverty) programme – another SP intervention.

# LEAP PROGRAMME



- ❑ LEAP is a cash transfer programme for the poorest households in Ghana
- ❑ In terms of persons with disabilities, it targets only **those with severe disabilities without productive capacity**
- ❑ The specific objectives of the LEAP programme is:
  - *To improve basic household consumption and nutrition*
  - *To increase access to health care services*
  - *To increase basic school enrollment, attendance and retention*
  - *To facilitate access to **complementary services***



# EXEMPTION POLICY

Category	Premium	Proc. Fee
Informal sector	✓	✓
Under 18 years		✓
70 years and above		✓
SSNIT contributors		✓
SSNIT pensioners		✓
Indigents		
Pregnant women		
LEAP beneficiaries		
Persons with speech, visual and hearing impairment		
Children under Ghana School Feeding Programme		
African Market for Health Equity (AHME)		



## CHALLENGES OF THE NHIS FOR PWDS

❖ The NHIS was perceived from a general perspective instead of selectively addressing the specific needs of PWDs. This is because aids for PWD, including spectacles, clutches, hearing aids and wheelchairs which were deemed expensive were excluded from the NHIS list.

❖ Again, provision of sign language interpretation at health facilities centres to the deaf was not factored in the NHIS. This challenge prevents the Deaf from accessing good healthcare and consequently affects their health status.

❖ **Difficulty in identifying the different types of disabilities for registration**

❖ **Lack of Network Connectivity in Deprived Communities**

❖ **Inadequate Funds from MOGCSP to provide logistics for Registration of Beneficiaries of LEAP and School Feeding**

❖ **Accessibility Challenges**



# THE 3% DISABILITY COMMON FUND

Ghana became a signatory to the CRPD and the 119th State to ratify the CRPD and the Optional Protocol in 2011.

In fulfilling its obligation in compliance with the CRPD, the government of Ghana instituted the District Assembly Common Fund (DACF) for Persons with Disabilities.

The DACF is a cash transfer social insurance programme targeted at the social and economic development of Persons with Disabilities.

The Disability Common Fund is a 3% allocation of the District Assembly common Fund (DACF) transferred from the Central government to District Assemblies quarterly.

# POVERTY TARGETING FOR DACF

❖ Eligibility determination is based on the categories of disability or explanation of who persons with disabilities are as contained in the PWDs Act (Act 715) 2006 of Ghana.

❖ Act 715 defines a person with disability is “...an individual with a physical, mental or sensory impairment including visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limits one of the major life activities of that individual (Edusei et al., 2018).

❖ As a result, any assessment of eligibility is dependent on this definition.

❖ However, persons with disability who are of good economic or financial standing do not benefit from the fund.

❖ In selecting beneficiaries, districts rely on a database of PWDs under their jurisdiction. However, these databases can be described as a “collection of names” at best.



# DISBURSEMENT GUIDELINES

❖ The funds received is spent on six thematic areas as stipulated in the disbursement guidelines (District Assemblies Common Fund Secretariat, 2018). These are:

- ✓ Advocacy/awareness raising on the rights and responsibilities of PWD
- ✓ Strengthening of OPWDs (Organizational development)
- ✓ Training in employable skills/apprenticeship
- ✓ Income generation activities (input/working capital)
- ✓ Educational support for children, students and trainees with disability
- ✓ Provision of technical aids, assistive devices, equipment.

❖ The actual DACF amount disbursed hovers around 91.44% of the disbursed Fund from source.

**ACCESS TO  
HEALTH CARE,  
REHABILITATION  
AND ASSISTIVE  
DEVICES**

- ❑ In terms of healthcare, the DACF has been instrumental in widening access to healthcare for persons with disabilities by enabling them cover health costs.
- ❑ Moreover, although the amount received by beneficiaries from the DACF has varies depending on the district, the fund has largely been useful in ensuring access to rehabilitation services for PWDs in Ghana (Adjei-Domfreh, 2015).
- ❑ In addition, persons with disabilities purchase assistive devices such as white canes, eye glasses, magnifiers, screen readers, orthopaedic shoes, wheel chairs, clutches, walkers, callipers, and hearing aids using the DACF for PWDs (Edusei et al., 2018)

## CHALLENGES OF THE DACF

- ❖ Studies show that the economic and social situation of PWDs can become better when the most vulnerable are identified and assisted in the face of resource limitation, however, the implementation of the DACF for PWDs in Ghana goes against the above.
- ❖ In a study by Edusei et al (2018), it was found that a majority of 80.7% of beneficiaries of DCF for PWDs indicated the selection criteria considered the capacity of applicants to perform activities of daily living.
- ❖ This meant the most vulnerable PWDs have no access to the Fund because they are deemed as not able to utilize the disbursed resource.
- ❖ Moreover, beneficiaries of the Fund receive an average of GH¢186 (\$38.75). This is insufficient to undertake economic empowerment or income generating activities (Edusei et al., 2018).

**THANK YOU**

