

J.no. (to be filled by DPOD)

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1. Cover page

LARGE SCALE DEVELOPMENT PROJECT (above 5 million DKK.)

Applied for (please tick):	
Large scale development project	X
Disability mainstreaming project	

Project title:	Strengthening the Disability Movement in Ghana, Phase III	
Applicant Danish member organisation	Danish Association of the Blind/Dansk Blindesamfund	
Other Danish partner(s), if any:	Danish Deaf Association; Danish Association of the Physically Disabled; National Association LEV	
Local partner organisation(s):	Ghana Blind Union; Ghana National Association of the Deaf; Ghana Society of the Physically Disabled; Inclusion Ghana; Ghana Federation of the Disabled	
Country (-ies): Ghana	Country's GNI per capita: 1,770 USD (Atlas method, World Bank, 2013)	
Project commencement date: 1 July 2015	Project completion date: 31 December 2018	Total number of months: 42 months
Contact person for the project:	Name: Susanne Kjær Email address: skj@dkblind.dk Telephone no.: 21716784	
Amount requested from the Disability Fund: 19.964.607	Annual project cost: 5.704.174	
Is this a re-submission? (i.e. a revised application, which has previously been submitted) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, previous date of application:		
Is this a: <input type="checkbox"/> A new project? <input checked="" type="checkbox"/> A project in extension of another project previously supported by DH, CISU, Danida or others?		
In which language should the response letter from the Danish Disability Fund be written (choose one): <input type="checkbox"/> Danish <input checked="" type="checkbox"/> English		
<p>Synthesis (maximum 10 lines – must be written in Danish, even if the rest of the application is in English)</p> <p>Projektet er sidste fase i et længerevarende fælles samarbejde mellem fem ghanesiske handicaporganisationer og deres respektive danske søsterorganisationer med hensigten at styrke den samlede handicapbevægelse i Ghana. Den afsluttende tredje fase sigter mod at øge effekten og bæredygtigheden af tidligere indsatser på tre hovedområder: forankring af et handicapvenligt politisk klima, og i særdeleshed fremme af adgang til offentlige handicapydelse; konsolidering af organisationernes kapacitet på distriktsplan og i de nationale bestyrelser; samt spredning af donorbase og økonomisk bæredygtighed lokalt og nationalt. Dette vil blive søgt opnået gennem en række forskellige strategier, bl.a. ved øget brug af medier og erfaringsudveksling mellem distrikter. Herudover vil udbredelse af gennemprøvede handicap-specifikke interventionsmodeller (bl.a. rehabilitering, tegnsprogstolkning, fysisk tilgængelighed, forældregrupper) støtte op om hvert af de tre hovedområder.</p>		

2 June 2015

Date

Person responsible (signature)

Høje Taastrup

Thorkild Olesen

Abbreviations

BPS(P)	Blind and partially sighted (person)
CBR	Community Based Rehabilitation
DA	District Assembly (a branch of local government that administers key public services)
DACF	District Assemblies Common Fund
FMC	Fund Management Committee
GBU	Ghana Blind Union
GFD	Ghana Federation of the Disabled
GNAD	Ghanaian Association of the Deaf
GSPD	Ghana Society of the Physically Disabled
IG	Inclusion Ghana
LDF	Local Development Fund (project small scale fund)
LI	Legislative Instruments
MMDAs	Metropolitan, Municipal and District Assemblies
NBSSI	National Board of Small-Scale Industries
NCPD	National Council for Persons with Disabilities
NHIS	National Health Insurance Scheme
NSC	North Steering Group
OD	Organisational development
OPWD	Organisation of People with Disability
PA	Physical accessibility
PMN	Project Manager North
PMS	Project Manager South
PWD	People with disability
PWHD	People with hearing disability
PWID	People with intellectual disability
PWPD	People with physical disability
PWVD	People with visual disability
PSHG	Parents' self-help groups
SLI	Sign Language Interpretation
SLS	Saving and loans scheme
SSC	South Steering Group
UNCRPD	UN Convention on the Rights for Persons with Disabilities

2. Application text

A. THE PARTNERS (indicative length 3 pages)

A.1 The Danish member organisation

Danish Association of the Blind (DBS) is an organisation of people with a visual impairment (both blind and partially sighted) established in 1911. DBS is a strong and well-acknowledged disability organisation in the Danish civil society with approximately 9,000 members. DBS works for equal rights and inclusion of its members in all areas of society.

DBS has worked with development projects in Africa and Asia since the early 1990's and the work is guided by DBS's strategy and action plan for development work agreed upon by its executive committee (2014-2018). DBS's work is based on a rights-based approach to development and addresses the needs of blind people as a matter of right and not privilege. Accordingly, DBS's strategy is based on principles of rights, democracy, local ownership, gender equality and building networks. Besides funding part of the administration of the development work, DBS sets aside 1% of the organisation's yearly income for development work. The development work is monitored by DBS's Development Committee consisting of board members and appointed members of DBS. DBS as an organisation has considerable experience to share with organisations in the South in areas such as blindness issues, organisational development, lobbying and advocacy and membership drive. Furthermore, DBS has developed annual learning strategies to improve its own capacity within the development field.

DBS is affiliated with the European Blind Union as well as the World Blind Union, where DBS's vice-president chairs the WBU's Development Committee coordinating policy issues and capacity building of blind organisations globally. DBS also collaborates with its Nordic sister organisations and other disability organisations under the umbrella Disabled People's Organisation, Denmark (DH) who also engage in development work. Currently, DBS employs four persons in the department for International Development Cooperation who work with programmes in Ghana, Rwanda, Laos, Mongolia and Myanmar. DBS collaborates with the organisations of the blind in the said countries within the areas of organisational development, lobbying and advocacy with the aim to build strong organisations that can support and assist their members.

A.2 Other Danish partners

The Danish Association of Physically Disabled (DHF) was founded in 1925 as an interest organisation representing and speaking on behalf of people with physical disabilities. The primary objective of DHF is that "anyone – disabled or not – is given the opportunity to function on an equal basis with other citizens". DHF has worked with international development since 1989 and presently works in five countries (Honduras, Bolivia, Ghana, Uganda and Vietnam). The focus is capacity building of sister organisations for rights advocacy. Development work is led by the Developing Countries Committee under the DHF National Board, and is implemented by a development department employing three program officers and a communication officer.

Danish Deaf Association (DDL) was established in 1935, working for ensuring that people who are deaf can obtain improved living conditions in the society, as well as equal opportunities between deaf and hearing people in education, work and accessibility. DDL has 3,000 members, both active and supporting members, and is affiliated with European Union of the Deaf and World Federation of the Deaf. The driving force in the work of the association is a belief that deaf people have a right to the same opportunities as hearing people in Denmark. This means equal opportunities for development and happiness in life. Since 1992 DDL has also been involved in development projects cooperating with: Uganda National Association of the Deaf, Deaf Association in Ethiopia, Philippine Federation of the Deaf, and Ghana National Association of the Deaf (GNAD). Furthermore, DDL has been responsible for a regional Sign Language Project in Uganda, Kenya, Zambia and Tanzania.

The National Organisation LEV was founded in 1952 by parents to persons with intellectual disabilities (PWIDs). The organisation is an umbrella organisation comprising more than 16,000 members, organized in local groups as well as 17 smaller organisations working for the rights of specific groups of PWIDs, e.g. persons with Down Syndrome. LEV's main mission is to advocate and lobby for improvement of the life conditions of PWIDs and their families, and the vision being full inclusion in all areas of life, in accordance with UN Convention on the Rights of Persons with Disabilities (UNCRPD). Since 1984, LEV has been engaged in development work. LEV currently works with partners in Ghana, Uganda, South Africa and Rwanda. Generally, LEV supports establishment and strengthening of umbrella-like organisations of parents and PWIDs based on parents' self-help groups.

A.3 The local partner organisations

The Ghana Blind Union (GBU) is an amalgamation of the Ghana Association of the Blind (established in 1963) and the Ghana Society for the Blind (established in 1951) which came into being in 2010. Its mission is to advocate the total inclusion of blind and partially sighted persons in society through awareness raising, services in education, rehabilitation, and training. GBU is governed by its constitution and organised through the National Congress. It has over 10,750 registered members of which about 46 percent (4,967) are women. The GBU has branches in all 10 regions of Ghana as well as branches in 143 districts. It generates very limited funds from membership dues, and is thus dependent on external funding. It has a Youth Wing, Sports Wing and a Women's Wing.

Ghana National Association of the Deaf (GNAD) is an association of deaf people, established in 1968, with membership spread across the whole country. The mission is to mobilize members, remove communication barriers, create awareness on deaf issues, and advocate for equal opportunities for the Deaf. GNAD has regional branches in all the 10 regions and district branches in 102 out of the 216 districts in Ghana. GNAD has a registered and paid up membership of 7,200 across the country (divided into male 3,456 and female 3,744).

Inclusion Ghana (IG) started in 2006 when the first discussions were held between the various OPWDs in Ghana working with persons with intellectual disabilities (PWIDs) to create a platform that unifies the voices of PWIDs and their families. Discussion continued until 25 November 2009 when Inclusion Ghana was formally registered with the Registrar General's Department. IG is a coalition of NGOs with extensive experience working with and for persons with intellectual disabilities through a rights-based approach that allows PWIDs and their families demand as a "right" the basic conditions that allow them to live in dignity. Presently, there are 22 member organisations and 115 parents' self-help groups spread across eight regions in Ghana. There are approximately 1,380 children with ID. IG is governed by a constitution and composed nine member board. In addition, the board chairperson position is reserved exclusively for a parent of a person with intellectual disability, or a PWID unless no parent of a PWID or PWID is nominated for the position.

Ghana Society of the Physically Disabled (GSPD) is a national organisation of persons with physical disabilities. It was established in 1980. Its mission is to promote and protect the welfare of its members through advocacy, awareness raising, mobilization and livelihood support to ensure equal rights and full inclusion at all levels of society. GSPD is governed by its constitution and has a democratic structure that elects its executive members every four years. It also has branches in the 10 regions of Ghana and 178 districts branches. The total membership is 16,419 active members with a male population of 7,878 and female of 8,541. It has also established four wings; Women, Workers, Youth and Sports Wings, who work within their special interests and areas of expertise. This structure makes it possible to attract many people to this organisation because different interests are covered.

Ghana Federation of the Disabled (GFD) was established in 1987 as an umbrella organisation for organisations of Persons with Disability in Ghana. GFD is governed by its constitution. The Delegates Assembly is the highest decision making body, followed by the board and the national secretariat in that

order. The governance structure is currently undergoing revision to promote greater effectiveness, efficiency and professionalism. The mission of GFD is to work for equal rights and opportunities for PWDs in Ghana. It seeks to improve quality of life, and promote the rights of PWDs. This is achieved mainly through advocacy, lobbying and awareness raising campaigns. GFD is represented at the regional and district level through the GFD Committees. GFD has seven members (GBU, GSPD, GNAD, IG, Ghana Association of Persons with Albinism, Share Care, and Mental Health Society of Ghana).

A.4 The cooperative relationship and its prospects:

Is the cooperation between the Danish organisation(s) and the local partner(s) known by the Disability Fund and described in another/other application(s) within the past 12 months?

Yes	<input checked="" type="checkbox"/>	Please, insert the 6-digit no./HP no.: HP-115-048 "Strengthening the Disability Movement in Ghana, Phase II"
No	<input type="checkbox"/>	

Nine organisations partner in the Joint Disability Project aiming to strengthen Ghana’s movement of OPWDs. As described above they represent blind and partially sighted persons (GBU/DBS), persons with physical disabilities (GSPD/DHF), persons with hearing disability (GNAD/DDL) and persons with intellectual disabilities (IG/LEV) in Ghana and Denmark, besides all persons with disability in Ghana (the umbrella GFD).

The idea of a joint project developed around 2004 and was later elaborated at regular meetings in Denmark for OPWD member organisations engaged in Ghana. In 2006 the first major partnership workshop took place in Ghana which resulted in the start of an inception phase in 2008. The overall aim was to strengthen the entire disability movement in Ghana in order to promote and protect the rights of PWDs as stated in the Disability Act of Ghana (approved 2006). A strong focus was placed on strengthening GFD through strengthening of its members. This approach broke new ground, introducing a framework for cooperation in the disability movement in Ghana, carried by a broad collaboration of partners. Serious attempts to include all major disability groups in Ghana in the project right from the beginning unfortunately failed, however, leading to the gradual and not always easy addition of new partners.

Consequently, the present partner organisations have joined the project collaboration at various points of time. Founding organisations in 2008 were GBU, DBS, GSPD, DHF, GFD and the Disabled People’s Organisation – Denmark (DH). Later (2010) GNAD and DDL joined the partnership and recently (2013) IG and LEV were welcomed. Due to establishment of the Disability Fund in Denmark, DH left the group in 2014.

Besides involvement in the joint project, all partners have for a number of years been engaged in bilateral project collaboration with their sister organisations – the veterans being GBU and DBS (from end of 1980’s), followed by GSPD and DHF (from 2002), GNAD and DDL (from 2007), GFD and DH (from 2004), and IG and LEV (from 2009). This implies that the Ghanaian partners are differently experienced, equipped and capacitated for this – proposed final - phase of the project. Potentials for future self-sustainability vary accordingly as described further below.

Key intervention areas of the partnership 2009-2018

The project has currently run for three phases (Inception, Phase I and on-going Phase II) (2008-2015) and is planned to end with an exit phase, the present proposed Phase III (2015-2018). The reason for phasing out is the considerable support already provided, the significant level of capacity built altogether as well as Danish determination not to generate unhealthy dependency through several decades of support.

At the start of the partnership, a situation prevailed where there was little cooperation between the OPWDs and little sense of unification and ownership behind GFD. Each OPWD maintained high dependence on an external donor and concentrated on raising funds to cover immediate needs of members. Advocacy was carried out piecemeal and uncoordinated.

To address these issues the partnership initially identified three areas of intervention in order to build capacity and strengthen the disability movement in Ghana. These areas are still at the core of the project collaboration, but focus and specific activities have changed over time, influenced by major events (e.g. Ghana's ratification of the UNCRPD) and victories such as the official approval of GFD drafted guidelines for management and disbursement of the District Assembly Common Fund (DACF), besides the building of a collective spirit among the OPWDs. The three areas are:

1. Advocacy initially directed at implementation of the Disability Act in Ghana including establishment of the National Council for Persons with Disabilities (NCPD), formalisation and protection of the rights of PWDs to access DACF, and free health insurance for PWDs. Focus in the Inception and Phase I was on building district capacities for advocacy, supported by joint advocacy at national level, which in Phase II shifted to consolidation of district capacities. In Phase III focus will move from OPWD capacity to consolidating and reinforcing duty bearer commitment to PWD rights and delivery of government services to PWDs.

2. Organisational development designed to take place through individual organisational components tailored to the specific needs of each membership. Besides the general support to governance, development of human resources and running costs, the GBU component centred on Community Based Rehabilitation (CBR), the GSPD component on saving and loan schemes (SLS) and the GFD component on joint advocacy training along with establishment and support to local GFD committees with particular attention to advocacy, gender issues and monitoring of the joint activities. Later, the GNAD component on sign language interpretation (SLI) and access to district health services was added. And lastly IG was included with its component addressing establishment of parents' self-help groups (PSHG) and inclusion of PWID parents in the local disability movement.

The first project phases aimed to strengthen organisational structures as well as development and fine-tuning of the service delivery models developed by each partner. Focus in Phase II shifted to rethinking and retuning services to members in a strategic sense as models for replication and handover to duty bearers. In Phase III, focus will be on engaging duty bearers and new partners for continued spreading of these models for fulfilment of PWD rights.

3. Communication and coordination within the movement initially directed at improving the capacity and effectiveness of the movement in terms of collaboration and overall coordination, locally and nationally. Activities were for long directed by the idea of strengthening GFD through a strengthening of its members. As communication and coordination improved during the first phases, Phase II moved towards strategizing with a view to sustainability, and Phase III will see efforts to implement the resulting sustainability strategies.

Exit and partnership perspectives

This overall move towards more strategic interventions and increased focus on sustainability has been informed and supported by findings of the mid-term review and not least the final evaluation of Phase I (Jan 2014) which criticised that service delivery remained the core function of the involved Ghanaian project partners and requested that a future project be brought more in line with the Danish Civil Society

policy.¹ This line of thinking was repeated in the final approval of Phase II by the Disability Fund which implicitly required that Phase III would constitute an exit phase.²

There are several indications that the current timing is indeed right for upcoming exit of the Joint Project constellation. These include the fact that several district OPWDs are successfully accessing DACF funds for organisational purposes, the maturation of a CSR-conscious sector of corporate Ghana, a growing potential for fees-based funding (membership dues) and local resource mobilization based on district capacities built by the project. And finally that most OPWDs have had relative success with external fundraising for activities and projects (generating income more or less on a par with the Danish support) even if severe challenges remain with regard to raising funds for core organisational functions.³

In line with the planned exit, Phase II has already implied reduced project funding for core organisational costs (governance, membership communication, management and service staff). This has raised severe challenges for some partners as new income fails to appear. In GSPD, the crisis is especially severe and is addressed by a partnership intervention funded by the Disability Fund.

The projected Joint Project exit by the end of 2018 consequently raises varying prospects for the respective Ghanaian partners according to their respective situations, and the organisations are expected to leave Phase III at different “levels” facing smaller and bigger challenges in terms of sustainability, as pictured in the table further below.⁴

The overall North-South collaboration has also after six years reached a “mature” point. Whereas Phase I in particular was challenged by unclear distribution of roles and responsibilities causing dissatisfaction with management decisions in both Ghana and Denmark, the joint collaboration has now stabilized and is characterized by a greater sense of trust, partly as an outcome of an organised partnership process in the first months of Phase II. The process included a joint partnership workshop August 2014 on the future perspectives of the partnership between the Danish and Ghanaian partners and resulted in shared understanding and distinction between, on the one hand, project cooperation, and, on the other hand, an ideal true partnership independent of project cooperation between the partners in a situation where the Ghanaian disability movement no longer relies heavily on funding from Denmark.

On this background, in the course of Phase III, the bilateral partnerships between sister organisations will be reviewed with attention to the future.⁵ Considering the varying history and situation of the Ghanaian partners this will expectedly leave a picture where partly bilateral partnerships will be based on mutual recognized interests rather than project funding (GBU/DSB, GSPD/DHF and GFD/DH), and partly bilateral partnerships will be based on recognized mutual interests, still combined with project collaboration (GNAD/DDL, IG/LEV).

¹ Annex Q, p. 2.

² In December 2013 the Disability Fund turned down an initial proposal for Phase II on issues of low sustainability and continued high dependence on Danish funding in the Ghanaian movement. This forced the partners to rethink the intervention in terms of preparing for exit and sustainability.

³ Annex F

⁴ Also see Annex E for an overview of present OPWD sustainability status.

⁵ Despite leaving the joint project collaboration in April 2014 DPOD continues to support GFD as part of the DPOD framework agreement with Danida. DPOD support to GFD is seen as complementary to that provided by the joint project and GFD will, in its own interest, of course actively work to ensure synergy. Also, DPOD will have an “observer” status in the Danish Steering Group (NSC) of this project to facilitate continuous communication and coordination between the two projects/programmes.

	Organisational sustainability	Financial sustainability	Partnership perspective beyond 2018
GFD	High, due to member organisations taking ownership and getting high membership value through joint advocacy at national and district level.	High, based on high fundraising capacity due to high visibility and professional capacity.	DH envisions continuing support to GFD beyond 2018, tentatively with focus on consolidating employment interventions and strengthening a sustainable GFD nation-wide set-up of district structures.
GBU	High, due to high degree of cohesion based on empowered membership (through CBR), but in a limited number of districts.	Medium: Proven capacity to raise funds for service delivery, but still exploring potential for membership dues. Core costs will probably still be somewhat dependant on external donors, but dependency can be diversified.	DBS will continue the partnership with GBU after 2018 with increased focus on strategic partnership interventions rather than project collaboration which expectedly will be fully phased out by 2018.
GSPD	Medium to high, due to a large number of active districts (that are growing stronger due to collective access to DACF), but plagued by weak cohesion between national and district levels and high organisational costs due to mobility issues.	Medium: Good capacity for local resource mobilization (DACF) and dues payment (low dues but many members). Acute capacity problems at national level (Board and staff) need to be resolved. If local confidence in national secretariat can be strengthened, internal funding can probably cover a good part of core organisational costs, but a strategic donor willing to support core functions should still be a target.	DHF will probably continue accompanying GSPD inside a basically non-project partnership framework, but supported with limited partnership interventions and solidarity interventions aimed at supporting sharing of experiences, innovation and "bottom up" dynamics.
GNAD	Medium, due to a strong gathering around the national organisation, but with a very weak and socially isolated membership base due to SLI barrier to membership empowerment.	Low: A good capacity for fundraising at national level. Very low local capacity for dues or resource mobilization. A future donor partnership needs to be constructed that can cover core costs.	DDL and GNAD will continue the partnership having smaller thematic projects with delimited interventions, e.g. women, youth, and Sign Language, building on the foundations laid by this project.
IG	Medium, due to a strong local base (self-help groups run by parents), but with national unity and inclusion in the disability movement still a continuing process.	High: IG has from the start been based on a diversified non-service delivery-based funding approach, with a relatively high degree of self-reliance among the local organisational bases.	LEV and IG will continue the partnership and expand project collaboration in order to strengthen IG as a national voice of PWIDs and their families. Way forward will be modelled according to Strategic Plan for IG 2015-2019 and Strategy for LEV's international development co-operation 2015-2019.

B. PROJECT ANALYSIS (indicative length 7 pages)

B.1 Preparation

The proposed project is a 42-month intervention. As described in Chapter A.4 above it is the final step – Phase III - in a four step process:

- Inception: Testing a model for cooperation (2008 - 2009)
- Phase I: District based capacity building for unity and advocacy (2010 - 2013)
- Phase II: Securing sustainable local impact and adjusting intervention models based on lessons learnt (2014 - 2015)
- Phase III: Mainstreaming PWD access to government services and building sustainability in the disability movement in Ghana (2015 - 2018)

Since the inception phase, three key intervention areas have characterized the collaboration (advocacy, organisational development, coordination and communication within the movement). The overall developments within these three areas as well as the changing nature of the partnership cooperation are described in Chapter A.4 above. Apart from these, the substantial achievements and challenges so far have been:

Inception phase (July 2008 - Dec 2009)

- Joint advocacy training manual developed and training piloted in three districts.
- Local GFD committees established and empowered to manage local activities.
- Organisational development methods and tools developed by GSPD and GBU.
- Inauguration of the NCPD, the semi-official body to oversee implementation of the Disability Act (was delayed by the government and advocated for by the disability movement).
- Establishment of the Disability Network for exchange of disability related information (gathering NGOs working for disability in Ghana).
- Commitment and capacity to work together as one movement strengthened nationally and locally.

Phase I (Jan 2010 - Mar 2014)

- Approval by Ministry of Local Governance of GFD drafted guidelines for disbursement of DACF, including representation of PWDs in local Fund Management Committees (FMCs).
- Enforcement of the government decision that the 2 % DACF (earmarked to PWDs) has to be transferred to separate bank accounts at district level, easing monitoring of disbursement and correct use of funds.
- Establishment of a GFD monitoring system tracking disbursement of funds from the government to districts in order to ensure that amounts disbursed equal amounts made available for PWDs locally.
- In the 14 project districts, GFD committees gained access to 80-96% of the 2% DACF funds. Substantial access to the National Health Insurance Scheme (NHIS) was also achieved.
- A national standard for physical accessibility to public buildings was developed by GSPD and shared with members. However, official approval from Ghana Standards Authority still awaits, as the responsible national committee still has not concluded its work.
- In the 14 project districts, GBU's CBR was successful as a membership empowerment model, while most of GSPD's village saving groups faced severe challenges.
- Training in sign language interpretation was provided to representatives of the project districts as well as staff at District Health Institutions. However, GNAD was very challenged by the fact that Ghana has no official sign language, no formal schooling of interpreters and limited capacity among the few available ones.

- Increase of OPWD membership (50-100%) in and even outside the project area as well.
- Increased recognition of GFD by government and the general public. For example GFD was officially requested to manage training of key staff involved in the first national census including questions on PWD in a household.
- OPWDs united around GFD, recognizing and taking ownership of the umbrella as their collective voice.

On-going Phase II (April 2014 - June 2015)

- Access for PWDs to DACF has been further consolidated across Ghana. Attribution is unclear, but project activities and joint efforts of the movement have certainly contributed.
- Tailored organisational components such as CBR, SLI and SLS are reviewed and further tested as “District intervention models” for introduction of a service to a District and subsequent handover of funding responsibilities for it to duty bearers at district level.
- Ghana partners are in the process of developing strategic plans for financial independence in preparation for Phase III.

The design of Phase III consequently stands on the shoulders of achievements and learning generated through a six-year period and is the result of extensive interactions with PWDs, duty bearers and other stakeholders. These experiences have informed the level of ambition and strategic approach of Phase III and have confirmed the probable mobilization of key duty bearers (DAs, DACF administration etc.) and various strategic stakeholders on disability issues. Specifically, Phase III draws upon existing commitments and collaboration with the National Service Secretariat, University of Ghana, Opportunity International Saving and Loans Limited (OISL), National Health Insurance Authority, Media Caucus on Disability and a number of local radio stations. Also the planned collaboration with the National Board of Small Scale Industries (NBSSI) in Phase III stems from an idea which emerged through interactions with FMCs who had identified a gap.

Phase III further draws on the findings and recommendations from various sources. These include data from a comprehensive project M&E system, introduced in Phase I, which involves joint monitoring comprising different disability groups.⁶ Also the earlier mentioned mid-term review and final evaluation of Phase I have provided valuable recommendations which have been put to effect to the extent possible. The recommendations took into account input from a wide range of stakeholders, including duty bearers and PWD executives and members at district level.⁷ Finally, previous recommendations from the Disability Fund have provided important guidance as explained in Chapter A.4.

In concrete terms the development of the present Phase III application is the result of a sustained participatory effort between partner organisations in Ghana and Denmark which among others has included a joint LFA workshop (Nov 2014), a number of policy meetings and “write-shops” in both countries, delegated work at team level, as well as a continuous bilateral dialogue between the sister organisations and between the two project managers.

The expected results of Phase III are the following:

- PWD livelihoods improved through sustained access to DACF and NHIS, and increased access to national health services, CBR and education.
- A significant number of empowered PWDs capable of taking active part in society and the disability movement.

⁶ Annex G – Phase II Performance Tracker document.

⁷ For an overview of follow up on the recommendations of the Phase I evaluation, see Annex H.

- OPWDs concentrating more on rights-based advocacy than service delivery while still maintaining members.
- More self-reliant OPWDs where membership dues contribute significantly to core costs.
- A consolidated, vibrant and democratic disability movement consisting of generally strong OPWDs, i.e. a Ghana disability movement that is united according to its own terms and needs.

B.2 Context analysis

National context: The Republic of Ghana is located on the coast of West Africa. It comprises ten regions, subdivided into 216 metropolitan, municipal and district assemblies (MMDAs). It has a population of approx. 24.6 million. Ghana has been enjoying significant macro-economic growth since 2000 and currently benefits from oil revenues. Ghana's Human Development index is at a medium level at 0,558, putting it at number 135 of 187 countries. Many key indicators such as life expectancy, schooling etc. are progressing. However, Ghana's economic development is challenged seriously by large public sector debt, debt to GDP ratio, rising unemployment among the youth and PWDs, higher inflation rate (17% over the past years), stagnant manufacturing sector, and a fall in major foreign exchange earners (gold and cocoa). As a result, Ghana remains in the bracket of poor countries in the world. In the past year, conditions have gone downhill with the fall of the cedi against the dollar and other currencies and a dire power generation situation that has led to drastic load shedding and black outs. There have also been several fuel price hikes during the year. These have affected all spheres of Ghanaian life and have led to the government opening up talks with the IMF.

Comparatively, Ghana stands tall in Africa as a democratic country, credited with six successive peaceful national elections since 1992 and appreciable standards of fundamental human freedoms. The latest presidential election was in 2012, which was narrowly contested and marred by allegations of fraud. However, all parties bowed to legal judgement of the charges that ended up confirming the election result, thus confirming respect for rule of law. In February 2015, just before the intended period of this project, local level elections will be held. These elections will select representatives for the various District Assemblies around the country. These representatives are very influential when it comes to the development agendas of the districts. The disability movement have supported PWDs who are willing to stand for the elections. A total of 85 PWDs have filed nomination papers to stand for elections throughout the country.

National policies targeting disability issues: Ghana has a relatively disability friendly legal and policy framework. These policies and laws include the National Disability Policy of 2000, Persons with Disability Act 715 (2006), Mental Health Act 846 (2012). The UNCRPD and its optional Protocols were ratified only in 2012. Regrettably, these laws and policies are not implemented, leaving PWDs to continue to be stigmatized, marginalized and excluded from effective participation in society.

The Disability Act of 2006 established the NCPD as an advisory body joining civil society with the relevant government ministries. It was first constituted in 2009. Its mandate elapsed in 2012 and a new board re-constituted in November 2013 following vigorous advocacy by GFD. The GFD advocacy committee also participated in the development of policy objectives and strategy to inform a 4-year national development plan (2014-2018) which replaces the development and policy framework of 2010-2013. This ensured that disability issues are included in the national development plan for annual budgeting and programming. The Legal Instruments (LI) for Act 715 is in a state of hold-up. The ratification of the UNCRPD has resulted in the decision to first harmonize the Act with the UNCRPD before developing the LI that will fit the amended Act. This informed the gap analysis by GFD which had been completed and the report submitted to the Gender minister. LI for the mental health Act 846 is ongoing. A ten year moratorium on prosecution of those who flout Act 715 will end in 2016. Under the circumstances legal action can be taken against both government

and individuals who do not abide by the Act. The OPWDs have continued to raise awareness of the situation with all stake holders and duty bearers.

Persons with disabilities in Ghana: WHO estimates that 15% of any given population lives with a disability. For Ghana, this would mean about 3.6 million citizens. According to Human Rights Watch, “more than 5 million people with disabilities live in Ghana, one-fifth of the total population, including 2.8 million people with mental disabilities.” (The National Census of 2011/12 returned a much lower number. The census has been criticized by GFD for severely underreporting the incidence of disability). In Ghana, PWDs are rated among vulnerable and marginalised groups, characterised by limited access to public health care, education, information and other social services. They are thus classified among the poorest of the poor. Disability and poverty reinforce each other leading to increased vulnerability and exclusion. PWDs have until recently been excluded from mainstream development projects, micro credit schemes and social protection interventions. Many PWDs, particularly those in the rural areas, therefore live in a state of abject poverty with limited opportunity for jobs and employment. PWDs most often have no or very poor education. Children with disabilities have limited access to basic formal education in regular schools. Teachers and staff are not adequately equipped or trained to handle the disabled. The situation is further compounded by the fact that there are very few special schools to cater for the needs of the disabled. Those that exist are poorly equipped and oversubscribed with waiting lists that are years long.

Despite relevant provisions in the Constitution of Ghana and other legal frameworks that grant equal rights of participation to every citizen, PWDs still face some amount of exclusion from politics, governance, and civil society activities outside the disability movement. Appointment of PWDs to high profile and leadership positions is also low. The participation of PWDs in the district level political administration and thus decision making is limited. In recent times however, the stigma associated with disability has gradually been minimised as a result of intense advocacy and awareness creation. This is evidenced by the appointment of Ghana’s first ever person with a visual impairment as a Minister of State. However, PWDs are still often perceived as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society. In many parts of the country, disabilities are commonly perceived as a curse or a result of witchcraft. Thus, PWDs are for the large majority still denied the right to participate fully and on equal grounds in society. The different barriers to participation relate to prejudice, perception, inferior education, lack of self-confidence and poverty.

Institutional context: In this picture, some government policies are of special interest:

District Assembly Common Fund: 2% of the development funds transferred to the MMDAs by central government, known as the DACF, are allocated to persons with disability living in each MMDA for economic activities, assistive devices, advocacy and organisational development, among others. Guidelines are developed and fund management committees set for the management, disbursement and accountability for the funds. Separate bank accounts have also been opened to “ring-fence” the fund in each MMDA. On average, 90% of the funds have been disbursed to PWDs in the project districts, not least due to extensive advocacy efforts carried out in Phase I by the OPWDs. There is, however, no focused monitoring of this fund intended to be utilized for specified purposes to enhance the living conditions of persons with disability in Ghana. The disability movement is in constant meetings with the administrators of the Fund at national and local levels to ensure greater transparency, accountability and efficiency in the use of the funds. Disbursement of the funds was quite delayed during 2014 due to financial pressure on government funds in general during the year. Some rumours and unofficial speeches by parliamentarians have indicated that there seems to be a wish by some that the 2% disability fund be scrapped and the money handed over to the District Assembly to handle as it did before. This wish has however not gained any momentum.

The Education Policy: Ghana is yet to have an inclusive educational policy in place though it practices free compulsory basic education. Unfortunately almost all basic schools are physically inaccessible. Worse still the number of schools for children with intellectual disability, hearing disability and visual disability is very low. The few resource teachers teach rather than support children requiring special needs. As a result, less than 2% of children with disability are enrolled in school. The specific needs for each disability group relative to inclusive and/or special education have not been clarified. The Special Education Division of the Ministry of Education exists to evolve policies and programmes that make the educational system available and accessible to persons with disability. So far, about eight different models of inclusive education have been piloted or tested in Ghana by the division. That, in itself is positive, however, none have yet been fully adopted nationally. The disability movement has advocated the development of an inclusive education policy that will be a blue print and provide some operational standards for ensuring access to quality education for all, especially persons with disability of school going age. A draft policy was developed in 2013 but is yet to receive approval by the Ministry of Education. The issue of access to school buildings and the school environment has and continues to be pushed by the disability movement in Ghana. The number of schools with accessible features is negligible. Government policy has stated that all new school buildings are to be constructed with ramps. This policy is being carried out in the main (especially in the project districts due to pressure from advocacy by the disability movement), but very little effort is being made to make existing/old buildings disability compliant.

National Health Insurance Scheme: The NHIS remains the major affordable health programme in Ghana. Unfortunately, the insurance does not cover rehabilitation services and assistive devices, which are major needs for PWDs. Free registration for the service is limited to only indigents, a term which PWDs do not want to be described as. However, in the current NHIS Act 846, PWDs can press for free NHIS under the “differently disabled” provision in the exemption clause. In all the project districts there has been an overwhelming registration of PWDs in the course of 2014. This has been as a result of advocacy and negotiations with the district NHIS scheme managers. As a result PWDs were mobilized en bloc; they met at one location, had their details taken and registration forms completed. Their NHIS cards were distributed to them in the same manner at a later date.

At the present stage, the disability movement focuses on getting access for PWD to the above-mentioned three types of services. Later on, more schemes will become more relevant, such as:

- *Social Protection:* The National Social Protection Strategy is to protect persons living in situations of extreme poverty. These include Pension Scheme, School Feeding Programme, Capitation Grant (primary and soon secondary education), National Health Insurance Scheme, Social Welfare Programmes, Supplementary Feeding Programmes, National Youth Employment Programme, Integrated Agric. Support Programmes, Microfinance Schemes, and Emergency Management Schemes, and the Livelihood Empowerment against Poverty Programme, which is flagship cash, transfer programme of Ghana’s national social protection strategy.
- *Labour Market initiatives:* The absence of the LI for the operationalization of the labour law and Disability Act, coupled with physical accessibility to public transportation, public buildings and work places, lack of sign language interpreters and appropriate tools and assistive devices, have not motivated employers to employ PWDs. PWDs employed in the public sector are entitled to a disability allowance of 160 Cedis every month which, because of the decentralization, is now payable based on excess budgetary provision. Most PWDs are not even aware of this entitlement.

The disability movement in Ghana: GFD has served as an umbrella for the disability movement in Ghana since 1987. As mentioned above (Chapter A.3), GFD has seven members, three of which have participated in Phase I of this project: GBU, GSPD and GNAD. IG was integrated during Phase II. Three GFD members - Ghana Association of Persons with Albinism, Share Care (organizing groups of people with neuro-

immunological diseases and autoimmune conditions) and Mental Health Society of Ghana - remain outside the project partnership but benefit from the capacity building activities of the GFD. The movement loosely organizes some 40,000 PWD, making it a relatively large movement, although still far from organizing the several million PWDs in Ghana.

Disability and Gender: Within the disability movement, women form the major part of the membership and the organisations have developed and implemented policies to include women in decision-making at all levels. These include Boards and GFD Committees, Gender Committees and Women's Wings, of OPWDs. Progress is happening⁸ but still lagging, especially at local level. In addition, women with disability still face more challenges even within their member organisations due to low education, and lack of confidence. Ghana is still predominantly a male dominated society and this is somewhat reflected in the disability sector.

Space for Advocacy: The GFD and the three main disability organisations (GBU, GSPD, GNAD) are recognised by the government and other stakeholders as the official voices of the disabled and are consulted on disability issues. Over the last four years, the capacity of the disability movement has improved at all levels. Collaboration between the member organisation as well as the Danish partners has been enhanced. GFD committees have been formed at the local levels to carry out advocacy in a planned and coordinated manner. This strategy is consistent with the decentralization policy and programmes of the state, with MMDAs entrusted with administrative and political authority including provision of essential public goods and services. Common advocacy strategies have been collectively developed, revised regularly and implemented by member organisations. An important part of the advocacy effort is the Disability Network set up by GFD almost ten years ago, which brings together most civil society actors who work in the disability field in Ghana. The network has become a platform for learning, sharing and solidarity on issues of disability

Funding: At present, the organisations have built sufficient capacity within administration and finance management of projects to the extent that they have gained the trust and confidence to take on a host of new partners and projects. However, there are limited opportunities for raising core funding among OPWDs as most funding organisations are more interested in funding project activities. Furthermore, Ghana's re-designation as a lower middle-income economy, following the discovery of oil and the generally upward trend in gold prices over the past decade has changed the funding environment. One significant outcome in terms of the Ghanaian aid community is that grants and other concessional forms of aid from traditional sources are being replaced by other modes of financing such as public-private partnerships and debt financing, often by emerging-economy donors such as China, South Korea and Turkey. These new donors have, thus far, demonstrated considerably less interest in the development of civil society. The effective watering down of the Paris Principles (particularly the principle of mutual accountability) by Busan and the gradual exit of traditional donors of the OECD bloc will also leave these actors less legitimate space to support civil society by demanding accountability from the Ghanaian state. This raises potential sustainability challenges for civil society which need pre-empting and proactive action.

Coordination and Cooperation: The movement has advanced significantly in coordinating its activities and in building a network of interested partners and allies, including the Disability Network, media, all-party parliamentary caucuses on disability, OSIWA, STAR Ghana, Mwananchi, Ghana AIDs Commission, VSO, LOGODEP, and the BUSAC Fund. Still more can be done in this area.

⁸ E.g. GBU is headed by both a female president and female vice-president since November 2014.

B.3 Problem analysis

The fundamental challenge facing PWDs in Ghana is a high level of exclusion from the economic, political and social spheres of society. The problems are huge even if small but important steps have been taken in the right direction over the past years. As outlined in the chapters above and evidenced by the evaluation report of Phase I, these can for a large part be traced to the fact that the disability movement as a collective has grown stronger and is achieving important political results through concerted efforts.⁹

In order to sustain the previous achievements and to ensure the sustainability of a strong movement acting as government watchdog and a legitimate and effective advocate for PWD rights, a number of gaps and challenges need to be addressed. These embrace both external and internal factors and can as such be grouped as: 1) political challenges, and 2) organisational challenges:

Political challenges

On a general scale there is still insufficient political will on the part of government to target and include PWDs in all manner of programmes, policies and service provision. This means that access to government services is limited to isolated areas. One area which has seen impressive development, generated through constant pressure of the disability movement, is access to the DACF funds which have become widespread across Ghana during Phase I and II. Based on projections from project monitoring, an estimated 40,000 PWDs have received grants from the DACF nationwide. However, as outlined above in Chapter B.2, challenges remain in regard to *limited transparency, accountability and efficiency*. FMCs are often not effective and are unable or unwilling to carry out effective monitoring and provide required data. In the course of Phase II meetings have been held with the local authorities in project districts to enhance the disbursement and usage of the DACF. Most of these meetings have been useful and pledges have been made by the authorities to be more diligent in the award and monitoring of the funds. Still, quarterly reports on DACF disbursement as stated in the DACF guidelines are currently only presented in 1/3 of the 11 Phase II districts.¹⁰

Moreover, it is *difficult to say that the majority of DACF recipients have a lasting benefit of the grants*. It has consistently been revealed from monitoring visits to districts that a large number of recipients have mainly used the funds for provisioning rather than profitable investments. Also, the evaluation of Phase I points to the poor quality of the business plans accompanying the applications that do not lead to yielding of profit. Members do not use the funds for the reasons they state in their applications and consequently they need to reapply for more funds on other occasions. As mentioned further above (B.2), this circumstance is exploited by politicians who use this as an argument to question the value and the maintenance of the earmarked funds. Phase II has seen a marked improvement in the quality of application proposals (in 10 out of 11 districts), not least thanks to an improved application format developed by OPWDs and building of a hub of resource persons at district level with know-how on drafting of applications.¹¹ But appropriate usage has not followed suit and results of initial negotiations with the NBSSI to support capacity building programmes of the DACF beneficiaries are yet to materialize.

In both Phase I and II sensitization and awareness programmes have targeted government service providers also beyond the issue of access to DACF, but due to *poor understanding and will among government officials and limited financial allocation* a situation remains which is characterized by *inadequate rehabilitation services, low education and generally limited basis service provision for PWDs*. Access to services at the districts level has been limited to few government interventions which are mostly

⁹ Annex Q, e.g. p. 1 and 8.

¹⁰ See Annex G, Phase II Performance Tracker document

¹¹ Ibid.

administered in a manner that lack the ability to sustain and not in response to a specific duty enshrined in the disability laws and UNCRPD.

PWDs are not a homogeneous group and despite similarities as the various disability groups face different disability specific issues. Therefore, as mentioned above in Chapters A.4 and B.1, disability specific intervention models were developed in Phase I. These have been tested and refined in Phase II through conscious learning and documentation and have led to isolated successes at district level (e.g. SLIs have been engaged at health centres in districts of Mampong and Ejisu even if regular payment still poses a problem). There is now a *need for replication of models at a broader scale* to generalize these experiences, holding government accountable to their duties as well as attracting other funding sources. However, due to the weaknesses described, PWDs cannot rely on government alone to drive replication of services across the districts of Ghana. PWDs and their organisations must themselves play an essential role not only in advocating for services and budgets but also in regard to collaborating with duty bearers in building capacity to deliver the service.

The six intervention models address the following challenges: lack of adequate rehabilitation services to BPS persons resulting in broad social and economic exclusion; limited physical access to schools and other public buildings constituting a major impediment to education and health services; economic exclusion and lack of sustainable livelihood of persons with a physical disability; severe shortage of qualified sign language interpretation resources (about 30 proficient interpreters for a deaf population of well over 100,000) and absence of official recognition of sign language; and the heavy stigma around intellectual disabilities among duty bearers and society at large which means that services and support to PWIDs are scarce and at best erratic.¹²

Media has proven to be an effective tool for the disability movement in efforts to insist on and push political agendas, e.g. maintenance of 2% earmarked DACF and reconstitution of the NCPD in December 2013. As stated in the evaluation report of Phase I, national-level media partnerships have fuelled a four to five-fold surge in the disability content of press coverage in Ghana which are helping to reverse the stigma and discrimination suffered by PWDs.¹³ A small media caucus has come out to defend and publish PWD issues and the caucus is even discussing ways to raise funds of their own. This is being picked up also at the local level. But even if the interest is broad, the number of media carrying it is narrow and the *capacity to engage media is localized to few people and some successful local experiences*. Capacity among PWDs on how to communicate stories of change to membership and to external stakeholders therefore needs to be broadened out both at national and local level to amplify understanding and commitment.

PWD's participation in local governance is also woefully inadequate. Out of an estimated 9,000 MMDA elected and appointed representatives, only 19 are PWDs which makes less than 1%. As elaborated on above (B.2), this limits the opportunity for PWDs to take active part in the decision making processes at the MMDAs and so far PWDs have made very little input into the medium-term Development Plans of the MMDAs. However, following focused GFD interventions over the last year there has been a surge in number of PWDs who want to contest (166 are candidates to contest for elections in six regions) and there is likelihood that a clause will be inserted into the local government bill reserving one seat in every district council for PWDs. A challenge also remains to build the knowledge and understanding of the elected members.

¹² The six intervention models are described in detail in Annex L.

¹³ Annex Q, p.2.

Organisational challenges

The evaluation of Phase I confirms that OPWDs have undergone intense organisational development that has enabled them to develop systems and structures - policies and guidelines have been developed and regularly practiced, constitutions of the board reviewed, and staff capacities strengthened, however to varying extent.¹⁴ These improvements are also apparent at district level where GFD committees are functioning reasonably well in the targeted districts even if regularity of meetings is still lacking behind in several districts.¹⁵ Local executives have become able to mobilize, organize and advocate, and the engagement is generally growing. However, even if capacity has increased, results are still slow partly because they depend on external factors and political decisions. Mechanisms are needed to consolidate efforts both in terms of active member mobilization and engaging duty bearers.

Further, the capacities need to be consolidated also by spreading them among more district branches in order to achieve sustainability. Currently, the scope of existing resources is limited since *local capacity is localized in the previous 14 project districts* besides a few other districts, leaving the disability movement as such with very few self-sustaining and resourceful districts. This is also reflected in the composition of national boards where some *board members have limited competencies to provide necessary policy direction*. This impairs their ability to function effectively as board members and thereby adversely affects the growth and development of the organisations. This is the case for all the OPWDs, but GNAD in particular is experiencing serious challenges in this regard.¹⁶ Furthermore, the capacity of the boards need to be further institutionalized as to avoid erosion with the passing of time as people are replaced and maintenance of capacity is therefore an on-going issue.

The evaluation of Phase I emphasized the need to *foster and strengthen collaboration with a wider diversity of strategic stakeholders at both local and national level* who could become important strategic alliances in pushing political agendas and widening windows for resource mobilization. In Phase II first steps have been taken in this direction as district level branches and committees have been encouraged to take advantage of the presence of CSOs and NGOs in their vicinity to expand their knowledge base and support. Moreover, in promoting sustainability of the organisations, GFD officers at the local level have been trained in the identification of possible resources and potential sponsors in their communities that can support the organisations.

These opportunities need to be explored in greater depth because *high dependency on a few donors is a continuous challenge*. Across the movement the OPWDs are yet to build medium and long-term financial resilience leaving them vulnerable and unable to guarantee services and results to their members which in turn impacts negatively on members' belief and support to their organisation. During Phase II, all organisations dedicated a lot of effort to build their capacity to raise funds to support their work. Initiatives were taken to streamline protocols to avoid clashes for the same source of funding, directories of funding sources were researched and a number of proposals were developed and submitted for consideration. There were few successes, however, and mainly short-term and small-scale projects. Some OPWDs are more challenged in this respect than others (e.g. GSPD).

Capacity exists for fundraising among disability specific donors. These currently finance about 50% activities of the Ghanaian partners.¹⁷ However, in order to sustainably replace Disability Fund support for activities and especially for core organisational expenses (governance, internal communication and basic national administration) by 2018, capacity for fundraising must be *built* and broadened to include new target groups

¹⁴ Annex E – OPWD sustainability status

¹⁵ Annex G

¹⁶ Ibid.

¹⁷ Annex F

(membership, community, duty bearers, corporate Ghana). This is as mentioned not least an issue at district level where independent local resource mobilization is still very scarce. 73% of the Phase II districts (8 out of 11) have done resource mapping but are yet to develop proper fundraising strategies.¹⁸ A special focus is that replication of District Intervention Models must be *handed off* to duty bearers or to new sponsors in order to maintain the dynamics of political advocacy and membership value.

In summary, in order to ensure long-lasting gains of previous efforts, momentum needs to be maintained and reinforced. The achieved changes must be broadened (more types of services in more districts) and deepened (better services through documented results and more efficient service delivery) in order to create a sustainable political impact. For this to come about the movement needs to develop and solidify further, including building its financial resilience.

B.4 Stakeholder analysis

Following the above problem analysis the stakeholders for engagement by the project fall into two overall groups each comprising rights holders, duty bearers as well as collaborating partners:

Firstly, those who can facilitate disability favourable political decision-making and practice enabling increased and improved services for PWDs. At district level, the main duty bearers are FMCs, the DACF administrator, district chief executives and the district directors of Health and Education, supported by the state officials in the respective ministries. Also, PWD District Assembly members, district and national media and national bodies such as UoG, OISL, Disability Network etc., play a role in facilitating quantity and quality services. PWDs and their organisations play a vital role as rights bearers in organising beneficiaries for efficient service, enabling district officials, and monitoring/quality control.

Secondly, the stakeholders who can contribute to the development of a strengthened disability movement. These are mainly collaborating NGOs, educational institutions, private companies and other strategic allies who can back advocacy efforts and provide training and other support, if and when a common interest can be identified and mobilized. They also include potential financial supporters such as international donors, corporate donors and community supporters. Among duty bearers, they include DAs who may choose to use DACF to support collective initiatives of local OPWDs. OPWDs leaders at district and national level play an essential role representing and formulating the PWD interest to these stakeholders. PWDs play an equally vital role as visibly active and contributing members of their OPWDs.

Annex I provides a detailed list of named stakeholders including their status and role in the project. In the annex, the stakeholders are listed according to their importance to project success (vital, important, some importance) cross cutting the groupings outlined above.

¹⁸ See Annex G, Phase II Performance Tracker document.

C. PROJECT DESCRIPTION (indicative length 9 pages)

C.1 Target group and participants¹⁹

The **primary target groups** are made up of:

- 2,251 PWDs who will participate in project activities at district level.²⁰ These are registered members and leaders of GBU (645 incl. 30 leaders), GSPD (810 incl. 42 leaders), GNAD (429 incl. 32 leaders), IG (220 incl. 18 leaders) and GFD (147 incl. 72 leaders) in 16 districts of Ghana.²¹ They will be personally empowered through training (incl. 42 PWDs in communication and media skills), workshops, peer-to-peer support and events financed by the project. An equal gender distribution will be sought when implementing project activities. For more details on the social composition of this group see the below description (a and b).
- 8,581 additional PWDs who are registered OPWD members in the same 16 districts will benefit through involvement in district OPWD activities, increased access to government services and higher awareness on disability issues. 51% of members in these 16 districts are women. For more details on the social composition of this group see below description (b).
- 80 PWDs at national level: 64 national board members (across five OPWD boards) who will participate in training to strengthen their skills on advocacy and organisational issues such as financial management and fundraising. And 16 PWDs who will be trained in engaging with national media.
- 493 government officials at district (428) and national (65) level will also participate in project activities as a separate primary target group. District stakeholders will mostly be selected staff and members of DAs. At national level they include ministry officials, members of the NCPD and the Disability Network. They will participate in orientation sessions, workshops, dialogue and sensitization meetings, enabling them to better exercise their duties.
- 128 professionals - journalists (56), sign language interpreters (60) and UoG staff (12) - who will participate in training on disability issues, advanced SLI, and be involved in the planning and implementation of SLI summer courses at the UoG.
- Staff of CSOs, companies and other potential strategic partners at district and national level also form part of the primary target group. These will be invited to participate in alliances and various forms of collaboration with OPWDs for mutual benefit. It is difficult to pre-estimate the figures for this group.

The **secondary target group**, who will benefit from project activities, embraces the following groups:

- 3,212 members in an additional 8 districts will benefit through district OPWD activities funded by grants via the Local Development Fund (LDF). 42% of members in these 8 districts are women. (49% of the 14,044 members across all 24 districts are women).
- About 3,000 families of PWDs can be expected to benefit from either a personally empowered or materially benefitted PWD member. Of these, 2,251 are families of the PWDs who have been directly empowered by the project. Additionally, perhaps 1,000 families across the 24 districts will see a DACF grant received by a PWD family member. In a number of families this will be supplemented by other benefits (access to NHIS, skills training, health services, participation in SLS

¹⁹ See Annex K for a detailed breakdown of PWD target groups by district.

²⁰ See Annex K for details.

²¹ There may be some overlap between the leaders of the individual organisations and the 72 GFD leaders. See also Chapter C.4 and Annex J for a description of the total 24 targeted district under Phase III.

activities etc.). Allowing for overlaps, this comes to about 3,000 families. Using the average household size of four in Ghana²², the number of people involved would be about 12,000.

- The local communities of the 24 project districts that will be engaged through local advocacy and awareness raising campaigns as collaboration with e.g. the media is increased by the disability movement.

The ultimate target group of this project are the 67,651 individual PWDs making up the total PWD population in the 24 project districts²³ who as rights holders will benefit from having more responsive government services in their district and better acceptance of PWDs in local society. The general membership of the OPWDs nationwide will in the longer run benefit from having the support of more efficient, more capable, better known and better funded organisations.²⁴

Social composition of the participants and beneficiaries

Though most PWDs in Ghana can be described as marginalized (see Chapter B.2), PWDs are not a homogeneous group but can be categorized into at least three broad groups who in different ways are targeted and benefit from the project interventions:

a. Resourceful and empowered (about 10% of the PWD population).²⁵ This describes those who have been through formal education/training/apprenticeship to the level that they are employed, self-employed or have a regular source of income. Members of this category tend to be active in their various OPWDs and are often elected to hold positions of responsibility within their individual organisations and the GFD Committees. In Phase III, activities targeted at this category include; Use of the LDF for advocacy initiatives, training in media engagement, support in working as an effective assembly person, engagements with duty bearers, development of resource mobilization strategies, building of local strategic alliances, and ensuring a fair distribution of the DACF.

b. Less resourceful and less empowered (about 30% of the PWD population). This describes members of the organisation that may have had some basic education/training/apprenticeship that enables them to survive but not thrive. PWDs in this category tend to attend meetings and vote for the more resourceful and more educated to take up leadership positions within their organisations. Some in this category do not join the organisations. Members of this category form the bulk of PWDs that apply to the district assemblies for the DACF with the hope that it will help lift them out of poverty and hardship. In Phase III, activities targeted at this category include; Membership mobilization drives, supportive training by the NBSSI in the planning and utilization of the DACF, orientations that encourage the presentation of collective applications for the DACF, and free registration by the NHIS.

c. Marginalized (about 60% of the PWD population). This category refers to those PWDs who are the most vulnerable. Most of them do not have any reliable economic activity to live on and depend on hand outs and charity. Though some of them may occasionally find some work for pay, it is usually transient and poor paying. Included in this category are persons with intellectual disability who are often hidden away from society and thus any form of support. This group also applies for the DACF but find it difficult putting in the proposals that are necessary. In Phase III, activities targeted at this category include; Membership mobilization, awareness creation, organisational development to enable the OPWDs cater for their

²² www.statsghana.gov.gh/docfiles/glss5_report.pdf

²³ The official census figures are known to be conservative and not very accurate, i.e. the actual figures are likely to be higher.

²⁴ GFD membership is registered at 41,000. This figure includes many non-paying members.

²⁵ The percentages given are estimates arrived at by seeking opinions from the various OPWDs. The members of the categories are not static and there is quite a lot of movement especially between the second and third category.

membership's needs, locally targeted advocacy, NHIS registration, disbursement of the DACF, and implementation of cooperative activities funded by the DACF who can benefit a larger group. There will also be concerted efforts to encourage FMCs in the districts to disburse more funds to the marginalized, in particular PWIDs and PWHDs.

Organisational and geographic composition of the target groups

The project will engage the primary target group through their own democratically organised district branches, assuring legitimate representation. Target districts have been pre-selected by each OPWD based on capacities and potentials in the districts. The selection has been mutually coordinated, weighing criteria of regional distribution and proximity to other project districts, local capacities and potentials, and possibility of synergy with other OPWDs. Thus, not all OPWDs have interventions in all districts. The table below gives a breakdown of target groups by district and OPWD. The table also shows the level of project intervention in each district, using a colour code (the interventions and related approaches are described further below in Chapter C.4).²⁶

District	Primary ²⁷ and secondary ²⁸ target groups					Ultimate target group (PWDs in district) ²⁹
	GBU	GSPD	GNAD	IG	GFD	
1. Pru			126 (379)	50 (60)	16 (455)	1,955
2. Brekum	150 (212)	180 (250)			16 (421)	3,144
3. Tain	200 (253)				16 (154)	1,799
4. Kajebi	100 (124)	350 (469)	61 (183)	50 (60)	26	1,335
5. Agona		100 (200)				2,572
6. Asutifi South	150 (234)					1,703
7. Bibiani Anwiaso		150 (350)				4,797
8. Ejura			133 (340)			2,043
9. Kasena West				35 (78)	26 (1,285)	4,444
10. Jirapa				40 (80)	26 (641)	3,390
11. Sefwi Wiawso		15 (172)				2,077
12. Mampong		15 (65)	109 (328)			2,104
13. Asutifi North	25 (295)					1,233
14. Dormaa	20 (148)					3,575
15. Bongo				15 (58)	21 (1,189)	4,063
16. Lawra				30 (98)		2,568
17. Jaboso	(75)	(102)	(72)			696
18. Saboba	(80)	(196)	(77)			1,649
19. Nanumba North	(289)	(117)	(51)			3,713
20. Ejisu	(97)	(115)	(115)			2,830
21. Kwahu West	(57)	(162)	(72)			2,861
22. Ga West	(178)	(187)	(107)			5,452
23. Ketu South	(105)	(524)	(168)			5,820

²⁶ A further breakdown of the figures in the table is presented in Annex K.

²⁷ The numbers *outside* the brackets reflect the number of participants in project activities such as leadership trainings, and the number *in* brackets reflects members targeted through e.g. general membership mobilisation (see C.1.).

²⁸ The numbers in *italics* reflect a secondary target group (See C.1)

²⁹ Ghana Population and Housing Census 2010.

District	Primary ²⁷ and secondary ²⁸ target groups					Ultimate target group (PWDs in district) ²⁹
	GBU	GSPD	GNAD	IG	GFD	
24. Effutu	(117)	(71)	(78)			1,828
Total 2,251 (8,581)	645 (1,266)	810 (1,506)	429 (1,230)	220 (434)	147 (4,145)	67,651

Level of project intervention and related approach (in descending level of intensity):

1: Intensive: "Direct Intervention" in 4 new districts	2: Extensive: "Mentored" Intervention in 6 new districts ³⁰	3. Light: 6 Phase I-II districts enabled as "Showcase" Districts.	4. Indirect: Sustainability improved through access to Local Development Fund, in 8 Phase I-II districts.
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C.2 Objectives and indicators

Development Goal	
Persons with disabilities enjoy equal rights in all areas of society in accordance with national and international legislations under constant monitoring of a strong disability movement	
Immediate Objectives	Objective indicators
1. By the end of 2018, political will and capacity among duty bearers to provide efficient and transparent implementation of services to PWDs has been reinforced at national level and in 24 districts, thereby improving the lives of PWDs.	# of PWDs who have received a DACF Grant in 24 districts for both individual and collective purposes.
	# Districts
	# of PWDs who have accessed NHIS services, provided by duty bearers
	2% earmarked for PWD maintained and not reduced
2. By the end of 2018, the disability movement has consolidated national and local capacities for the promotion of active membership and PWDs accessing their rights	# major National Policy decisions/actions supporting PWD access to district services
	# of district driven duty bearer engagements
	# of Strategic Partnerships for advocacy and/or fundraising in place at district and national level
	# of registered members in monitored districts
3. By the end of 2018, the disability movement is effectively implementing long-term strategies and finding new sources of income, ensuring financial sustainability at both local and national level.	# Districts
	Contribution to annual income of 5 OPWDs from internal funding and external funding other than Danish Disability Fund, as percentages of baseline income (2014=100%)
	Average % of basic organisational costs (2014=100) covered by other funding than Disability Fund (Internal funds + designated budget lines from external donors).
	# of donors (public and private) who have supported the disability movement during the project period
	# of District OPWDs/Committees with at least 2 external sources of income/resources (incl. DACF)
# District Partnerships	

³⁰ One of GBU's "Mentored" Districts is also a "Direct Intervention District" for GSPD. This district is counted as a Direct Intervention District in the sums given.

C.3 Outputs and activities

Reference is made to the LFA Matrix in Annex C.

C.4 Strategy

Development strategy

The project is the final phase in a joint effort between Danish and Ghanaian OPWDs to strengthen the disability movement in Ghana as an effective advocate for promotion and realization of PWD rights as enshrined in national and international legislation. The change logic underlying this and previous phases of the project is that an inclusive society is a duty of the state but will only be informed and brought about by a strong disability movement. Changes of behaviour among these two key groups (duty bearers and people with disability) are therefore central to project goals and define two of the three immediate objectives:

1. Reinforcing political will and capacity (among duty bearers), and
2. Consolidating organisational capacities (among OPWDs)

An essential part of being a strong disability movement is a high level of financial independence and survivability. In this phase it is crucial and has therefore been made an immediate objective in itself:

3. Building financial sustainability (among OPWDs)

These objectives do not stand alone but are mutually supportive:

Immediate Objective 1 and 2 are mutually reinforcing: Public services to PWDs (Immediate Objective 1) empower PWDs to engage socially. High visibility of the disability movement in pushing for services generates membership value for OPWDs, thus channelling the social engagement of empowered PWDs to the movement. Members - when effectively mobilized and represented - build strong OPWDs (Immediate Objective 2) that are able to effectively advocate for services and are enabled to hold duty bearers accountable (Immediate Objective 1 again).

Immediate Objective 2 and 3 are mutually reinforcing: A strong disability movement (Immediate Objective 2) that is highly visible in delivering results for PWDs and in empowering PWDs as productive members of society, can motivate empowered members to contribute to OPWDs (becoming active and paying fees). It can also make OPWDs valuable to duty bearers, donors and sponsors seeking to engage PWDs as development agents, partners, constituents, customers or clients (Immediate Objective 3) – thus strengthening the movement (Immediate Objective 2 again).

Scope and approach

In this final phase of the project the aim is to use the results, lessons and capacities achieved in previous phases³¹ to achieve sustainability of impacts. This has defined the level of ambition of each immediate objective - *to reinforce, consolidate, and build*.

In terms of *organisational and geographic scope*, the project expects to leave the disability movement with 24 active districts in 2018. These embrace 14 districts where OPWD capacities were built in Phases I and II, and 10 new districts where OPWD capacities will be built during this phase. The reasons why new districts

³¹ See Chapters A.4, B.1, B.4 and Annex G and H.

are added in an exit phase is to 1) capitalize on capacities built in Phases I and II to test a new, district driven, approach to replication of project outcomes, and 2) maintain the capacity of OPWDs to serve as drivers for the replication among duty bearers and new donors of key models of service delivery, and showcase this capacity for fundraising and advocacy purposes. This is explained further below.

Two principles guide the implementation of the project:

The *collective impact principle*, which proved effective in Phases I and II, will be even more pronounced in Phase III where GFD as the collective body will take the lead on a wide range of joint activities, supported in the implementation by individual OPWDs. This will also promote collective responsibility on disability specific needs. Inside the framework defined by common objectives and outcomes, each partner will in addition implement and manage its own component guided by partner specific results and indicators which define their contributions to the common goals.

“The project is the facilitator; the local OPWD is the doer”: The vast majority of activities will be implemented at the district level to ensure the participation of all stakeholders. Where available, human resources will be identified and given the necessary capacity to play leadership roles to facilitate the development of an organisational culture where local leadership become “doers” rather than beneficiaries. This is a key lesson learnt from the evaluation of Phase I that recommended moving away from “hand holding” towards an “arms-length” approach.³²

District Intervention Models

Most district level organisational and advocacy results will be the fruit of district level initiatives guided by District Intervention Models which, as described in Chapter A.4, are the outcome of previous efforts to rethink and amend the donor financed service delivery schemes that traditionally have generated membership value.³³ The models were tested and documented in Phase II and serve as templates for how to introduce, advocate for and enable implementation of a specific service to PWDs in a district. Each model is tailored to the issues and the situation of the OPWD driving it, but all contain these elements:

1. Introduction of the service to the district, usually by example (i.e. in the form of a service delivery by the OPWD).
2. Capacity building of district OPWDs to drive advocacy for the service.
3. District driven awareness raising and advocacy for the service, including enabling knowledge transfer to district officials.
4. Supporting national level advocacy on the issue by OPWDs at national level (i.e. for legislation, administrative guidelines, ministry support, and monitoring of the service).

Step 1 and 2 of the process can be facilitated either wholly by national OPWD staff, partly through mentoring by local resource persons, or wholly by local executives with capacity built through Phases I and II. Step 3 is driven by the local OPWD with some guidance from national level staff or mentors. Step 4 is driven by the national OPWDs, led by GFD, using evidence and input generated from the districts.

The District Intervention Models are thus integrated processes encompassing all sides of the Change Triangle, including elements of strategic service delivery to members. The strategic rationale of service delivery in this case is mainly to drive advocacy, and this has guided the scope given to it, but it also has a direct effect in motivating and empowering participants as OPWD members. The six District Intervention Models supported by the project is briefly described in the following table and with more details in Annex L. District numbers include expected baseline numbers produced by Phase II.

³² Annex Q, p. 11.

³³ While the final evaluation of Phase I praised the Ghana partners for succeeding in building a strong “change triangle” based approach to organisational development and strategic services in the joint components of the project, they had maintained a “non-strategic” core service delivery model in their own components, Annex Q, p.17.

Issue	OPWD	Advocacy Goal and continued OPWD role afterwards	Local OPWD role in achieving goal	National OPWD role
Organising for PWD Rights / strengthening GFD District Committees (OD) ³⁴	GFD	Transparent and complete access to DACF and to NHIS by PWDs in 24 districts. GFD Committee monitors and facilitates access to DACF and NHIS and ensures mutual support among member OPWDs.	Inclusion of all OPWDs. Strategic planning. Advocacy to DA and DACF, NHIS. Support activities of member OPWDs. Seek grants from LDF.	Capacity building for organisational development, advocacy and mobilization of resources.
Community Based Rehabilitation of PWVD (CBR)	GBU	District Assembly approves budget for a CBR officer from DACF in 5 new districts. Local OPWD will select the CBR officer, mobilize participants and monitor quality of service.	Mobilizing members. Advocacy towards District Health Office (DHO)/DACF.	Capacity building of district OPWD in advocacy and Action Learning, support in advocacy.
Availability of Sign Language Interpretation for Health Services (SLI)	GNAD	District Assembly approves budget for SLI from DACF in 5 districts. Local OPWD supports quality of SLI through Directory of Sign Language Interpreters and through support in coordinating SLI service, monitors quality of service.	Mobilizing members. Identifying and monitoring SLI. Advocacy towards DHO and on DACF.	Capacity building and support of local branch in SLI and in advocacy with DHO and DA. National level advocacy for a university level SLI course.
Physical Accessibility in Schools (PA)	GSPD	"Model school" is constructed or renovated to National Accessibility Standard, financed by district budget in 6 new districts. Local OPWD continues to monitor accessibility in schools, advises District Education Office (DEO) on application of standards during renovation and new construction.	Mobilization of members. Audit team carries out Building audits. Advocacy towards DA and DEO.	Capacity building and support for district branch in advocacy with DEO and DA. National level advocacy for implementation of Accessibility Standards.
Village Savings and Loans Scheme (SLS)	GSPD	A microcredit service provider (OISL) gives financial support to 8 SLS groups composed of GSPD members ³⁵ Local OPWD gives organisational support to SLS groups, monitors quality of service.	Mobilization and organisation of SLS groups, continuous contact with OISL.	Training of SLS groups and connecting them with OISL.
Building self-help groups for social inclusion and community awareness (PSHG) ³⁶	IG	Increased community awareness, integration in the disability fraternity at district level ensuring access to DACF/NHIS in 5 Districts. Local OPWD continues with community awareness activities, is represented in GFD Committee and monitors access of members to DACF/NHIS.	Membership mobilization, organisation, community awareness activities, participation in GFD committee.	Capacity building for organization, awareness raising and basic advocacy.

The models will be applied to varying extent and through various approaches in the 24 targeted districts. Each OPWD will tailor its approach in each district according to the existing level of organisational capacity in the relevant district. The four approaches, named by their corresponding "district type" and pictured below, are:

³⁴ This is a dual purpose intervention supporting both advocacy on DACF/NHIS and supporting the interventions of member OPWDs

³⁵ The advocacy target here is not a duty bearer, but a non-governmental service provider.

³⁶ Due to the recent starting point of IG organization at district level, this model has limited ambitions and is basically an OD activity.

a. Showcase Districts are selected Phase I and II districts where previous district interventions have been particularly successful. The idea is to capitalize on these exceptional capacities by testing a lower cost, district driven “growth pole” model for replication of district results in neighboring districts (i.e. Mentored Districts below). The districts will also have access to the LDF to help them sustain their own achievements. Each OPWD has chosen one or two districts to be developed as “showcases” (there is some overlap, see table in Chapter C.1 above). The number of districts selected reflects the ambition to test this intervention approach on each of the 6 District Intervention Models. Number: 6.

b. Mentored Districts are selected neighbouring districts to the above mentioned Showcase Districts where conditions are deemed especially receptive to the mentoring approach. Through the sharing of knowledge and peer-to-peer learning between districts a “growth pole effect” will expectedly be generated, supported by mentoring from the Showcase District and limited follow up from national OPWDs. When capacity has been built, OPWDs in Mentored District will have access to grants from the LDF. Each OPWD has selected 2 districts for mentoring (with the exception of GNAD, who have chosen only one due to local capacity issues). Success in only one of these will be acceptable. This is reflected in the indicators of the project. GFD has selected the same districts as IG to better support IG goals of inclusion in the disability movement. Number: 6.

c. Direct Intervention Districts are new targeted districts where District Intervention Models will be spearheaded by national OPWD staff in more or less the same way as in Phase II. The goal in these districts is to validate the replication of the models, maintain and develop OPWD capacity to promote them, and demonstrate their value to duty bearers, donors and other stakeholders. Each OPWD will carry out its model in two selected districts; however, GFD will implement its OD model in all districts to support other efforts, and one district will be common to all in order to test synergy effects. Number: 4.

d. Phase I and II Districts are districts where previous interventions have built capacity of district OPWDs to a reasonably self-sustaining level, i.e. the GFD committee has achieved and is monitoring regular access to DACF and NHIS, and from two to four of the district branches of GBU, GNAD, GSPD and IG are actively dealing with the special issues of their members. Project intervention in these districts is limited to allowing them to seek grants from the LDF in order to consolidate organisational and advocacy capacities, sustain achieved outcomes and build fundraising capacity. Number: 8.

14 Phase I and II districts	a. 6 “Showcase Districts” Situation: Exceptional existing OPWD capacity and contact with duty bearers. Approach: Enabling (access to LDF and build mentoring capacity)	d. 8 “Phase I and II Districts” Situation: Good existing OPWD capacity and good contact with duty bearers. Approach: Indirect (access to LDF only).
10 new districts	b. 6 “Mentored Districts” Situation: Neighbour to a Showcase District. There is some existing OPWD capacity and/or receptiveness among duty bearers. Approach: Extensive (capacity building of district OPWDs and enabling of district duty bearers partly facilitated by mentors)	c. 4 “Direct Intervention Districts” Situation: There is little existing OPWD capacity, little contact with duty bearers. Approach: Intensive (capacity building of district OPWDs and enabling of district duty bearers through direct Intervention)

Objective strategies

The District Intervention Models outlined above serve to sketch out the main lines of district level advocacy and organisational goals. Below, these will be outlined in relation to each of the immediate objectives,

including also crosscutting activities at district and national level that support the OPWD specific district interventions.

Reinforcing political will and capacity (Immediate Objective 1)³⁷

The aim under Objective 1 is to reinforce the progress on service delivery by district based duty bearers achieved in Phase I and II, i.e. full access for PWDs to DACF and NHIS across 24 districts and increased delivery of disability specific services concerning access to rehabilitation, health services, basic education, income generating programs and livelihood skills training, moving from tentative adoption at the end of Phase II of each service by duty bearers in 1-2 districts, to adoption in 4-6 districts each, producing a more resilient and replicable corpus of cases.³⁸

Due to decentralization of government services in Ghana, including of budget responsibility, the main target of advocacy activities is the DAs who are the primary duty bearers for the direct services to citizens. With the awareness that has been created on a nationwide scale, most district officials and DA members are familiar with some issues of disability. However, even with increasing awareness and with national legislation and guidelines largely in place, the government often does not have capacity or even knowledge to enable district authorities to adequately deliver services to PWDs. It is therefore up to the disability movement not only to advocate DAs for adequate budgets but also to work closely with the district officials on transfer of knowledge, enabling them to take ownership. The aim is to build the knowledge (and skills) of duty bearers to foster changes in their attitudes and thus behaviour towards PWDs. The project will build on and involve a substantial amount of orientation for relevant officials, stakeholders and duty bearers, in particular in the targeted new districts. Drawing on previous experience, these orientations will be followed by advocacy initiatives. Existing cases of access to services will be used strategically as examples for replication and generalized access. This large collection of district level processes constitutes the main advocacy thrust of the project, conceived as the described District Intervention Models.

In concrete terms, the following overall and mutually supportive lines of action will be pursued under Objective 1:

The OD model applied by GFD will work towards ***maintaining political will and capacity to deliver on DACF and NHIS*** while improving quality of the services. This will be done through continued direct engagement of DAs and FCMs by local GFD committees, including specific work to strengthen access by IG and GNAD members to DACF. Experience shows that interaction and sharing of experiences between PWDs and officials is an effective tool in generating increased understanding and change of behaviour. As described further above, these efforts will increasingly be spearheaded by local GFD executives whose capacity have been built in previous project phases, and this will in Phase III be put to use also in Mentored Districts supported by opportunities to apply for LDF grants (see below). In the new Direct Intervention Districts this process will still be facilitated by OPWD staff through a combination of training and “accompaniment”. The OD model is as such a prerequisite for effective implementation of the remaining models, and GFD committees will receive systematised and practical training to equip them with hands-on skills, using training modules and materials developed in previous project phases (further elaboration under Objective 2 below).³⁹

³⁷ The objective has been described in terms of “political will and capacity” because focus in this phase is to maintain commitment of political actors (National Assembly, District Assemblies, district officials etc.) to existing laws, obligations and commitments, not so much to create new legislative instruments or policies. Therefore emphasis has in the phrasing of the objective been put on the people whose behaviour must be influenced.

³⁸ It is important to note that the OPWDs also pursue advocacy themes outside this project’s realm.

³⁹ Annex M contains further details on the training including approach, materials and selection of participants.

In order to address the problem that DACF grants too often are used for immediate consumption needs rather than to improve livelihoods, the GFD will work with the NBSSI in 4 districts to ensure that PWD beneficiaries receive *vocational and money management skills*. Local NBSSI offices (BACs - Business Advisory Centres) will as a new strategy be engaged at an early stage and will be working closely with the district FMCs to provide training and support both before and after the disbursement of the DACF to PWDs. The BACs will also be tasked with conducting sessions with the membership of the OPWDs on issues of income generation small business practices and financial management. This will be a pilot effort generating evidence and best practices for later widespread use in NBSSI.

During the course of project monitoring, activities of *outstanding DACF beneficiaries* will be documented and showcased to the public and duty bearers alike and used for targeted advocacy, including in connection with District Level Forums. The showcasing will further serve to motivate and inspire beneficiaries and serve to attract new funding agencies.

At the national level targeted interventions will seek the formation of a *common fund monitoring team* by the government on the disbursement and use of DACF with the involvement of OPWDs. This will draw on the positive relationship built with the national DACF administration under earlier phases of the project, which has resulted in the practice of public release of information on DACF disbursements to individual districts. Additionally, periodic audit of records on disbursements and beneficiaries will be done with data from DA Accounts Departments, District Social Welfare Directors and local FMCs. This will entail streamlining the reporting formats to ensure that relevant data is captured, analysed and kept at the DAs.

Increased delivery of disability specific services (GBU, GNAD, GSPD, IG models) will be pursued through a combination of various actions according to the specific model and target in question:

First and foremost, *appeals for implementation of existing legislation* which acknowledge the rights of PWDs will be made repeatedly, and officials will be reminded that the creation of a disability friendly environment will influence the grading of district performance (the so-called FOAT assessments). In connection with this, attempts will be made to have disability issues included in the annual district plans. With regard to CBR a validated step-by-step advocacy plan is in place, and specifically concerning PA and SLI, the expiration of the mentioned moratorium on prosecution of entities that do not abide with the Disability Act will be exploited to full extent.

GFD will conduct *national level advocacy* to back these efforts and will, together with GSPD and GNAD, head awareness campaigns, using the Standards Document on Physical Accessibility and SLI Directory developed in Phase II. Further, they will seek to take legal action and bring public institutions and agencies who fail to comply with the disability law to book, starting with a minimum of two public institutions. The efforts will draw upon the support of the reinvigorated NCPD and the Disability Network. Likewise, the University of Ghana is a key strategic partner in terms of ensuring qualified sign language interpretation resources in the medium and long-term.

Other lines of action include *social responsibility appeals*, e.g. to financial institutions such as OISL which has been quite forthcoming and proven to be a central actor with regard to the SLS in Phase II. Also, *best practice examples* (e.g. high standard ramps in schools built in collaboration with Parent-Teacher Associations), *self-advocacy by PWDs* and *collective GFD appeals* will be put to use. As concerns the latter, joint requests by the local GFD committees have previously proven a viable pathway to ensure collective use of the DACF to cover allowances for sign language interpreters or a CBR officer

These various advocacy efforts will be sustained by two additional joint capacity building initiatives which will serve to create a broader enabling political and social climate of scrutiny and dialogue to motivate duty bearers to commit themselves and follow up on commitments:

Use of media and partnering with media houses at both national and district level was essential to achieve the results in Phase I and II, as described previously (Chapter B.4). At district level especially electronic media such as *local radio stations* has been helpful. To consolidate the use of such an effective tool, the project intends to expand the pool of *PWD communicators* who can effectively engage with stakeholders and duty bearers so that the potential of using the media can be fully exploited. Training events will embrace a mixture of media practitioners and PWDs so that both groups will learn and share their experiences and skills. A special introductory session will be arranged for IG members. OPWDs and local radio stations will develop MoUs to guide their relationships following good experience gained through a governance project funded by STAR Ghana. Regular interaction with the established *Media Caucus* and the national Media Commission will support local level activities, which on their part will feed into national level awareness raising.

Through on-going GFD efforts the number of PWDs elected to DAs will expectedly increase in the 2015 elections. GFD will reach out to new ***PWD Assembly members*** to train them on effective representation and sensitize them on current OPWD issues and agendas, so that they become effective spokespeople for PWDs pushing for rights and contributing meaningfully to formulation of disability inclusive policies and programs. Also non-disabled Assembly members will be invited to become aware of disability issues and better appreciate the challenges or concerns of PWDs.

Consolidating organisational capacities (Immediate Objective 2)

The organisational aim of Phase III being an exit phase is to consolidate capacities across the membership base and especially at the crucial district leadership level. As described, districts are the main access point to government services and it is also at district level that member-leader relations are most direct and where volunteer capacity exists. In Phase III, the capacity in 14 districts that have been “built” in Phases I and II will be reinforced and followed by capacity building in 10 new targeted districts, supplemented also by further strengthening of leadership at national level. This is expected to create the mentioned organisational “critical mass” of several mutually supportive active districts in each region, a majority of active regions, and a strong alliance of five national OPWDs.

In concrete terms, the following overall and mutually supportive lines of action will be pursued under Objective 2:

The ***capacity of the local GFD committees*** will be reinforced through the OD intervention model mentioned above. The model, which aims to build local organisation and capacity to engage members, duty bearers and strategic stakeholders, will be implemented in seven districts to support replication of the other models. The approach to training and the development of the training package(s) has been developed from the learnings derived from the previous project phases. The comprehensive training is based on a rights-based methodology drawing on the UNCRPD and the Disability Act targeting participants from the GFD executives at district level. It includes thematic areas such as: Leadership skills, CSO management, resource mobilisation, and understanding advocacy.⁴⁰ The training is carried out in a highly participatory manner where participants engage and share experiences. Existing organisational handbooks and manuals are readily accessible for widespread use and institutionalisation. Follow up on training events are carried out

⁴⁰ See Annex M on training and capacity building activities.

during field monitoring. Also, a number of disability accountability forums will be organised which will serve the dual purpose of capacitating local GFD executives and auditing duty bearers.

The District Intervention Models of GBU, GNAD and GSPD also contain elements of training and organisational development, mainly geared towards building capacity to demonstrate and advocate for specific services. As the youngest member of the PWD fraternity, the district interventions of IG have a broader and specific OD focus on formation of parents' self-help groups and organisation of district branches.⁴¹

The successful **demand driven Local Development Fund** will further support the consolidation of local capacity. The LDF will provide grants to support advocacy and fundraising initiatives to districts that have the capacity to seek and implement small projects. The LDF has in Phases I and II proven to be a very valuable tool in terms of capacity building to design strategic interventions and draft applications as it provides hands-on experience. LDF funds have underpinned most of the successes of advocacy initiatives that the project has achieved at local level, and membership commitment has been distinctly higher in districts where LDF funding has been provided. In light of this, the use of LDF will be expanded in Phase III and as such be open to all GFD committees across Ghana.⁴² This will serve to "prove" sustainable district capacity and will provide a platform to attract other local and national partners during the project. The scope of the fund is to guarantee project districts' access to at least one grant each during the project, while offering the opportunity of two grants to some. The opportunity for non-project districts to also apply for LDF grants will support a move from "project focus" to "disability movement focus" (40-60 grants in all).⁴³

Capacity building and passing on of knowledge will furthermore take place through a **mentor programme** outlined above as one of the intervention approaches. This includes a workshop and field visit in Showcase Districts for OPWD leaders and duty bearers from Mentored Districts and drawing up of an action plan for replication. Subsequent supervision and follow up will be carried out by local resource persons and provision will be made in the LDF to meet the demand. Systematized training packages and materials on leadership, member mobilization etc. developed in earlier project phases will be utilised.

Previous experience shows that posting of **National Service volunteers**⁴⁴ can provide valuable administrative and mobilization support to the GFD committees, including manning of offices, assisting on DACF applications, gathering of data etc. In Phase III engagement and orientation of minimum 10 national service staff will take place once a year. MoUs will be entered at both national and local level of the National Service Scheme with a view to identify key qualifications and institutionalising the postings beyond the project period.

On national level the **capacity of the OPWD boards** will be reinforced, especially concerning fundraising, building partnerships and engaging individuals that can add professional or networking capacity to the boards. Common to the OPWDs is that they have welcomed new board members during recent elections. Also, several OPWDs have now elected external board members to serve the organisation providing new opportunities and networks that need to be strategically utilised. Despite the common goals of increased capacity, the individual targets will be reached through tailor-made trainings and initiatives based on the

⁴¹ Ibid

⁴² Detailed LDF guidelines are contained in Annex N.

⁴³ Even though the LDF is open-ended, target groups and indicators only include the 24 pre-defined districts as a conservative estimate.

⁴⁴ Ghanaian students who graduate from accredited tertiary institutions are required under law to do a one year national service to the country.

different stages of the organisational level of the OPWDs (as reflected in the LFA and Annex E). The ambition is to institutionalize the leadership training programmes for replication in the future.

A redesign of *membership databases* will serve purposes of advocacy and internal resource mobilization (payment of dues, see below). Local executives will continuously be in charge of membership mobilization, gathering up-to-date information on their membership (incl. age, sex) and will be encouraged to use the data in their engagements with duty bearers and other stakeholders.

In summary, the strategic actions under this objective will in combination reinforce and support the local capacity thereby strengthening PWDs' own efforts to push for policy changes.

Building financial sustainability (Immediate Objective 3)

The aim under Objective 3 is to work towards enhanced financial sustainability. In a situation of narrowing but still existing opportunities for traditional donor support and new opportunities being generated by a growing economy, efforts will be made to obtain both vertical diversification (drawing in district branches in fundraising to mobilize local resources) and horizontal diversification (engaging new types of stakeholders from different spheres of society, i.e. membership, community, local and national government, corporate Ghana, national and international donors). Substantial fundraising has taken place in the course of Phase II with some success, and established contacts and learning will inform intensified activities in Phase III.

In concrete terms, the following overall and mutually supportive lines of action will be pursued under Objective 3:

District level sustainability will be built by documenting, promoting and systematically sharing a variety of **local resource mobilization strategies** that will serve as a toolkit for the district branches. These include getting access to DACF grants for collective benefit, local sponsorship of events, offices, equipment and goods, local proposal writing for grants and donors. The activities of the showcasing and model replication efforts and the LDF will be the main vehicles for this work, supported by national level documentation and sharing of experiences.

Harnessing of internally generated core funds in the form of **membership dues** will be pursued vigorously, particularly by GBU, GSPD and GNAD⁴⁵. Each of these organisations have recently devised strategies and installed new mechanisms which will encourage and facilitate individual payment of membership dues at district level as well as the channelling of a percentage/ flat rates of collected funds to the national secretariats. The mechanisms include encouragement and capacitation of district leaders to get their members to pay up; organization of monthly meetings where members can interact, discuss ideas and pay dues; opening of bank accounts, introduction of ID membership cards which will serve as proper identification and facilitate access to services; and various income generating support to members. Data in the redesigned databases will be used to check payment of dues against registered membership.

OPWDs will build on the **fundraising strategies** developed during Phase II to engage with potential donors. Fundraising teams will be set up in each OPWD who will carry out individual fundraising as well as joint campaigns and resource mobilization efforts in a coordinated fashion. Fundraising will be supported by one or more external consultancies to guide the capacity building process and support specific fundraising initiatives if necessary. As a new approach, joint donor conferences will be organized.

⁴⁵ GFD and IG are both umbrella organisations with limited number of members, and collection of dues therefore has less potential as a significant source of income. However, according to IG revised constitution of January 2015, parents' self-help groups will pay a small membership fee.

Strategic partnerships will be sought with both public and private stakeholders and like-minded organisations to raise funds for national level interventions under agreed MoUs. Also, fundraising ambassadors will be identified who can assist in targeting the Ghanaian corporate sector with CSR funds. The national boards will play an important role in identifying, engaging and entering commitments with potential strategic partners in support of both advocacy and fundraising.⁴⁶

The enhancement of fundraising abilities and the strengthening of strategic alliances will reduce financial reliance on Danish funds and increase financial resilience. This will contribute to the targets of the exit strategy described below and in Annex O.

Gender considerations

There will be continued efforts at mainstreaming gender concerns into all project activities as in the previous phases and as custom in the bilateral collaborations. Special consideration and conscious efforts at developing the leadership capabilities of women will be pursued together with full inclusion of men/fathers in the IG parents' self-help groups. The existing monitoring system has been designed to capture gender disaggregated data.

Budget considerations

The focus on district level PWD engagement with district authorities affects the composition of the overall budget which consequently prioritises district level activities, including costs for transportation, board and lodging. As indicated above, local resources are being used to the extent possible, for reasons of capacity building and cost efficiency, however in districts where activities have not previously taken place, the presence of resource persons including from the OPWDs headquarters lends a lot to the visibility and essential pressure that is needed to leverage cooperation from the district authorities. Also, the disability specific components require different presence by HQ. To build confidence takes a lot of visibility, hand holding and accompaniment. When resource persons visit the districts, PWDs are being trained and coached on the job to take over these roles. This approach has proven successful in the former project districts, where local PWDs themselves are carrying out activities and calling the authorities to book. The use of PWDs as role models / spokes persons is a strategic consideration and approach in Phase III. Since these persons do often not live close to the activity where their involvement is required, this also affects the budget composition.⁴⁷

C.5 Sustainability

Phase III is an exit phase of the current joint constellation and the *overall exit strategy* reflects the continuous developments from the inception phase – focusing on first building organisational structure, human resources and coordination within the movement - to this final phase, where focus has shifted to an anchoring of previous results within advocacy, organisational development and fundraising.⁴⁸ The three immediate objectives – as well as the strategies to achieve them – have all been formulated with reference to sustainability and the planned phasing out.

⁴⁶ The OPWDs have made donor/strategic stakeholder pipeline documents for purposes of planning, coordinating and keeping track of these efforts. The documents are available upon request.

⁴⁷ Also refer to sheet with Budget Explanations in the budget, Annex B.

⁴⁸ See page 5 for full overview of the progression in project aims from 2009 till 2018.

Sustaining political will and capacity

The political will and capacity of duty bearers will be built and sustained through continuous orientation and advocacy efforts and by creating a favourable political environment that includes politicians, stakeholders, PWDs and the general public. The advocacy themes in the project are central to the voiced needs of the OPWD membership and thus foster commitment to the cause and the organisations and the advocacy pressure can be maintained.

The advocacy gains, i.e. access to services, and experiences will benefit members and the local committees even after the project ends as members learn to conduct local advocacy and awareness raising (see also section below on organisational capacity). The orientation and awareness raising efforts are aimed at changing how local authorities and communities view and interact with PWDs and the effects of the changing attitudes (and thus behaviour) are not limited to the project period. The visibility of PWDs is sustained through the active involvement at local level. One spill-over effect is that the increased attention to the rights and access can have a positive effect on other disability groups as the same issues and rights apply.

At national level GFD and the disability movement enjoys high legitimacy and this reputational advantage will benefit the movement in future advocacy work. The project closes with capacity built and a disability movement that can uphold the advocacy efforts and continued monitoring of policy development and progress (watch dog role). E.g. the project aims to institutionalise the monitoring of DACF at national level. Engagement of new strategic stakeholders within and outside the disability field will create alliances to last beyond the project period.

Service deliveries	Best case	Exit Goal Phase III	Worst case
DACF and NHIS continues to be accessible nationwide to PWD, including PWID and PWHD. DACF continues to be distributed in a transparent and equitable manner in 24 targeted districts PWDs continue to have access to skills training by NBSSI in 4 districts Action: Maintain political pressure at national level, institutionalize DACF monitoring at national level, maintain monitoring and political pressure in project districts.	Any new “generalized service” success like DACF will likely not materialize until after 2018.	Maintain the 2% DACF allocation (advocate for 2,5%). Maintain 90% of allocation used for PWD in 90% of the districts nationwide. Maintain preferential access to NHIS. If national financial status quo is maintained, maintaining the 2% is realistic.	Worst case is cancelation of the 2% allotment. This would entail severe setbacks in services to PWDs and in member motivation and capacity to pay dues. Preventive measures include monitoring the political situation, networking and lobbying to maintain or increase 2% DACF.
SLI services continue to be funded by DACF in 5 districts CBR services continue to be funded by DACF in 5 districts New school construction in 6 districts according to Accessibility Standards, funded by DEO budget. IG continues awareness raising activities at local and district level in project districts. Action: Capacities built in OPWD district branches for awareness raising, monitoring and advocating for services.	Service delivery supported by the project continues due to continued active involvement, monitoring and pressure from OPWDs. Physical accessibility in new public buildings could become “generalized” during Phase III.	The local OPWDs and district committees gain access to services to their membership. OPWD district committees are engaged by DA for quality control of services delivered.	Worst case is that the commitments by the DA are not fully implemented or financed due to a generalized economic crisis (cut backs in DACF).

Organisational capacity

The organisational sustainability is reached through building a large base of empowered members, leaders, experiences and communicative capacities. Also, sustainability is built through promoting basic synergy within the movement (umbrella, OPWD, district and member), and a supporting network of external allies and partners (among duty bearers, cooperate Ghana, NGO's and donors).

The significant achievement of uniting the disability movement is a lasting result beyond the project period. The unified approach is already being adopted beyond the project realm and will continue as/if the current lines of communication are upheld. The project organisation has been built on already existing organisational structures of local GFD committees and individual OPWDs. Also, this final phase has taken care to root the project in the national GFD board as to counteract a formation of a parallel decision making structure.

The overall long term project design with several phases has allowed for real learning processes to take place. Adjustments have been made along the way based on lessons learnt and the timeframe has allowed for local rooting of the findings. Also, the building of local resource persons (mentors, communicators, leadership, NSA personnel) will allow for the human capacity to be rooted in the local districts after the project phases out (from hand-holding and ending with the arm-length approach).

The comprehensive training programmes on local and national levels will be further institutionalized and can be applied repeatedly as the movement expands to new districts – with materials and communication products ready and accessible. The capacity building of leadership and members will be carried forward beyond the project period – e.g. local GFD committees will continue to utilize their new found skills in planning and proposal writing. The participatory approach to monitoring and evaluation will empower the various committees in their own self-assessment and action which will be vital for their effectiveness beyond the project. Also, the experiences from managing project activities such as the LDF and local monitoring can be applied onwards as the local committees continue to work on local issues. And the experiences can spill over to other districts as project districts continue to function as role models.

The different training aimed at the individual level will provide members with e.g. resilience techniques leaving the members with a new awareness of their own self-worth lasting beyond the project period. The empowerment trainings have proven a crucial stepping stone for both the individual member but also for the establishment of active local committees. The individual trainings thus spill over into local branch development.

Organisational capacity	Best case	Exit Goal Phase III	Worst case
GFD and 4 OPWDs. Action: Build a “critical mass” of organisational synergy. Building local resource base with mentors and communicators. For OPWD specific sustainability expectations, see table p. 8.	Strong GFD owned by members, 5 national boards, 30+ district executives in each OPWD, supportive strategic partnerships, supportive and strengthened NCPD	GFD owned by members, 5 National Boards, 25+ district executives in each OPWD, supportive strategic partnerships. For OPWD specific sustainability expectations, see table p. 8.	1-2 OPWD fragments or district branches prove weaker than expected. In this situation, the movement as such can survive and can help rebuild.

Financial sustainability

The project aims to build financial sustainability through sharing the fundraising burden between all levels (umbrella, OPWD, district, member) and through strategies of increased self-reliance and differentiation of donors and income⁴⁹.

At present, the Disability Fund provides about 50% of the total funding for the five partners and a higher proportion of core costs (governance, office upkeep, and organisational support staff). The goal is to replace Danida funding with other sources by 15% a year for three years, ending dependency of the Disability Fund by 2018 while maintaining the present level of activities. Traditional disability focused foreign donors and Ghanaian based donor basket funding must be supplemented by new sources of funding. This includes mainstream international donors as well as exploring the potential of corporate Ghana as well as district and national government sources of support. With regard to organisational core costs a combination of access to DACF for organisational activities at district level and membership dues for support of national offices will be key, as also described above in Chapter C.4.

Financial sustainability	Best case	Exit Goal Phase III	Worst case
GFD and 4 OPWDs. Action: Build self-sustaining districts with access to DACF for organisational work, generate membership fees for membership value, and diversify external funding. Project will support and benchmark sustainability progress through a gradual exit strategy. After 2018: Continued but less Danish support in the form of bilateral financial project support.	Vital culture of self-reliance. 100% of members pay dues, 50% go to the national level. Districts or regions attract project funding. Core governance covered and national activity levels maintained.	Value for money membership culture, 35% of members pay dues. 20% goes to national level. Total replacement funding equals Danish funding. Core governance covered and national activity level maintained.	Less than 25% of members are persuaded to pay dues and/or less than 20% gets to national office. Funding is not replaced. Decrease in national activities. OPWDs can still survive due to mutual support. Dynamism of movement survives if DACF can continue to make PWD membership.

The project will support partner efforts to diversify funding, e.g. through supporting two donor conferences, staff time for proposal writing and donor engagement, training and consultancy services, and by putting North contacts and networks at service.

The project funding of specific activities and costs will be flexible, i.e. adjustments will be made to the extent possible to complement other funds raised and donor requirements (i.e. serve as seed or matched funding). Annual reviews (for smaller changes) and a mid-term review (for larger changes) will cater for this, supported by the donor conferences. Core organisational costs will be supported on a gradually decreasing level.

C.6 Assumptions and risks

The main assumptions have been detailed in the LFA matrix and the full risk assessment is attached as Annex T.

⁴⁹ The full financial sustainability and exit strategy is outlined in Annex O

D. PROJECT ORGANISATION AND FOLLOW UP (indicative length 2 ½ pages)

D.1 Division of roles in project implementation

The management structure of the project was revisited in the first months of Phase II as part of the earlier mentioned partnership process (see Chapter A.4), amongst others based on a wish to bring this in line with the growing number of partners in the project. During the joint partnership workshop in Ghana in August 2014, all partners came to agreement on a new structure and approach which also reflects the developed strength and legitimacy of GFD. This structure will be carried over to the projected Phase III.⁵⁰

The project is as before managed by a *South Steering Committee (SSC)* and a *North Steering Committee (NSC)* - consisting of one representative from each of the partners in Ghana and Denmark respectively. In the revised structure the SSC now consists of the five directors of the Ghanaian OPWDs, thereby replacing the previous Directors' Forum. The presidents or political leaders of the OPWDs, previously members of the SSC, have instead been constituted into a *sub-committee of GFD* responsible for overseeing the project on behalf of the OPWDs and GFD. This sub-committee report to GFD on all issues related to the project. It is also the partner of NSC on policy and strategic issues related to the project, and represent the GFD to the NSC when relevant.

The SSC is responsible for the technical implementation of the project and works in close collaboration with the NSC which as such has a dual role as both political and technical representatives. The NSC share their substantial experience and knowledge on lobbying for disability rights and advise on general issues such as the development of a rights based approach to organisational work. Not least, the NSC contributes with new knowledge on development of disability specific issues, research, new technologies, contacts and policy development as part of the bilateral partnership between sister-organisation which constitutes the foundation of the joint collaboration.

A *Project Manager South (PMS)* serves as the lead person of the SSC and is responsible for coordinating the implementation of work plans and budgets, collating project implementation and progress reports, besides general quality assurance.

A Danish counterpart to PMS, a *Project Manager North (PMN)*, is placed with DBS as the hosting organisation and coordinates inputs from the four Danish organisations and handles the day-to-day work, including contact to the PMS. The two project managers are jointly responsible for the technical oversight. While the PMS oversees the implementation of agreed work plans and budgets, the PMN oversees compliance and reporting according to agreed donor procedures, practices and standards. In Phase III, considering this being an exit phase, PMN will also intensify facilitation and coaching support to strengthen fundraising and financial independence.⁵¹ The project agreement document and implementation guidelines (as revised and approved at the mentioned joint workshop) serve as the guiding reference for the collaboration between the PMs in implementing the project.⁵²

At district level, *GFD committees* in each project district serve as a coordinating and implementation body of the OPWDs. In close relation to the district GFD committees, local advocacy committees, M&E committees and gender committees have been formed and function as working groups in the designated areas. A *project monitoring officer (M&E officer)* is responsible for gathering of data and documentation and for building the capacity of M&E committees in the targeted districts.

⁵⁰ See Annex R for an illustration of the organisational project structure.

⁵¹ This follows a recommendation in the grant letter of Phase II (BU Notat 155517, HP 115-048).

⁵² Existing TOR for SSC/NSC and PMS/PMN are included as Annex U.

D.2 Monitoring and evaluation

Building on experiences from Phase I and II, Phase III will apply a participatory M&E system, which will combine both quantitative and qualitative methods and techniques to track progress, gather and update indicator-specific data and assure data quality.

The M&E officer (appointed following recommendation by the mid-term review in Phase I) will facilitate active involvement of district level M&E committees in order to sustain the practice of monitoring and documentation at the local level in the exit phase. The M&E officer will also carry out data validation periodically in order to prepare consolidated reports and will update a revised joint database building on previous practice in Phases I and II. The revised database reflects a dual monitoring system which consists of systematic monitoring at objective, outcome and result level respectively. The system captures monitoring of all indicators and targets contained in the Logframe (Annex C) which will be assessed according to baseline data and on a quarterly or annual basis as relevant. Besides keeping track of project progress and indicating areas for required action or change, this system will also enhance information sharing and understanding between the partner organisations. Experiences and learning generated in the course of the project will systematically be monitored, documented and shared.⁵³

The five implementing partner OPWDs shall on their part be in charge of organisation-specific indicators and will report on them on a quarterly basis in writing and in connection with joint programme meetings. The focus will be on self-assessments, knowledge generation, exchange of information, individual /joint reflections and collective action-taking on the basis of data analysis and lessons learnt.

A preliminary M&E plan has been developed which outlines methodologies as well as roles and responsibilities.⁵⁴ The plan is based on the project Logframe and includes two *overall monitoring visits* each year involving the M&E officer, PMS, PMN (occasionally), and one or two directors of the implementing organisations on rotational basis. The overall monitoring visits to project districts was noted as one of the successful practices that enhanced the quality of project monitoring and evaluation during Phase I, as captured in the phase I evaluation report.

Furthermore, the M&E officer will hold *one annual meeting in the targeted districts* to collect and review Most Significant Change stories for documentation and sharing of lessons and impacts. This is a methodology which has been tested but not fully tried in Phase II.

Organisational level monitoring by OPWDs will be focused on documentation of lessons, checking of progress made, providing feedback and evidence to support local level advocacy interventions, and carry out supportive supervision of local initiatives, especially in the implementation of the LDF activities. These activities will be supplemented by bi-annual joint review sessions - *half yearly advisory forums (HYAFs)* - to review progress of implementation through action-research-learning cycles.

A *mid-term review* will be conducted halfway in the project period. This will provide an occasion for all partners to take stock of progress and jointly agree to any needed changes. At the end of the project period there will be an *external evaluation* which will feed into a final progress review workshop to be attended by all partners, selected associates in the disability sector, and OPWD district executives.

E. INFORMATION WORK (indicative length 1½ pages)

E.1 Project related information work in Denmark

Information activities in Denmark will be carried out in course of Phase III with a view to raising awareness about Ghanaian disability issues and to share learning on rights-based work generated since start of the

⁵³ A draft format for the revised database is included as Annex D. An example of the current database, demonstrating Phase II project status by end of 2014, is included as Annex G (Performance Tracker document).

⁵⁴ Annex P – Monitoring and evaluation plan.

inception phase in 2008. A lump sum amount of 500.000 DKK has been included in the budget to be released upon presentation of an outline strategy and plan for the activities. It is envisioned that joint efforts under the Disability Fund will be explored.

F. PROJECTS DIVIDED IN PHASES (maximum 2 pages)

F.1 The combined intervention divided into phases

Reference is made to Chapters A.4 and B.1.

3. Budget summary

Please provide a summary of the main budget items. A detailed budget with notes must be submitted in the annex 'Budget format'. See also "OPWDDs guide on how to budget for the Danish Disability Fund".

NOTICE: Remember to click on all the tabs in order to fill in all the spread sheets.

Budget summary		Currency
Indicate the total cost (i.e. including contributions from the Disability Fund as well as others)	19.964.607	DKK
Of this, the Disability Fund is to contribute	19.964.607	DKK
Of this, indicate the amount to be contributed by other sources, including self-funding by the Danish organisations or its local partner(s), if any		
Indicate total cost in local currency	9.214.434	GHC
Indicate exchange rate applied	2,17	

Main budget items:	<u>Full amount</u>	Financing plan	
		<u>Of this, from the Disability Fund</u>	<u>Of this, from other sources</u>
1. Activities	9.687.641	9.687.641	
2. Investments	676.699	676.699	
3. Expatriate staff			
4. Local staff	4.094.644	4.094.644	
5. Local administration	638.356	638.356	
6. Project monitoring (by the Danish organisation)	624.975	624.975	
7. Evaluation	678.750	678.750	
8. Information in Denmark (a maximum of 3% of budget line 1 - 7)	200.000	200.000	
9. Disability compensation	329.400	329.400	
10. Budget margin (a minimum of 6% and a maximum of 10% of budget line 1 - 9)	1.693.047	1.693.047	
11. Project expenses in total (budget line 1 - 10)	18.623.512	18.623.512	
12. Auditing in Denmark	35.000	35.000	
13. Subtotal (budget line 11 - 12)	18.658.512	18.658.512	
14. Administration in Denmark (a maximum 7% of the subtotal)	1.306.096	1.306.096	
15. Total	19.964.607	19.964.607	

4. Annexes

Annex no.	Annex title
A1-A5	Organisational Fact Sheets
B	Detailed budget
C	LFA Logframe
D	Draft dual monitoring framework
E	OPWD sustainability status
F	Funding/fundraising situation per OPWD (Jan 2015)
G	Phase II Performance Tracker document
H	Follow up Recommendations evaluation Phase I
I	Stakeholder analysis
J	Districts and selection criteria
K	Target groups
L	District Intervention Models
M	Training in Phase III
N	Local Development Fund guidelines
O	Financial sustainability and exit strategy
P	Monitoring and evaluation plan
Q	Evaluation report, Phase I
R	Organisational project structure (diagram)
S	Project Implementation Plan (cash flow) – Not included, can be forwarded upon request
T	Risk assessment
U	Terms of Reference –SSC/NSC and PMS/PMN