

UNIVERSITY FOR DEVELOPMENT STUDIES

THE ROLE OF MICRO-CREDIT IN ECONOMIC EMPOWERMENT OF DISABLED  
PERSONS IN THE UPPER EAST REGION, GHANA

BY

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## ABSTRACT

Micro-credit has been acknowledged as a resourceful means of enhancing people economic activities and eliminating poverty among the poor. In Ghana, many organisations including those for disabled persons have adopted micro-credit as a strategy for enhancing empowerment. This study sought to explore, highlight and provide scientific information on the role of micro-credit in the economic empowerment of disabled persons using the Anglican and Community-Based Rehabilitation micro-credit programmes in the Bongo and Builsa Districts. A mixed-method approach was employed examining 140 disabled beneficiaries and 40 disabled non beneficiaries of the CBR micro-credit. The study used the borrowers (disabled micro-credit beneficiaries) recall of the “before-after” situation and also gauged the effects through disabled non-micro-credit beneficiaries’ perception on the effects of micro-credit on beneficiaries. This study found that micro-credit increased 84% of disabled entrepreneurs’ profit margins and income levels by 85% per annum. The study further ascertained that through micro credit 68.4% of disabled persons now have ‘bigger’ say in the use and management of their resources and 21.4% have gained better recognition and change in decision making position. Fifty-seven percent (57%) of micro-credit beneficiaries had repaid the credit received. Household decision-making is still mainly a prerogative of the male head of the family. Low levels of education, poor market access and lack of access to micro-credit from financial institutions are obstacles to disabled persons empowerment. It is recommended that organisations working for and of disabled persons should assist in creating linkages with other institutions for market access and also undertake advocacy and lobbying to achieve inclusion of the disabled persons.

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## **DEDICATION**

To my Wife, Children and Family.



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## LIST OF ACRONYMS

ACBR	Anglican Community Based Rehabilitation
APED	Association of Progressive Entrepreneurs in Development
BARB	Binaba Agriculture Rehabilitation of the Blind
CBR	Community-Based Rehabilitation
CHRI	Commonwealth Human Rights Initiative
CIDA	Canadian International Development Agency
CIRB	Community Integrated Rehabilitation of the Blind
CLL	Community Leader Links
DDC	Disability and Development Consortium
DFID	Disability for International Development
GDP	Gross Domestic Product
GFD	Ghana Federation of the Disabled
GHDI	Ghana Human Development Index
GPRS	Ghana Poverty Reduction Strategy
GSS	Ghana Statistical Service
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
IDDDC	International Disability and Development Consortium
IGAs	Income Generating Activities
ILO	International Labour Organisation
IMF	International Monetary Fund
ITCZ	Inter-Tropical Convergence Zone
LASCOSREP	Land Conservation for Small Holder Rehabilitation Project
LMSN	Landmine Survivors Network
MASLOG	Micro credit and Small Loans Centre
MFI	Micro-Finance Institutions
MDSs	Millennium Development Goals
MFI	Micro-Finance Institutions
NAD	Non-Government Organisation
NHRC	Navrongo Health Research Centre
PCBR	Presbyterian Community Based Rehabilitation

PWDs	Persons With Disabilities
RBA	Rights Based Approach
ROSCAs	Rotating Saving and Credit Associations
SPSS	Statistical Package for Social Scientists
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
VSO	Voluntary Service Overseas
WHO	World Health Organisation
WID	Women in Development





## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND TO THE STUDY

Disability is an important development concept that is fast receiving recognition at the national and international levels even by the International Finance Institutions, the World Bank and IMF. Disability defies one exact definition. Historically, disability has been seen primarily as a medical condition which implies a problem located within the individual. However, this medical, or individual, model has been challenged by disability activists who reconceptualised disability as primarily a social phenomenon. Generally disability is about people and their social relationships, and as such it is about the life of people with disabilities (PWD) and their interaction with the community and the environment (WHO, 2101) cited by Edmond (2005).

Disabled people are over-represented among the poor and are often among the poorest and attitudinal and structural barriers limit their opportunities to escape poverty (Thomas, 2004). The disabled form a large segment of our population. At least one in 20 people has a physical, sensory or learning impairment. Over 75 per cent of disabled people live in developing countries (Jones and Webster (2006).

The disabled population is growing as a result of factors such as population growth, ageing and medical advances that preserve and prolong life. Lack of access to health services is also causing lots of disabilities.

Disability can be attributed to many factors but the most common causes of disability include chronic diseases such as diabetes, cardiovascular disease and cancer; injuries such as those due to road traffic crashes, falls, landmines and violence; mental illness; malnutrition; HIV/AIDS and other infectious diseases. According to UNESCO (1994) cited in DFID (2000) malnutrition causes 20% of disabilities, accident/trauma/war 16%, infectious diseases 11%, non-infectious diseases 20%, congenital diseases 20% and other (including ageing) 13%.

Evidence abound that the disabled is and may continue to form a sizeable portion of a country's population and a crucial human resource. However, the disabled face double burden of practical difficulties and discrimination and that limits their fundamental rights (Yeo, 2001).

Disabled people experience discrimination from birth, or from the moment of becoming disabled onwards. The birth of a disabled child is often considered a tragedy. The child needs more care and may not be considered to have the potential to support him or her, let alone the older generation in the future. In communities that are already living in chronic poverty, disabled children may be excluded even further. Where there are limited resources it may be seen as economically irresponsible to give an equal share of resources to a disabled child who is perceived as unlikely to be able to provide for the family in the future. “Early lack of investment in disabled children is not just a reflection of ignorance but in situations of poverty this is a desperate but rational decision” (Ashton, 1999).

Disabled children often get last access to food and other basic resources. When disabled children get ill they are often not given treatment but left to the “hand of God”. They are less likely to be sent to school (even if physically possible), for fear that: they may not cope; or



that their disclosure will stigmatize the family and affect the marriage prospects of siblings; or that they are not worthwhile investment, others should get priority. The International Disability and Development Consortium (IDDC) estimate that 98% of disabled children in developing countries are denied any formal education (IDDC, 1999). Those children who do get education often get inferior treatment, have low expectations of themselves and from others and do not get the support they need in order to participate equally. Disabled children often have fewer demands placed on them, and therefore may learn less than non-disabled siblings even in an informal setting. Right from the start, they are excluded from day-to-day interactions that non-disabled children take for granted.

Many disabled children become street children. In some cases, impairments are intentionally created for begging purposes. Despite the high proportion of disabled children living on the street they are frequently excluded from programmes working with street children, as disability is seen as a specialist issue.

Anecdotal evidence reveals the following as some practical discrimination and exclusion faced by the disabled in Ghana and for that matter Upper East Region:

1. Health centres do not provide information in simple, accessible ways so people with learning difficulties are denied their right to know what is wrong with them or make decision about their treatment. Disabled people generally require more health services than non-disabled people. The nature of their impairments often leaves them more vulnerable to infections and complications requiring medical treatment. Wells and



latrines are physically inaccessible to people with mobility impairments hence are denied their rights to clean water and sanitation.

2. The blind, deaf and dumb have no access to mainstream education but segregated education. This sort of segregated provision, apart from being distant with its attendant risk, limits the disabled children's interaction with their non-disable peers and also prohibitively expensive. Children with visual impairment in the mainstream basic schools are left to their plight. There are only a few special education teachers in the schools to support them.
3. Community structures do not make provision for the disabled to take part in decisions that affect them. The worse of it is the belief that meeting a disabled person especially the visually impaired in the morning means 'bad luck'. Public structures such as social centres and markets put up at District and Community levels are not accessible to the disabled. Buildings with staircase and narrow entrances are inaccessible, "Public" transport, a scarcity of information transcribed into Braille or available on audio tape and inadequate sign-language translators, all serve to keep disabled people out, pushed to the margins and without the information they need to participate equally.
4. Employment is of prime importance to everyone as a basis for independence and self-sufficiency. Obviously people with disabilities, whether male or female, are no different in this respect. But persons with disability face employment challenges. The employment rate among persons with disability tends to be considerably lower than that of non-disabled people in Ghana regardless of the overall employment rate.





5. Participation in decision-making is an important area in terms of equality. Society should benefit from the experience and knowledge of all including persons with disabilities. All have the right to participate and the opportunity to influence the destiny of communities. If a group is absent from the decision-making specific interests and needs and its particular perspective will not be given the due weight and this is detrimental to the group and society as a whole. This is the problem that arises when persons with disabilities are prevented from participating in decision making. Women with disabilities are considerably more disadvantaged (Jones and Webster, 2006).

Ghana is among countries that signed up to the Millennium Development Goals (MDGs) which are: Eradicate extreme poverty and hunger; Achieve universal primary education; Promote gender equality and empower women; Reduce child mortality, Improve maternal health; Combat HIV/AIDS, malaria and other diseases; Ensure Environmental sustainability; and Develop a global partnership for development. According to Jones et al (2001), if the disabled are not included in mainstream development effort especially poverty reduction programmes, this is likely to worsen with the perpetuation of discrimination and exclusion. For example the disabled are educated in specialised institutions that are segregated and if inclusive education is not pursued to ensure education for all but the disabled excluded from education, the MDG 2 which aims at achieving universal education can never be achieved. Women with disability suffer discrimination with inadequate and poorly implemented policy and if policy is not properly targeted and implemented then it would lead to empowerment of 'abled' women.



The economic empowerment of the disabled is most essential because people with disability form a significant segment of a country's population and the millennium development goals cannot be achieved if the disabled are not included. As indicated by Wolfensohn (2004) cited by Jones and Webster, (2006) “...If we are to achieve the Millennium Development Goals of halving poverty by 2015, dealing with education for all, halving the rate of birth and child mortality, it is simply impossible to conceive of doing that without the inclusion of the disabled community. ” Goal 1 of eradicating extreme poverty and hunger cannot be achieved if the disabled are not economically empowered. ‘If disability is left out, you can never make poverty history’ (Phiri, 2005 cited by Jones and Webster, 2006).

People with disability often have to rely on their families or on charity for survival because a high proportion of them are chronically poor. People with disabilities need to earn a living and contribute to the support of their families. Economic activity is also one factor that enhances self-fulfillment and self-esteem. Work offers people with disabilities the opportunity to be recognised as contributing members of their communities.

There have been significant efforts over the years worldwide, to empower the disabled using various strategies. The disability rights movement began in the 1960s and 1970s. This is gradually leading to a shift of emphasis on disability policy. UN survey of 79 member states in 1995/96 reveals that 69 countries have officially recognised disability policies (Metts, 2000: 20-23). Many NGOs and donors (for example: USAID, DFID, Oxfam, SCF) are also now changing their approach and are claiming to be including disabled people in their poverty reduction work. The change in approach is motivated partly by awareness of the high

economic costs of exclusion and partly by the focus on achieving international development targets (Yeo, 2001).

In Ghana, a number of national policies and strategies have been targeting the vulnerable including the needs of PWDs, either individually in the different sectors or as crosscutting issues in national programmes. They include the following:

**Education Strategy Policy, for 2003 - 2015:** The Education Strategy lists among a number of goals of inclusive education, including the need for “equitable educational opportunities and claims that all children with “non-severe special education needs” will be incorporated into mainstream schools by 2015. Overall, however, the budget for implementing the education strategy policy is showing large funding gaps that might not be met.

**Labour Market Initiatives:** Previously, a quota system was in effect so that employers should have some percentage of employees being disabled. However, the system was poorly monitored and has been dropped, then an administrative directive, that states that PWDs employed in the public sector are entitled to a disability allowance of GH¢ 4.80 (less than 4 USD) every 3 months. The allowance was previously paid out of the monthly payroll by the government but since this practice has been decentralised, the employers of PWDs are responsible for paying the allowance. But in reality very few receive the allowance, because the earmarked funds are used for other unrelated purposes. In general, few PWDs are aware of their rights as employees, and few use the systems in place (GFD, 2008).



9.

**National Health Insurance Scheme:** In 2005, the National Health Insurance Scheme was launched by the Government of Ghana, to enable the population access affordable health facilities. PWDs have been classified as indigents, (GFD, 2008) and are exempted from paying the subscribed fee; an option which according to the plan may be granted to poor insurance will cover most ordinary diseases and some types of accidents. But Rehabilitation services, appliances, and prostheses are not included in the insurance scheme.

10.

**The Disability Act:** Although, the process of developing a policy on disability has been long and tedious, Cabinet passed the policy and the National Disability Policy Document was printed in December 2000. The bill was finally passed by parliament in June 2006 as an act (GFD, 2008).

Another strategy adopted for economic empowerment is micro-credit. Micro-credit schemes have been adopted as one of the key strategies of the MDGs to reduce poverty. Developmental institutions such as USAID, CIDA and OXFAM, have taken the same position. To crown it all, the year 2005 was declared by the United Nations as ‘the International Year for Microcredit’: in other words, a year to recognise the empowerment element of the scheme. Substantiating the above position, Kofi Annan, the then United Nations Secretary-General on 28 October, 2005 stated: “The International Year of Micro-credit offers a pivotal for the international community to engage in a shared commitment to meet this challenge – to end poverty, a better future for families and to ensure economic empowerment” (UN, 2005).

Micro-credit said to be enabling, empowering, and is bottom-up tool to poverty alleviation that has provided considerable economic and non-economic externalities to low-income





households in developing countries (Faheen, 2003). Micro credit system has social aims, the most important of which is the alleviation of large-scale poverty. Other objectives are social protection, employment generation and supporting the sustainable development of the micro economy, which should in turn contribute to the amelioration of employment and development of a sound macro economy. The way micro- credit contributes to an individual enterprise is by helping to overcome financial problems and facilitating the management of their money (Gulli 1998, 3). Micro-credit helps poor people to reduce their social and economic vulnerability. Currently, for many development agencies micro- credit is a crucial part of social development (Simojoki, 2003).

The Anglican and Presbyterian Community Based Rehabilitation Projects in the Upper East Region of Ghana also instituted micro-credit schemes as part of its rehabilitation services to economically empowerment disabled persons. The Anglican community Based rehabilitation (CBR) project started in 1979 at Binaba as an Agriculture Rehabilitation project providing rehabilitation services to the visually impaired persons but later adopted the CBR concept and extended services to the physically challenged and the deaf and dumb in Bolgatanga municipality, Bawku West and Bongo Districts (Bongo CBR, 2009; Presbyterian CBR, 2010)

The Presbyterian Community-Based Rehabilitation Project started in 1991 offering services to all categories of disabled persons in the Builsa, Bawku, Garu/Tempene and Kassena-Nankana Districts. Since 2001, about 522 disabled persons have received credit from the Anglican CBR micro-credit scheme while about 141 disabled persons have received cash credit from the

Presbyterian CBR for income generating activities (Bongo CBR, 2009; Presbyterian CBR 2010)

## 1.2 RESEARCH PROBLEM

Inadequate information on the role of micro-credit and micro-credit schemes in the economic empowerment of PWDs is of great concern to development practitioners because micro-credit is said to be one of the solutions to the economic problems of the vulnerable including the disabled.

Ghana is said to have a disability rate of about 10 % (WHO, 2001) cited by Emmanuel (2006) and total population of 18.4 million (2000 population census). This means a significant segment of the country's population suffers discrimination and exclusion. Some are the poorest of the poor. In response to calls for the rehabilitation and empowerment of these disabled groups saw the emergence of many development organisations local, national and international, Governmental and Non-Governmental including organisations for and of persons with disabilities.

These organisations embark on various strategies to empower the disabled. One such development strategy or tool is the introduction of micro-credit programmes/schemes. This is because micro-credit has been heralded as a tool for economic empowerment, micro-credit can provide a range of benefits that poor households highly value including long-term increases in income and consumption. Access to credit helps the poor to smooth cash flows and avoid periods where access to food, clothing, shelter or education is lost. Credit makes it easier to



manage shocks like sickness of a wage earner, theft or natural disasters. The poor use credit to build assets such as buying land, which gives them future security. Participants in microcredit programmes often experience important self-empowerment.

The Anglican and Presbyterian CBR projects in the Bongo and Builsa Districts in Upper East Region of Ghana are among organisations using micro-credit as a tool for economic empowerment of disabled persons. Bongo and Builsa Districts have 5.7% and 6.6% of disabled persons respectively (NHRC, 1999). Many of these disabled persons have accessed micro-credit from the Anglican CBR project in the Bongo District and Presbyterian CBR project in Sandema.

There is much information on the impact of micro-credit on women in Africa and Ghana. However, very little information is available about the use and impact of micro-credit on poor disabled people and their households in Ghana. Information of the role of micro-credit on Disabled Persons is essential for the recognition and adoption of micro-credit strategy for disabled person's economic empowerment and for the improvement of existing micro-credit schemes or programmes for greater benefits of disabled person and other vulnerable groups and the Nation at large.

The study will highlight and provide scientific information on the role of micro-credit as key poverty reduction tool in the economic empowerment of disabled persons by investigating whether micro-credit has benefitted and empowered the disabled.

The two districts were chosen for the study because: They are among the Districts with the highest numbers of persons with disabilities, Bongo 5.7% and Builsa 6.6% (NHRC, 1999).





15. The two Districts have Community-Based Rehabilitation programmes with micro-credit components for economic empowerment. These programmes have been established by different faith based organisations: The Bongo District programme by Anglican Church Development wing and the Builsa District programme by Presbyterian Church Development wing. This was essential for better comparative analysis since the two Districts have the same characteristic features and the micro-credit programme instituted and operated by different organisations.

### **1.3 Main Research Question**

The main research question of this research is stated as:

What are the effects of micro-credit programmes run by the Anglican and Presbyterian Community Based Rehabilitation (CBR) programmes in the Bongo and Builsa Districts on economic empowerment of disabled persons in the Upper East Region?

#### **1.3.1 Specific Research Questions**

Specific questions are asked to help arrive at the answers to the main questions. These include:

1. What is the contribution of micro-credit to the incomes of disabled persons?
2. How has micro-credit enhanced disabled persons' control over income, credit and assets?
3. How has micro-credit enhanced disabled person's economic decision-making at the household level?
4. How is the repayments situation of micro-credit provided to disabled beneficiaries?
5. What are the challenges of micro-credit programmes for economic empowerment of disabled persons?
6. How can micro-credit programmes for disabled persons be enhanced for their benefit?



## **1.4 Main Objective**

This study sets as its main objective: To investigate the effects of micro-credit programmes run by the Anglican and Presbyterian Community Based Rehabilitation (CBR) programmes in the Bongo and Builsa Districts on economic empowerment of disabled persons in the Upper East Region.

### **1.4.1 Specific Research Objectives**

Specifically the study seeks to:

1. Study the contribution of CBR micro-credit to incomes of disabled beneficiaries.
2. Determine the effect of micro-credit on enhancing disabled persons' control over income, credit and assets.
3. Study the effect of micro-credit on participation of the disabled persons in economic decision-making at the household level.
4. Examine repayments of micro-credit by disabled beneficiaries.
5. Identify the challenges of micro-credit programmes in economic empowerment of disabled persons.
6. Solicit suggestions from both beneficiaries and organisations on enhancement of micro-credit to disabled persons.

## **1.5 Justification**

People with disability are not marginal minority, but rather a crucial economic resource for national development. The world has embraced the idea of empowerment of the vulnerable including the disabled and one of the strategies and tools of empowerment especially economic empowerment, is micro-credit. This tool has been implemented for the disabled for



some time now; there is absolutely the need to find out the benefits to the disabled so as to make recommendations for improvement.

This study will fill some gap in knowledge concerning the nature of obstacles and limitations faced by disabled people in their effort towards empowerment. This study is deemed important given the scarcity of adequate literature or studies on the relationship between the existing micro-credit schemes and disabled persons in Ghana.

It will ultimately lead to the enhancement of the micro-credit schemes for the disabled and thereby contribute to their empowerment. A greater understanding of the performance of the micro-credit scheme will be established and this will be useful for future programme.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 THEORICAL AND CONCEPTUAL FRAMEWORK

This chapter reviews literature related to the area of study. Concepts such Disability, Empowerment, Micro-credit, and Rights Based Approaches were reviewed and their meanings and relationships explored as argued and presented by various researchers and scholars.

Literature on strategies for the economic empowerment of disabled persons studies on effects of micro-credit for the empowerment of disabled persons were also reviewed and discussed.

#### 2.2 Disability- concept and classification

Defining disability is a problematic and contentious issue. There is no single accepted definition of disability. Some define disability according to the purpose and use. People with disability finds it difficult either to move, hear, see, feel, think, or control themselves. People are said to be disabled when they have physical, intellectual or sensory impairment, medical conditions or mental illness, such impairment conditions or illness being permanent or transitory in nature (Dery, 2002).

Disability can be understood as a loss or limitation of the opportunity to take part in the normal life of the community on an equal level with others, due to physical and social barriers (Emanuel, 2006). The World Health Organisation's International Classification of Impairments, Disabilities, and

Handicaps (ICIDH) has defined disability as "any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered



normal for a human being” (Wood, 1980). Within this framework, which is often characterised as the “medical model of disability” or “individual model of disability,” the problems related to disability are located within the individual (Oliver, 1996). More specifically, according to this approach, a person’s functional limitations (impairments) are considered to be the primary causes of any disadvantages he or she experiences (Crow, 1996). This medical model is based on biological determinism, which defines persons with disabilities as a group of people whose bodies do not function, who look and act differently, or who cannot produce work.

In contrast, the social model of disability is based on a socio-cultural understanding. It conceives disability as an outcome of social processes or as a constructed or created category. This model focuses on disability as a relationship between people with impairment and a discriminatory society. According to this perspective, disability is considered to be the result of disabling barriers imposed by environmental or policy interventions. The social model suggests a strategy of barrier removal, or education to remove prejudice, with the goal of inclusion (Shakespeare, 1996).

There are different terms and concepts related to disabilities. WHO (1980) classified them as Disability, Impairment and Handicap.

**Impairment:** any loss or abnormality of psychological or anatomical structure or function.

**Disability:** any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:** any disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal for that individual.”



This study adopts the NHRC (1999) definition that **disability refers to those restrictions or limitations resulting from impairment in the performance of an activity in a manner, or within the range considered normal for a given individual.**

There are a number of types of disability. These include the blind, mentally retarded, the deaf and dumb and the physically challenged. The blind, physically challenged and the deaf and dumb are considered in this study.

### **2.3 Disability Models**

Disability models, sometimes called “approaches,” are defined as the different ways that disability is perceived, and consequently, disabled persons are treated in Society. They encompass all areas of life, and shape the attitudes and beliefs of the society according to Landmine survivors network (LMSN, 2007). For the purpose of this study, model of disability are defined **as tools for defining impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs of disabled people.** Several models/approaches of disability are often used to understand disability and development. These include: The Medical, Expert/Professional, Tragedy/charity, Social, Economic, Customer/ Empowering, and Religious models, Connection for Community Leaderships Links (CCLL, 2005).

Both the medical and charity models to disability have in the past resulted in isolation of disabled persons in hospitals, institutions and homes. These approaches do nothing for creation of barrier-free societies that are inclusive of all their members (LMSN, 20P7)



## 2.4 Disability Situation

There is little internationally comparable information on the incidence, distribution and trends of disability or impairments (Yeo, 2001). This is one aspect of the very exclusion that defines disability. UN/WHO (1981) studies estimated that on the average 10% of national populations are disabled.

In 1990 the United Nations created the Disabilities Statistics Database (DISTAT) to form global comparisons. According to DISTAT, in 1990 the proportion of disabled people per national population varied between less than 1% in Peru and 21% in Austria (DISTAT, 1990) cited by Yao (2001). However, this database uses no agreed definition of disability, impairment or forms of research. Therefore these statistics are both unreliable and incomparable.

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In 1992, the UN/WHO estimate of 1990 were modified to 4% for developing countries and 7% for industrialised countries (Metts, 2000). The UNDP estimates a global proportion of disabled people of 5% (Coleridge, 1993). There is no consensus as to which figures to use: USAID uses 10%, DFID use 4-7%. These figures are all rough estimates based largely on incomparable information, with no consideration of cultural variations in the level of exclusion relating to different impairments. The United Nations estimates that 10-12 per cent of the world's population over 600 million people, have some form of disability. Of this total, 80 per cent live in low-income countries.



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### **2.4.1 Disability Situation in Ghana**

No accurate national survey has been carried out to determine the disability rate in Ghana. The World Health Organisation (WHO) estimates the disability rate of Ghana to be between 7 and 10 per cent, which equates approximately 1.55 - 2.2 million people in the country (Yao, 2001). Earlier surveys of individual districts by the Ghana Human Development Scale (GHDS) in 1993 and the Norwegian Association of the Disabled (NAO) in 1998 and 1999 indicated that: 'The three most prevalent types of disability are those related to visual impairment, hearing impairment and physical disabilities, the disability rate is the same for males and females. More disabled persons are found in the rural area than urban and more among people above 50 years and lowest among children under 5 years (Yao, 2001).

Research by the Navrongo Health Research Centre, NHRC (1999) reveals dramatic pictures of disabilities. The Upper East Region has an average disability rate of about 5.5%. This level of disabled people in society cannot be overlooked hence the need to develop ways of reaching them such that they could contribute to society.

### **2.5 Human Rights Approaches and Disability**

Human rights are universal legal guarantees protecting individuals and groups against actions and omissions that interfere with fundamental freedoms, entitlements and human dignity (UN, 2006). Human rights are a twentieth century phenomenon developed in response to the atrocities of World War II. They set out an internationally accepted moral code by which the intrinsic humanity of every individual is recognised and protected (Albert and Hurst, 2004).





According to the UNDP (2006), Human rights are legal rights enshrined in the Universal Declaration of Human Rights; various human rights Covenants; Treaties and Declarations; Regional Charters; National Constitutions and laws. But human rights are rights solely because they are recognised in legal instruments. Human rights define and affirm our humanity. They exist to ensure that human life remains sacred and guarantee that abuse of humanity rights and injustice are prevented or redressed.

This study agrees and adopts the definition of human rights by Albert and Hurst, (2004) which states that **Human rights are fundamental, universal and indivisible principles by which every human being can claim justice and equality.**

Ghana stands on human rights have been clear and unambiguous. International commitments on human rights have evolved since the return to constitutional rule in 1993. Ghana, as a member of the global community, has signed and/or ratified a number of treaties on human rights (Anyidoho, 2009). As a member of the Commonwealth, Ghana has committed itself to uphold the human rights principles enshrined in the Harare Declaration. Further, as a member of the United Nations Human Rights Council, Ghana pledged its commitment to the cause of human rights across the globe and has made a number of specific promises in its pledge. Specifically, as a signatory to the Harare Declaration, Ghana has committed to safeguard and promote:

- Liberty of the individual under the law;  
Equal rights for all citizens regardless of gender, race, colour, creed or political belief;
- Inalienable right of the individual to participate by way of free and democratic political
- processes in framing the society in which he or she lives; and



- Commitment to human dignity and equality (CHRI, 2005)

The basic characteristics of human rights are that human rights are the rights of all individuals; human rights are inherent in individuals because they are human (Hawkins, Newman, Thomas and Carlson, 2005). The UN declared at its 24th Special Session, the UN World Summit for Social Development and beyond that ‘The ultimate goals of development are to improve living conditions for people and to empower them to participate fully in the economic, political and social arenas.’ This development must be achieved for all people including the disabled person (Langenbach, 2003).

### **2.5.1 Disability Rights**

Access to full and equal participation has been denied to disabled persons in almost every country, helping to create conditions that result in them being among the poorest of the poor.

Being poor is not only about being socially excluded but also makes people much more vulnerable to contracting a whole range of disabling impairments. Poverty and disability are in, this sense locked in the embrace of a real dance of death. This is made far worse in developing countries where the failure of economic and social development is characterized by widespread and seemingly intractable poverty associated with wars and civil unrest, malnutrition, poor sanitation, lack of immunization, inadequate health care, few safety provisions and pollution. Such is the music, which gives the dancers no respite (Langenbach, 2003).

The 1992 Constitution of the Fourth Republic of Ghana contains four major provisions relating specifically to the rights of disabled persons (Article 29). The first provision protects PWDs against regulations and treatment of a discriminatory or abusive nature. The second



stipulates that in judicial proceedings involving PWDs, the legal procedure applied should take their physical and mental condition into account. The third provision mandates that every place to which the public has access shall have appropriate facilities for disabled persons whilst the fourth requires that special incentives be given to disabled persons engaged in business and also to business organisations that employ disabled persons in significant numbers (GOG, 1992).

As enshrined in Ghana's disability act 715 “disabled persons have the inherent right to respect for their human dignity” and they have the “same civil and political rights as other human beings”. The rights protected under this Act include: The right to a family life and right to participate in social, creative or recreational activities; the prohibition of differential treatment for residential purposes, the right to the same living conditions as persons without disability when persons with disability are placed in special institutions; no exploitation, abuse, discrimination or disrespect to persons with disability, appropriate facilities when involved in court proceedings; and access to public places (Oye-lithur, Stickney and Nathan, 2007). Though all these rights are enshrined in the 1992 constitution of Ghana, their application are still not to the full. Many people do not even know their rights.

Increasingly, emphasis has been placed in recent years on rights-based approaches to development. In part, this shift has been the result of growing recognition that needs-based or service-delivery approaches have failed to substantially reduce poverty (UNDP, 2006).



### 2.5.2 Rights Based Approach

Rights Based Approach was promoted and adopted through the constructive engagement of the human rights community, with development actors like the United Nations in the 1990s, more recently, in the light of the Millennium Development Goals, this has been further endorsed through the “Common Understanding on the Human Rights Based Approach to Development Cooperation,” adopted in 2003 at a meeting involving some ten UN agencies and a wide range of other development agencies (Kapoor, 2010).

The International Development Community does not have a universal definition of or framework for the approach. Academic and development related literature define a rights based development approach in various ways, based on legal, socioeconomic or political perspectives. A rights based approach is about the removal of physical and social barriers; it is about attitude adjustments for policy makers, employers, teachers, health care professionals and even family members. A rights based approach is about ensuring universal design, accessible technology, and coordinated public programmes and services. ‘A rights based approach to disability and development is about leveling the playing field so that people with disabilities can access jobs, education, health and other services (Albert and Hurst, 2004). **This study defines rights based approach as the empowerment of people including disabled persons to access services and opportunities available within their socio-political environment.**



The main objectives of a rights-based approach are to:

1. Strengthen the understanding of rights, i.e., understanding the location, forms and perpetrators of rights violations; recognizing who is vulnerable and assessing degrees of vulnerability; and recognizing existing power imbalances in society;
2. Ensure accountability and transparency by identifying rights-holders (and their entitlements) and corresponding duty-bearers (and their obligations); Build capacities for the realisation of rights so that rights-holders can make claims and duty-bearers can meet their obligations;
3. Facilitate the active and meaningful participation of multiple stakeholders, including people who directly benefit from projects through access to development institutions, improved information, legal redress, and other positive strategies
4. Create a sense of ownership of development processes through strategies of empowerment that focus on rights-holders both directly and through their advocates and civil society organizations; and
5. Encourage the expression of rights through different mediums of communication and interaction with people across regions (Kapur and Duvvury, 2006).

The principles that inform a rights-based approach to development according to (UNCEF/UNESCO, 2007) are:

**Universality and inalienability:** Human rights are universal and inalienable, the entitlement of all people everywhere in the world. An individual cannot voluntarily give them up. Nor can others take them away. As stated in article 1 of the Universal Declaration of Human Rights “All human beings are born free and equal in dignity and rights.”



**Accountability and respect for the rule of law:** A rights-based approach seeks to raise levels of accountability in the development process by identifying ‘rights holders’ and corresponding ‘duty bearers’ and to enhance the capacities of those duty bearers to meet the obligations. These include both positive obligations to protect, promote and fulfill human rights as well as negative obligations to abstain from rights violations.

Human rights are undoubtedly about power and empowerment. Human rights emphasise “right not might.” One famous and poignant quote encapsulates the human rights-based approach: “I complained because I had no shoes, until I met a child, who had no limbs.” Upholding human rights goes both ways: it means providing shoes to every man and woman deprived of them, as well as preventing or avoiding circumstances that maim children (UNDP, 2006).

Rights based approaches (RBA) as a development concept is able to recognise poverty as injustice and include marginalisation, discrimination, and exploitation as central causes of poverty. In RBA poverty is never simply the fault of the individual, nor can its solution be purely personal. However, RBA also refuses simply to place the burden of poverty and injustice on abstract notions such as society or globalisation. Human rights claims always have a corresponding duty-bearer. A central dynamic of RBA is thus about identifying root causes of poverty, empowering rights-holders to claim their rights and enabling duty-bearers to meet their obligations (UNICEF/UNESCO (2007).

But one significant limitation of these approaches has been that they are often undertaken by authorities who may not be sensitive to the needs of the poor. It is also felt that combining



human rights, development and activism can be more effective than any single approach (Hawkins, Newman, Thomas and Carlson, 2005).

A rights-based approach to development is a holistic way to fight poverty through structured processes. It involves not charity or simple economic development, but a process of enabling and empowering those not enjoying their economic, social and cultural rights claim their rights. Also, a rights-based approach should encompass the full range of indivisible, interdependent and interrelated rights that are civil, cultural, economic, political and social rights (UN, 2006). This study is about micro-credit and economic empowerment of disabled persons. Economic empowerment of disabled person is a right based issue because it will enhance their capacity to claim their rights as human being.

### **2.5.3 Human Rights and Empowerment**

According to Kapur and Duvvury (2006), 'A human rights focus gives importance to the outcome

as well as process by which development aims is pursued. Expanding it further in an empowerment framework, Hunt et al (2003) cited by Kapoor (2004) pointed out that the entitlements thus created through rights based approach amounts to giving voices to the poor to enhance their capabilities to take more control of their lives. They observe, 'Fundamentally, to human rights approach to poverty is about empowerment of the poor... Provided the poor are a human rights approach to poverty are able to access and enjoy them, human rights can help to equalize the distribution and exercise of power both within and between societies. In short, human rights can mitigate the powerlessness of the poor'. This approach lays emphasis on the pro-poor development where the empowerment of the poor, the marginalised and the voice-less, for having control on their own course of life, livelihood and well-being is seen as a matter of human dignity and human



In 1986 the United Nations (UN) made a Declaration on the Right to Development which establishes the view that development is a human right (Andreassen and Mark, 2006). The UN common understanding of a human rights-based approach is based on number of principles of which empowerment an important one is. A rights perspective provides a framework for examining and addressing the key aspects of power relation influence People's capacities, rights and responsibilities. It is now generally understood result of disempowerment and exclusion (UN, 2006).

rights aiming at a development process and outcome which is inclusive and just (Kapoor, 2004). The literature elaborated above shows that disabled persons are human beings and so are entitled to equal minimum rights as the abled people. Development and for that matter economic empowerment is a human right issue because it enhances their capacity and enable them have control of their own course of life, livelihood and well-being.

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## **2.6 Definition and Concept of Empowerment**

The word empowerment has become a household word among development practitioners. Empowerment is like obscenity; you have trouble defining it but you know it when you see it (Rappaport, 1985:15). The concept of empowerment became popular in the eighties to counter the views of the Women in Development (WID) perspective. According to this women's development was a 'logistical problem, rather than something requiring a fundamental reassessment of gender relations and ideology' (Parpart and Marchand, 1995:13) hence women would benefit by simply joining existing male-biased development structures.





Using the concept of empowerment, the feminist movement opposed this view and stressed that women's underdevelopment was mainly due to inequality in gender-re pointed out that women should be empowered. Gender relations should be women should have more control over resources, sexuality, education (Pushparani, 1999: 11). From the eighties onwards, empowerment was used extensively in scientific literature as well as in policy papers. However, the concept slowly became an important concept with many interpretations.

Kabeer (2001) defines empowerment as, 'the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them'. Alsop and Heinsohn (2005) define empowerment as: 'enhancing an individual's or group's capacity to make choices and transform those choices into desired actions and outcomes'. Also Helander (1993) defines empowerment as "an on-going process, which enables an individual to fulfill and be accountable for his or her duties and responsibilities and protects his or her rights in the society. Part of the process is to provide people with the resources, opportunity, knowledge and skills needed to increase their capacity to determine their own future and fully participate in community life."

Empowerment, according to the World Bank (2003) is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions which both build the individual and collective assets of the poor and improve the efficiency and fairness of the organisational and institutional context that govern the use of these assets.



**Table 2.1 Domains of Empowerment**

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Domain	Subject
Economic domain	control over income and assets
Social domain	movement and interaction of individuals
Cultural domain	norms and appropriate behaviour
Legal domain	the rights of individuals
Political domain	political participation
Psychological domain	self-esteem and psychological well-being

Source: Developed by Loman, (2006) based on Malhotra et al (2002), Alsop (2005), CIDA (1996) cited by Loman (2006) and Stromquist (1995)

This research focused on economic dimension of empowerment at the micro-level, since micro-credit aims at the individual, household and community. The research utilises Loman (2006) economic indicators of empowerment on a micro-level as a tool for data collection and analysis.

- Control over spending of income
- Control over spending of loan
- Control over assets
- Economic decision-making;

According to Candida et al (1999), when considering the way in which resources are allocated between women and men, it is important to look at the difference between access to resources and control over them. Access is defined as the opportunity to make use of them while control is the power to decide how a resource is used, and who has access to it. Mayoux (2009) said increasing women's access to micro-finance services can lead to their economic empowerment



In the areas of increasing income from women's activities, increased control over income and assets, increased access to markets, increased investing and productivity and resources.

**Table 2.2: indicators of empowerment on a micro-level**

Domain	Commonly used indicators	Context-specific indicators
Economic	<ul style="list-style-type: none"> <li>• Control over spending of income</li> <li>• Control over spending of loan</li> <li>• Control over assets</li> <li>• Economic decision-making; <ul style="list-style-type: none"> <li>-Everyday small expenses,</li> <li>-Medium-sized expenses</li> <li>-Large expenses</li> </ul> </li> </ul>	Participation and Control
Social	<ul style="list-style-type: none"> <li>• Freedom of movement in public spaces (asking permission partner)</li> <li>• Freedom of movement in public spaces (personal behaviour)</li> <li>• Influence in performing household chores</li> <li>• Resisting domestic violence</li> </ul>	Deciding to visit natal family
Cultural	<ul style="list-style-type: none"> <li>• Family planning</li> <li>• Timing of marriage</li> </ul>	Attitude towards daughter's education  Attitude towards type of marriage  Attitude towards dowry



In the same vain disability is not inability so to people with disability, a vulnerable group like women, access to micro-credit should lead to their economic empowerment, a least increased income from activities increased, control over income, control over assets, and anticipation in decision making.

## 2.7 Micro-Credit: Concept and Definition of Term

UN (2005) defined Micro-credit as a small amount of money loaned to a client other institution. Micro-credit is essentially the dispersion of small collateral-free people in order to foster income generation and poverty reduction through the employment (Chowdhury, 2008). Currently, consumer credit provided to salaried workers based on automated credit scoring is usually not included in the definition to micro-credit, although this may change.

**Micro-finance** refers to loans, savings, insurance, transfer services and other financial products targeted at low-income clients.

**Micro savings** are deposit services that allow one to store small amounts of money for future use. Often without minimum balance requirements, savings accounts allow households to save in order to meet unexpected expenses and plan for future investments.

**Micro insurance** is a system by which people, businesses and other organisations make a payment to share risk. Access to insurance enables entrepreneurs to concentrate more on developing their businesses while mitigating other risks affecting property, the ability to work.



**Remittances** are transfers of funds from people in one place to people in for another, usually across borders to family and friends. Compared with other sources of capital depending on the political or economic climate, remittances are a relatively s funds.

Micro-credit does not operate in a vacuum but by organisations or schemes. The Microcredit Summit Campaign of Washington, D.C., cited by Norwood, (2005) defines microcredit organisations as “programmes that extend small loans to very poor people for self employment projects that generate income, allowing them to care for themselves and their families” (Microcredit Summit Campaign 2002). Stated less ambiguously, micro-credit programmes are argued to be a cost effective way of helping the poor help themselves out of poverty (Wright and Graham, 2000, xv).

#### 2. 7.1 Microcredit Schemes

Micro-credit schemes are divided into three main groups; self-helping schemes, institutional schemes and “ad-hoc” microcredit scheme by Mersland (2005).

**Self-helping schemes:** This is the most common form of microfinance practiced through centuries by people all over the world. Self-helping schemes are often referred to (rotating savings and credit associations) or ASCAs (accumulating savings association). In these schemes people form their own groups, typically 15-30 persons, where they regularly, often weekly or monthly, pool savings and distribute these as loans among the members. The difference between a ROSCA and an ASCA is that in a ROSCA savings is distributed among the members as a prize and where each member receives the



“prize” before starting a new round while in an ASCA the savings are accumulated and given out as loans, normally with interest, to some of the members based on pre-established criteria.

These traditional schemes represent an interesting and efficient banking model for poor people. Informal traditional schemes like ROSCAs and ASCAs have been around for more than 1200 years and (Fikkert, 2003) and now exist in virtually every village in developing countries (Ashe, 2002).

**Institutional schemes:** Today this is the scheme promoted by most micro-credit technologies and observers. In this scheme micro-credit is gradually growing into becoming a type of banking industry for poor people. Still the participants heavily disagree on how this industry should look like and if they should be a for-profit investor focus or a more social oriented, but still sustainable focus.

Micro-credit is still, at least in most areas, the most common microfinance service, but the promoters of the institutional scheme increasingly promote multi-services like loans, savings, money transfers, insurance. Sustainable interest rates and high repayment rates are fundamental pillars in the institutional scheme. Microcredit is normally organized as standardized methodologies, either as individual loans, solidarity loans (where a group of 4-8 persons guarantee the loans for each other), or village banking schemes.

**“Ad-hoc” microdot scheme:** “Ad-hoc” micro-credit is what many non-specialists have in mind when they think about micro-finance. The idea is that by providing a poor person with a one-time loan the person will invest this amount in a business, often a start up a new



business, and with the help of this business the person will be able to work herself and her family out of poverty. High repayment rates is not a major issue since the focus point is more on the sustainability of the poor person's level (ability to generate a sustainable business through the loan), and not the institutional level. Interest rates are often subsidised. The focus is often on special groups like disabled persons, rural women, victims of conflicts etc. In "ad-hoc" programmes microcredit is often only one of many components (training, health services etc.) all aiming at empowering the special group in mind. Most existing practices of microfinance for disabled persons can be catalogued as "ad-hoc" micro-credit.

According to Norwood (2005), the principal idea behind micro lending is the capital to traditionally vulnerable populations (usually poor, rural and women) not customarily considered for standardised banking loans and lending assistance. In this regard, micro-credit groups are often promoted as a solution or "panacea" to "third world" poverty because it alleges to increase incomes of individual borrowers and thereby reduces poverty or the poor in developing countries.

The Micro-credit Summit (2005) argues that micro-credit is a "proven way to be move out of poverty." They cited research by Khandker (1998) of the World Bank who concludes: "micro-credit programmes attack poverty at its source by increasing the household consumption expenditure of participants. Borrowing from a programme is estimated to reduce moderate poverty among participants by as much as 20 percent and extreme poverty by as much as 22 percent".



Micro-credit schemes give poor people access to small amounts of financial credit to assist them in economic activities. Kabeer (1998:5) has noted that, micro-credit programmes have become an increasingly important intervention for addressing poverty, through a strategy of direct lending or of financial intermediation.

According to the United Nation (2002), the role of Microcredit or Microfinance is:

1. An effective tool to assist and empower 80% of the poor.
2. Contribute to the growth of the financial system in the country.
3. Helps growth of subsectors.

## **2.8 Strategies for Economic Empowerment of Disabled Persons**

There are various strategies for economic empowerment of PWDs. According to Tsengu et al (2006) there are four main ways to achieve economic empowerment of persons with disability:

**Providing Educational Opportunities:** Education is a powerful tool for economic empowerment of people with disabilities. Rifkin and Pridmore (2001) cited by Tsengu et al (2006) support this fact when they state that, “information (education) is power; people who lack information, lack power and lack choices about how to improve their lives or control what happens to them ... “Through educational programmes (either formal or informal) PWDs can gain knowledge and skills needed to perform functions, tasks or carry out some socio-economic activities for personal and community development.

**Providing Employment Opportunities:** Providing employment opportunities to PWDs enhances their income status thus empowerment. Article 23(1) of Universal Declaration of Rights by UN states that: “everyone has the right to work, to free choice of employment, to





just and favourable conditions or work and to protection against unemployment “(UN, 1948). On the contrary, ILO (2003) cited by Tsengu et al (2006) estimates that the “unemployment rate among PWDs in the developing world is an overwhelming problem - up to 80% in some countries” Caswell (2003), observes that: though “there exists legislation for quota system favouring employment of PWDs, unfortunately, this legislation is either under utilised or not enforced”.

**Self-Directed Employment:** Albright, (1993), observes that, “self directed employment option that is of increasing interest to people with disabilities both in economically and developing countries”. This could be a strong tool for economic empowerment of persons with disabilities; not only because they take the initiative, but also because they play a leading role in their structural set up and day-to-day decision making and management process. Self-directed employment includes running small business enterprises, and working in cooperatives controlled by disabled persons. Nyerere, the president of Tanzania, supports self-directed effort as effective tool, for empowerment and development, when he said:

*“Man can only liberate himself or develop himself. He cannot be liberated or developed by another. For man makes himself. It is his ability to act deliberately, for self determined purpose, which distinguishes him from animals. The expansion of his own consciousness, and therefore of his power over himself, his environment, and his society, must therefore ultimately be what we mean by development”. (Albright, 1993)*

**Providing Opportunities for Financial Resources:** In an attempt to empower people with disabilities economically, it is not adequate for programmes to stop at “teaching them how to fish without arming them with the necessary equipment that they need to use in catching the



*fish". (Tsengu, et al 2006)* PWDs who have successfully graduated from vocation training and have not been able to secure wage-earning jobs need to be supported to set up workshops or suitable income generation activities (IGAs), in order to earn a living (Tsengu et al, 2006)

## **2.9 Micro-credit and economic empowerment**

Micro-credit has become a popular instrument to promote economic empowerment among poor entrepreneurs, and is increasingly being recommended to improve economic rehabilitation among persons with disabilities (Mersland, 2005). Many studies (for example, Kabeer, 1998; Iheduru, 2002; Yunus, with Jolls 2003; (cited by Nwanesi 2006), have concluded that micro-credit schemes have significantly increased women's security, autonomy, self-confidence and status within the household. These studies argued that women who have gained confidence through micro-credit are able to make good livelihood and household decisions, have control over resources and are able to use larger loans electively to increase their incomes.

According to Nwanesi (2006) the common assumption (Yunus, 2003; Majoux, 2002; Iheduru, 2002; Kabeer, 1997) of the beneficial use of micro-credit is that increasing women's access to the schemes will in itself increase women's economic empowerment (increased income, control over income and access to resources) decrease default in loan repayments, as women are more able to repay. Well-being means women have more skills (e.g. literacy), time (less time lost through ill-health of themselves and children, ability to afford labour-saving devices) and resources to contribute to the programme and to groups. Social and political empowerment enhances economic empowerment and well-being and enables women to be



more active in their programmes involvement (because of decreased restrictions on their movements and contacts with men, greater organisational skill and network contacts).

A study by Farooq (2001) on micro-credit and empowerment of the poor reveal access to credit has helped the members of the cooperatives to make savings and attain credit. Majority have utilized the credit in income generating activities. This has provided them opportunities improve their occupation and income levels. Increase in income has led to the improvement of the education of the children. In few cases, the improvement in income resulted in better access to health services. A strong link was found between the improvement in income and physical improvement of the house. The priority of the people after the improvement of income was found to be the repair, maintenance and construction of their dwelling place, along with education of children.

Another study of micro-credit and poverty alleviation in Ghana (Alhassan, 2006) cited by Norwood (2005) reveals that micro-credit plays an important role in alleviating poverty. Beneficiary women have been able to increase their incomes and savings as well as their household responsibilities. The micro-credit has enabled the beneficiary women to increase their participation in decision making at household level.

According to Mersland (2005) when it comes to access to micro-credit, studies show that this can have a positive social impact for the clients, but studies also show that the level of impact depends among others on the following factors: That:

- There is greater impact on those who begin with more financial, physical, or social resources than on clients starting with a very limited resource base.



- There is greater impact on clients who have been clients for a longer time than on clients who have been clients of MFIs for a short time. This calls for sustainable institution that provides services through time.
- There is greater impact on clients living in stable socio-economic and political conditions than those living in unstable conditions.

### **2.9.1 Micro-credit and Economic Empowerment of Disabled Persons**

Research studies on the effect of micro-credit on disabled persons are scarce. However, literature study (HDI, 2005, Thomas M. J. 2002, Dyer S., 2003) reveals that micro-credit brings social and economic outcomes and changes to individual and the community. The main outcomes include;

- Increased self-reliance, self-confidence and self-esteem.
- Changes the negative attitudes of the community and family. This change of negative attitude in the community improves disabled person social status and social integration.
- Changed status of disabled persons in the family – They are not neglected anymore, participate in family decision-making, or even take a leading role in their family.
- Micro-credit leads to the establishment of sustainable economic activities, acquirement of business skills and strengthening of capacities.
- Access to micro-credit leads to improved conditions, increased regular income and reduced vulnerability of disabled persons.
- Through economic empowerment borrowers are able to access better health services, improved household income, and ability to buy food and nutrition and children now being able to go to school.





- Increased ability of disabled persons to pay for medication and school uniforms needed by their children. These are clear indications of positive steps towards breaking the poverty and disability cycle.
- People with disabilities are more assertive after enrolment in the savings and lending scheme, which has a positive impact on their attendance in community functions.
- They participate in the elections and some become decision making members of the community group.
- They are not neglected anymore, participate in family decision-making, or even take a leading role in their family, which shows improved social integration.
- The establishment of sustainable economic activities created increased regular income and improved living conditions of themselves and their family.
- The disabled entrepreneurs acquired business skills and strengthen their capacities.
- Overall, micro-credit reduces vulnerability and poverty and leads to empowerment and greater independence for people with disabilities.
- Disabled children are considered less of a burden and they now also share meals with their family members instead of waiting for others to finish eating and they will take the leftovers (HDI, 2005), Thomas M. J. 20002, Dyer S, 2003).

Micro-credit help disabled entrepreneurs to enhance their chances of creating and maintaining viable businesses (Marshland, 2005). The church based NGO's therefore started micro-credit schemes for disabled persons in the Upper East Region under the Community Based Rehabilitation Programme.

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**2.10 The Anglican Community-Based Rehabilitation Programme**

This Anglican Community Based Rehabilitation (ACBR) programme is a church initiated development project. The project started in 1979 by the local Anglican Church in Binaba known as Binaba Agriculture Rehabilitation of the Blind in response to the increasing incidence of blindness in the Binaba area as a result of onchocerciasis that the inhabitants along the white and red Volta river belts suffered for many years. In 2001 restructuring of the Binaba Agriculture Rehabilitation of the Blind Project (BARB) into Community Based Rehabilitation projects of the Upper East Regions namely Bawku West CBR, Bolgatanga CBR and Bongo CBR in response to recommendations in evaluation report of 2000. “The CBR programme should be decentralised into operational at the district levels (Bolgatanga, Bongo and Bawku West)” with a support unit at the regional capital, Bolgatanga (Alebiga et al, 2000).

The objective of the restructuring was to make the services more efficient and effective and to reach out to more blind persons within a short time. Again, in 2007, the programme expanded to include all the disabled especially the physically challenged and the deaf and d

The Objectives of the project are:

1. To create awareness about the causes, effects and prevention of disability/and how to address the needs of the already disabled in the communities.
2. To offer assistance (Psychological/ Material) to all disabled persons.
3. To seek medical intervention for the disabled especially sight restoration.
4. To offer Psychological, social and Economic rehabilitation services to all persons with disabilities for their reintegration into society.



5. To foster sustainable community ownership of the projects and to change the disabling nature of the social environment in which most persons with disability live.

**The CBRs provides the following services to their clients**

1. Education on Blindness Prevention and Treatment.
2. Ophthalmic screening of communities for early detection of Blindness.
3. Support for persons with reversible blindness to seek medical intervention.
4. Counselling services for the Blind.
5. Training of the Blind on orientation mobility and daily living activities/as well as personal and environmental hygiene.
6. Training the Blind in vocational activities.
7. Training of Blind in Business and credit management.
8. Referral services for the trained Blind to seek credit facilities from a bank.
9. Monitoring and advisory services to the Blind in business management.
10. Empowerment and information sharing workshop for the Blind for the promotion of their self development and social integration.
11. Education of the blind on their rights and civic responsibilities.
12. Promotion and facilitation of networking (Bongo CBR project, 2009).

**2.11 The Presbyterian Community-Based Rehabilitation Programme**

The Presbyterian Community-Based Rehabilitation (PCBR) Project for the disabled-Sandema is a project under the Presbyterian Church of Ghana. The project operates as an activity of the church under its social services programme. The project first started in 1991 as Agricultural Rehabilitation Centre for the Blind (ARB) and then shifted fully into community-Based



Rehabilitation in 1995 offering services to various categories of disabled persons in the Builsa District, Bawku District, Garu/Tempane District and Kasena-Nankana District.

Due to the devastating effect of the simulum fly, the vector for onchorcercias, a blinding condition, coupled with other related disabling diseases, there was high population of the disabled in the area, thus, the justification for the establishment of the rehabilitation project. The project was established and run in partnership with the Christoffel Blindenmision.

The Project has a main objective to: Intervene in the social and rural development issues and in accordance with St John 10:10 “I came that you may have life and have it abundantly”. The programme tries to provide an enabling environment for the disabled to live worthy lives. Among the critical areas of concern, include:

1. Food security and good diet
2. Good shelter/environment
3. Good health/medical care
4. Education and universal human rights
5. Religious and social morals

### **Strategies and Intervention**

The programme undertake 5 main interventions

1. Medical/Health Intervention: Upon identification of treatable cases, referrals and transfers are made to the various health institutions for the appropriate attention for the re restoration of the functions. Cataract operations are sometimes held at the project centre, as there is a strong collaboration between the programme and the health agencies.





**2. Livelihood and Micro-Credit Intervention:** Provides livelihood services and also administers cash and animal credit.

**3. Empowerment Intervention:** This aims at providing the individual disabled person with a high level of confidence and self reliance to be able to perform basic daily tasks successfully.

**4. Educational Intervention:** Under this component, the project educates communities on various disability issues.

**5. Social Intervention:** The project support communities and disabled persons social services through advocacy and direct support (Presbyterian CBR Project, 2010).

## **2.12 Anglican and Presbyterian CBR Micro-Credit Schemes**

Micro-credit is one of the components of the Anglican and Presbyterian CBR programme which serves as a tool for the economic empowerment of the disabled. Every year, vocational needs assessment is conducted on disabled persons referred to the programme from the community. This is used to identify the vocations and trade that they can undertake. Based on the assessment those who are economically active are trained on their respective chosen vocations.

The trained disabled persons who need credit are then given the opportunity to apply through the Community-Based Rehabilitation Committee who approves or otherwise application to the office for further action. Loan approval committee scrutinises the application for selection and approval. Those whose applications are approved receive the micro-credit after presenting a guarantor and witness. The interest rate, repayment period and repayment schedule is appropriately communicated.



The Anglican CBR micro-credit scheme started in 2001 to provide credit to economically active disabled person within the programme operational areas. The credit is given either as individual credit or group credit. As end of 2009, 522 disabled persons receive credit from the CBR scheme. Bawku West District CBR had 206 beneficiaries, Bolgatanga Municipality has 167 disabled beneficiaries and Bongo Bongo District CBR had 177 disable persons. A review of the project records revealed that the beneficiaries used the micro-credit for petty trading, animal rearing, farming, rice processing and shea butter processing.

The Presbyterian CBR started giving micro-credit to disabled persons in 1996. The credit is given to groups after they have been formed and trained. About 141 Disabled received cash credit and about 75 have received animal credit since 1996.

The cash credit is used for petty trading, farming, rice processing and shear butter processing (Bongo CBR project, 2009); Presbyterian CBR Project, 2010).

This chapter focuses on analysis and discussion of the data gathered. The chapter looks at the effects of micro-credit on micro-credit beneficiaries in the two districts (Bongo and Builsa) and also the impression and views of disabled non micro-credit beneficiaries on effects of credit on micro-credit beneficiaries in the two districts.

It begins with the socio-demographic characteristics of the study sample and then proceeds to look at the objectives of the study which includes:

- The contribution of micro-credit to incomes of disabled persons.
- The effect of micro-credit in enhancing Disabled Persons' control over income, credit and assets.



- The effect of micro-credit on participation of Disabled Persons in Economic decision-making at the household level.
- Repayments of micro-credit by Disabled Beneficiaries.
- The challenges of micro-credit programmes in economic empowerment of Disabled Persons.
- The suggestions offered on the enhancement of micro-credit for the benefit of disabled persons.

Besides looking at the “Before and after” of the micro-credit beneficiaries, the study sought the views of disabled non beneficiaries of micro-credit on the effects of micro-credit on the micro-credit beneficiaries in the areas of incomes, control of incomes and assets and participation in decision making.



## CHAPTER THREE

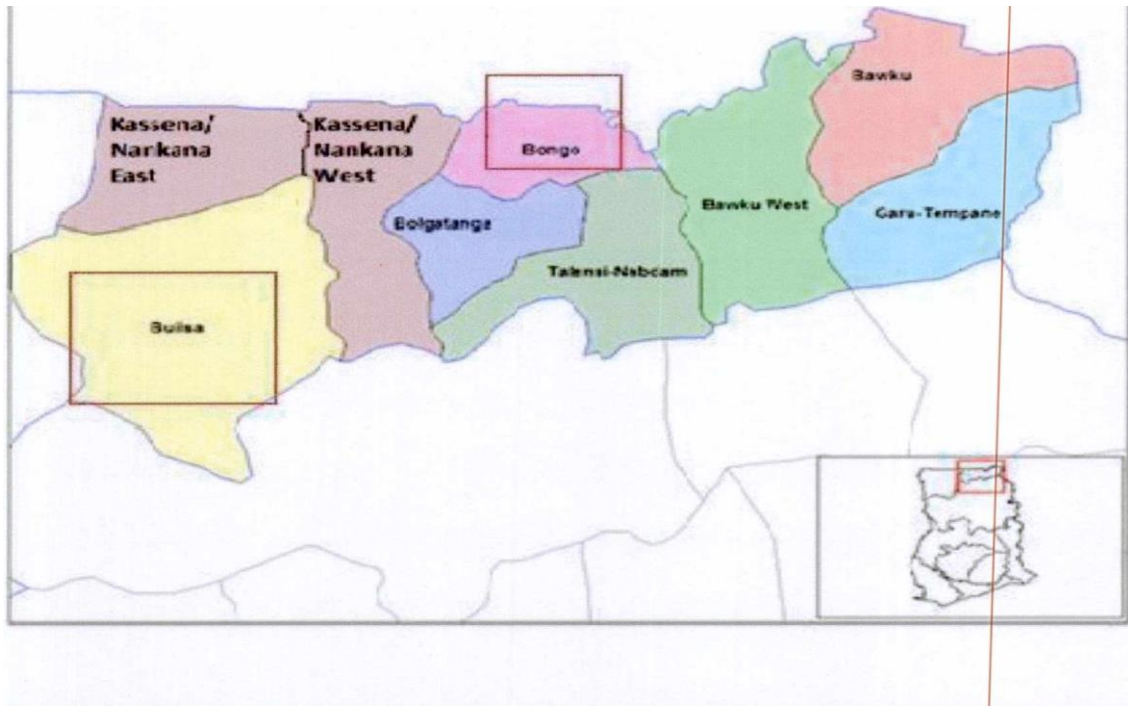
### STUDY AREA AND RESEARCH METHODOLOGY

#### 3.1 BACKGROUND TO THE STUDY AREAS

Upper East Region is located in the north-eastern part of the Ghana between longitude  $0^{\circ}$  and  $10^{\circ}$  West and latitudes  $10^{\circ} 30' N$  and  $11^{\circ} N$ . It is bordered to the north by Burkina Faso east by the Republic of Togo, to the west by Sissala East District in the Upper and to the South by East and West Mamprusi and Bunkprugu/Yunyoo in the Northern Region. The land is relatively flat with a few hills to the East and southeast. The total land area is about 8,842 sq km, which translates into 3.7 per cent of the total land area of Ghana. The region is administered politically from Bolgatanga the regional capital. The region has 9 administrative districts/municipalities, namely Builsa, Kassena-Nankana West, Kassena-Bongo, Bolgatanga, Bawku West and Bawku East, Talensi-Nabdam, and Garu. The study was focused on the Bongo and Builsa Districts of Upper the backgrounds to the two districts are as follows:

48. 49.





no new map available

Note: Kassena/Kankank District has been divided into two: Kassena-Nankana West and Kassena-Nankana East. But no new map available.

**Figure3.1: Map of Upper East Region with study districts marked**

Bongo District is one of the nine (9) districts in the Upper East Region with as its district capital. It lies between longitudes.  $0^{\circ} 55'W$  and  $0.45'W$  and  $1$  to  $11.09'N$  and has an area of 459.5 square kilometres and it lies within the free zone. The district shares boundaries with Burkina Faso to the North an, Bawku West, Kassena-Nankana District to the West and Bolgatanga District the smallest district in the Upper East Region in terms of space.

Bulsa District lies between longitudes  $1^{\circ} 05'West$   $10^{\circ} 35' West$  and latitudes  $10^{\circ} 20'$  and  $10^{\circ} 50'$  North. It is bounded on the North and East by the Kassena-Nankana District





by the Sissala District and on the South by the West Mampruisi District and part of Kassena-Nankana District. The District covers an area of 2,220 km<sup>2</sup> and constitutes 25.1% of the total land area of the Upper East Region. Sandema is the capital town of the Builsa Districts.

### 3.1.2 Demographic Structure

The Bongo and Builsa Districts are characterised by large household sizes, high population density, and high fertility rate as obtains in other parts of the region. Some of these features are due to the generally low level of development.

The 1984 population and housing census put the population for the Bongo District at 67,285 and Builsa at 66,375. The growth rates of the two districts were estimated at 0.8% and 0.82% for Bongo and Builsa Districts respectively. This rate is apparently low but it put the population of the Bongo Districts at 77,885 and Builsa at 75,375 for year 2000 see table 3.1 below.

**TABLE 3.1 Populations of Bongo and Builsa Districts**

AREA	POPULATION			
	1970	1984	1994	2000
Bongo District	28,281	67,285	73,474	77,885
Upper East Region	542,585	771,584	1,032,263	920,089
National	8,559,313	12,296,081	16,500,000	18,912,079
Builsa District	-	66,357	-	75,375

**SOURCE:** District Assembly: Bongo and Builsa 2009



There is no existing reliable data at the district level on the total number of disabled persons. However, according to research by the Navrongo Health Research Centre, the Upper East Region has a disability rate of 5.5% and the Bongo and Builsa Districts have disability rates of 5.7% and 6.6% respectively (NRHC, 1999). This shows that the region and for that matter the study districts have large numbers of disabled persons. Using these disability rates against the Districts populations, Bongo Districts will have 4,439 and Builsa District 4,975 disabled persons per the 2000 populations of the two districts.

### 3.1.3 Vulnerable and Excluded

There are quite a number of different types of disabled persons in the two districts. The populations of the different types of disabled persons in the Builsa District are physically challenged 1.5%, visually impaired 1.1% and Deaf and dumb 1.1%. The populations by type of disabled persons in the Bongo District are as shown in table 3.2

**Table 3.2: Disability rates of Bongo as at 2000**

Bongo District			
Type of Disability	Number	Percentage of District Population	Percentage of disabled
Physically Challenged	1,314	1.7	26.1
Visually Impaired	2,584	3.3	51.3
Deaf and Dumb	1,139	1.5	22.6
<b>Total</b>	<b>5,037</b>	<b>6.5</b>	<b>100</b>

Source: Department of Social Welfare (2005)



### 3.1.4 Education

The Bongo and Builsa Districts have 157 and 167 schools respectively as specified in table 3.3. But none of the schools are friendly for the disabled especially the blind and visually impaired. There are no schools for the disabled in the Bongo and Builsa Districts. The only school for disabled in the Upper East Region is the Gbeogo School for the deaf and dumb in the Talensi/Nabdam District. In the Bongo and Builsa Districts, 52.9% of disabled children aged 6-18 do not attend school (NRHC, 1999). Other schools for disabled persons in Ghana are the Savelugu School for the deaf and dumb in the Northern Region and Schools for the blind in Wa, Upper West Region and Akropong in the Eastern Region. So accessibility to education disabled is limited.





**Table 3.3      Circuits and Number of Schools**

<b>Bongo District</b>					
<b>CIRCUIT</b>	<b>Pre-school</b>	<b>Primary School</b>	<b>JHS</b>	<b>SHS</b>	<b>Total</b>
Central	7	7	4	1	19
East	5	6	3	0	14
West	5	5	5	0	15
South	7	7	3	1	17
North	7	7	3	0	17
North-North East	4	6	3	0	13
North East	6	6	2	0	14
North West	6	6	4	0	16
South East	6	7	3	0	16
Central East	6	6	3	0	15
<b>Total</b>	<b>59</b>	<b>63</b>	<b>33</b>	<b>2</b>	<b>157</b>
<b>Builsa District</b>					
Central	5	6	3	0	14
East	9	9	4	3	25
West	9	9	4	0	22
Wiaga	8	8	4	0	20
Chuchuliga	8	8	3	0	19
Fumbiisi	8	9	4	1	22
Kanjaga	10	11	3	0	24
Kaadema	10	9	2	0	21
<b>Total</b>	<b>59</b>	<b>69</b>	<b>27</b>	<b>4</b>	<b>167</b>

Source: District Education Office, Bongo and Builsa 2009

Source: District Education Office, Bongo and Builsa 2009



### 3.2.5 Health Services

Bongo District has one hospital located in the district capital Bongo and six sub-district clinics at Adaboya, Dua, Soe, Gowrie, Namoo and Zorko. There are several co outreach clinic programmes in the districts. The Bongo hospital offers service in medical care, family planning, epidemiology, environmental health and sanitation and nutrition. The Builsa District also has one hospital located at the district capital Sandema. There are four (4) health centres, one in each of the four Sub-District Health Zones of Chuchiga, Wiaga, Fumbisi and Kanjarga. There is an efficient outreach programme that caters for the primary health care needs of the population, especially mother and children. It collaborates with School Health Education Programme (SHEP) for the promotion of school health.

#### **Support services for disabled person in the Bongo and Builsa Districts**

The disabled in the Bongo and Builsa Districts and the Upper East Region as challenges of discrimination by society, access to health, access to education and training and financial constraints which includes access to credit and employment opportunities. The Districts have put in place strategies and support services to develop disabled persons. These include:

1. Apprenticeship skills training for adults with disabilities at the community
2. Extension of Revolving Loan Schemes to all the zones in Expansion of Community Based Rehabilitation projects
3. Provision of financial support in the form of transport and sustenance of children with disabilities in Special Schools: Wa School for the Blind, Gbeogo and Savelugu School for the Deaf.



4. Support for vocational skills training of adults with disabilities at Rehabilitation Centres
5. Provision of appropriate technical aids like crutches, wheel chairs, eyeglasses, white cane.
6. Training in Activities of Daily Living (ADL) for children and adults with disabilities.
7. Location, identification and registration of children and adults with disabilities and assessment of needs.
8. Removal of architectural barriers.
9. Provision of safety nets and measures to rehabilitate those trapped within demeaning and anti social circumstances.
10. Disabled persons registered with the National Health Insurance Scheme as core poor.

## **3.2 RESEARCH METHODOLOGY**

### **3.3 Research Design**

A research design is the researcher's overall plan for obtaining answers to the research questions. It specifies how data relating to a given problem should be collected (Amedahe et al, 2008). According to Gay (1992) the research design indicates the basic structure of a study, the study, the nature of the hypothesis and the variables involved in the study.

The study adopted an exploratory research design in order to gain deeper understanding of micro-credit and economic empowerment of disabled persons. The target population involved in this study are disabled micro-credit beneficiaries, disabled non beneficiaries and the CBRs



project staff. The credit beneficiaries recall of the “before-after” situation and non beneficiaries’ perception was used to measure the effect of micro-credit on beneficiaries. Respondents were selected using purposive sampling and snowballing techniques. Primary data was collected using questionnaires and this was done with the support of our trained research assistants. Data collected was analysed with the help of SPSS and EXCEL. The details of the methodologies are discussed below.

### **3.4 Sampling Method and Sample Size**

Research is invariably conducted by means of a sample on the basis of which generalisations applicable to the population from which the sample was selected is made. Sampling is taking a portion of a population or universe as representative of that population or universe (Osuala, 2005). According to De Vaus (2002: 70) the goal of sampling is to mirror the population it is designed to represent. This involves defining the population, obtaining an unbiased sampling frame, and selecting a sample using probability and/or non probability sampling methods. Thus, the important thing is that the characteristics of most selected samples should be close to those of the population. This enables the researcher to give a statistical generalisation based on the quantitative nature of the sample.

Two main sampling techniques used in research. These are probability and non-probability sampling (Twumasi, 2001). To answer my research questions I needed to talk to disabled micro-credit beneficiaries, disabled non beneficiaries and the two CBR projects staff. Therefore non-probability sampling methods were used. Specifically, purposive and snowballing sampling techniques were used to select the respondents. This is because the units of study are not distributed randomly or uniformly within the population. Three categories of



disabled that both the Anglican and Presbyterian CBRs work with as beneficiaries were included in the sample frame (Physically challenged, Deaf and Dumb, and visually impaired).

The initial plan was to sample a total of 240 respondents 200 disabled micro-credit beneficiaries and 40 disabled non beneficiaries. That is 100 beneficiaries from Bongo Anglican CBR out of 240 credit beneficiaries and 100 credit beneficiaries from Sandema Presbyterian CBR credit schemes out of 141 credit beneficiaries. Also, 20 disabled non-beneficiaries from each of two districts were to be sampled. The sample was to ensure equal numbers from both district but respondents were to be selected without taking into consideration the, numbers of the three types of disabled persons (Visually impaired, Physically challenged and deaf and dumb) in the two districts.

However, a total of one hundred and eighty (180) disabled persons were interviewed comprising 140 Community-Based Rehabilitation micro-credit beneficiaries from Bongo and Builsa Districts. One hundred and one (101) respondents were selected from the Bongo District (ACBR micro-credit scheme beneficiaries) made up of 81 micro-credit beneficiaries and 20 non-micro-credit beneficiaries. Similarly a total of seventy nine (79) respondents were selected from the Builsa District (PCBR Micro-credit scheme beneficiaries) this is made up of fifty nine (59) micro-credit beneficiaries and twenty (20) non micro-credit beneficiaries. The differences in the sample size for the two districts is based on the fact that Bongo has about twice the number of visually impaired compare to Builsa but both districts have same numbers of the physically challenged and deaf and dumb (See table 3.6).





The disabled micro-credit beneficiaries were selected through purposive sampling techniques and the disabled non beneficiaries were selected using snowballing sampling technique. Snowballing approach involves contacting a member of the population of interest and asking whether they know anyone else with the required characteristics (Osuala, 2005).

**Table 3.4: Sample Size of Respondents**

Beneficiary	Bongo District	Builsa District	Total
Visually impaired	53	32	85
Physically challenged	26	25	51
Deaf & Dumb	2	2	4
<b>Subtotal</b>	<b>81</b>	<b>59</b>	<b>140</b>
<b>Non-Beneficiaries</b>	20	20	40
<b>Grand total</b>	<b>101</b>	<b>79</b>	<b>180</b>

Field report 2010

### 3.5 Data Collection Techniques

The study combined both quantitative and qualitative techniques in data collection and analysis. According to Osuala (2005), quantitative methods may appear to be opposite derived from different philosophies yet both are legitimate tools and can supplement each other. One method is neither poorer than the other. There are immense advantages associated in adopting both methods. The main idea behind quantitative research is to be able to separate data easily so that they can be counted and modelled statistically, to remove factors that may distract from the intent of the research. For example, Scheyvens (2003:38) state that quantitative data is objective and representative and have a particular strength because it can be verified and replicated. Scheyvens also acknowledged that qualitative methods are used to



explore the meanings of people's worlds the nature and causes of individual behaviour. Quantitative methods generated quantitative data on whether respondents have been empowered economically with the support of micro-credit based on the indicators, while qualitative method resulted in in-depth information on why and how.

Semi-structured Questionnaires were employed to collect Quantitative and Qualitative data from the sampled disabled beneficiaries and disabled non-beneficiaries of micro-credit.

**Questionnaires:** Questionnaires consist of a set of well-formulated questions to probe and obtain responses from respondents (Panneerselvam, 2009). There are different types of questionnaires (structured and semi-structured) this study used the semi structured questionnaire type.

Two types of questionnaires were used: questionnaires for disabled micro-credit beneficiaries and questionnaires for disabled non beneficiaries. The questionnaire for disabled micro-credit beneficiaries consisted of nine (9) Sections. The details are as below:

Section A: General Information regarding the identity of the interviewee, community and

Section B: Socio demographic Characteristics.

Section C: Economic Activity. This provided information on whether micro-credit schemes especially the study scheme disabled in their economic activities.

Section D: The contribution of micro-credit on incomes of Disabled Persons. Questions in this section were used to study the role micro-credit plays in empowering disabled Persons.

Section E: Control over income, credit and assets by Disabled Persons. This section gathered information on respondents control over their incomes, credit



and assets. Section F: Repayment of micro-credit by disabled beneficiaries. This section enquired of credit repayment situation and challenges in credit repayments. G: Participation in Decision Making. The intension of the section was to probe respondent's participation in decision making and the relationship with micro-credit. Section H: Challenges of Micro-credit. This section dealt with challenges in access and benefits of micro-credit to persons with disability. Section I: Suggestions from beneficiaries and CBR projects on enhancement of micro-credit for disabled persons. This section solicited responds' views on how to enhance micro-credit for the benefit of Disabled Persons.

Sections C, E, F, G and H examined the disabled micro-credit beneficiaries' incomes, control, over income, credit and assets and participation in household decision making before microcredit and years after credit to be able to draw conclusion on the effects of micro-credit in the economic empowerment of disabled persons in the Upper East Region of Ghana.

The questionnaires for the disabled non-micro-credit beneficiaries were also divided into the same nine (9) sections. Unlike the questionnaire for the beneficiaries, the questionnaires for the non-beneficiaries looked at the situation of the non-beneficiary and their views on the effect of micro-credit on the beneficiary on the same issues (See appendix A and B). The draft questionnaires were pre-tested and corrections effected.

This involves the presence of an interviewer asking questions and recording answers in a face to-face contact during an interview with the respondents. According to Kumekpe (2002), this interview type has the following advantages:





1. The presence of the interviewer ensures respondents answer all questions on the questionnaire.
2. Provides greater sense of security because data were collected in face-to-face interaction with respondents.
3. Interview helps to build rapport, creates a relaxed and healthy atmosphere in which the respondent can cooperate, answer questions and clear misapprehensions about any aspect of the investigation.
4. Useful and appropriate with all populations, especially low level education and rural populations.
5. Rich in information

The choice of the interview type is based on these advantages.

### **3.6 Data Sources**

Data are the basic input to any decision making process in a business (Panneerselvan, 2009). In research data is required to answer research questions. The research gathered data from primary as well as secondary sources. Primary sources are data provided by actual witnesses to the incident in question while secondary sources of data comes from a middle man who acts between the original witness and the present consumer (Osuala, 2005). Secondary data are collected from sources which have already been created for the purpose of first-time use and future uses (Panneerselvam, 2009).

Primary data for this study was collected through interviews with disabled micro-credit beneficiaries and non beneficiaries using questionnaires and CBR project staff while secondary data was gathered from District Assemblies, libraries, journals and the internet.

### 3.7 Stages of Data Collection

All research involves data collection since all research activities are designed to either test hypothesis or answer research questions (Gay, 1992). Data collection is visualise as a series of interrelated activities aimed at gathering good data to answer emerging research questions (Creswell 1998). This was the stage where this study gathered relevant information the study. The study was conducted in three main stages: The recognisance survey, main survey and in-depth survey.

Recognisance survey: This involved initial visit to the study area and co unities to familiarise and establish rapport. This stage was used for detailed understanding of the CBR programme and the micro-credit scheme. Observation and review of information were the main methods.

The main survey stage focused on data collection. The target population for the study was sampled and interviewed using a questionnaire as the main tool. At the in-depth survey stage, additional information was collected through discussions with CBR projects. This is meant to fill the gaps and deepen understanding of specific issues that emerges especially recognisance and main survey stages.

### 3.8 Data Analysis

Data of a study are raw information obtained in the course of investigation. Analysis means a critical examination of material in order to understand its part and its relationships to discover its trends. The process of data analysis is a continuous one involving many stages, entry,





editing, tabulation, coding, and computer processing (Twumasi, 2001). The data from this study was organized around the key themes and objectives as captured in the questionnaires. Descriptive statistics making use of percentages and arithmetic means were used to analyse the data with the help of SPSS, EXCEL Packages and FISHER'S EXACT Test.

The qualitative responses were coded under different headings and variables after the data have been collected. Statistical Package Social Scientists (SPSS), Excel were used to analyse the quantitative and qualitative data after coding the qualitative data and Fisher Exact test used to test for associations after cross tabulations. This was done by first creating templates (District beneficiaries and Non beneficiaries' templates and Builsa District beneficiaries' templates) in SPSS using variables and the codes from the questionnaires. The variables were then entered into the templates. Analysis was done by using the separate tables and also do cross tabulations of the variables for the two Districts, In order to afford comparing the data of the two Districts easily, EXCEL was used to further and graphs and Fisher's exact test used to test for associations.

The Fisher's exact test is used as an alternative to the Chi-square test. This is because the Chi-square test relies on a large sample approximation, but Fisher's exact test is used in situations where a large sample approximation is inappropriate. Fisher's Exact Test is also based on exact probabilities from a specific distribution (the hyper geometric distribution). According to Harvey et al (2010) Chi-square Test should definitely be avoided when the number in the contingency table are very small (any number less than about six). Although some have cautioned about the conservative nature of Fisher's exact test, there is general consensus in the

research community that this test is preferred to the Chi-square test for small data sets. This study uses the fisher's exact test because numbers in the contingency table are very Note that the Fisher's exact test does not have a “test statistic”, but computes p-value directly.

Information generated from the analysis of quantitative and qualitative data were presented in the form of tables and charts and discussed as they answer research objectives questions.



## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.0 Introduction

This chapter focuses on analysis and discussion of the data gathered. The chapter looks at the effects of micro-credit on micro-credit beneficiaries in the two districts (Bongo and Builsa) and also the impression and views of disabled non micro-credit beneficiaries on the effects of credit on micro-credit beneficiaries in the two districts. It begins with the socio-demographic characteristics of the study sample and then proceeds to look at the objectives of the study which includes:

- The contribution of micro-credit to incomes of disabled persons.
- The effect of micro-credit in enhancing Disabled Persons' control over income, credit and assets.
- The effect of micro-credit on participation of Disabled Persons in Economic decision making at the household level.
- Repayments of micro-credit by Disabled Beneficiaries.
- The challenges of micro-credit programmes in economic empowerment of Disabled Persons.
- The suggestions offered on the enhancement of micro-credit for the benefit of disabled persons.

Besides looking at the “Before and after” of the micro-credit beneficiaries, the s the views of disabled non beneficiaries of micro-credit on the effects of micro-c micro-credit beneficiaries in the areas of incomes, control of incomes and assets and participation in decision making.



**4.1 Socio-Demographic Characteristics of Survey Respondents**

**4.1.1 Types of Disability of Micro-Credit Beneficiary and non Beneficiary Respondents**

The sample size for the survey was 180 disabled respondents comprising of 140 disabled micro-credit beneficiaries and 40 disabled non- beneficiaries. Overall 60.4% of beneficiary respondents were visually impaired, 36.8% physically challenged and 12.8% deaf and dumb.

A total of 45% of non micro-credit respondents from Bongo and Builsa Districts were visually impaired, 50% physically challenged and 5% deaf and dumb. Bongo had 60% of respondents being visually impaired and 40% physically challenged while Builsa District had 3 % of non micro-credit beneficiary respondents being visually impaired, 60% physically challenged and 10% deaf and dumb.

Disability itself can be a barrier to access offices or information Mersland (2008). Disabled persons are also discriminated against, because micro-credit offices can be located far away from people's homes and to enter the building, stairs often have to be climbed and crowds have to be penetrated. But the level of discrimination may depend on the type of the disability. This can be seen in the type of Disability and level of education as discussed in table 4.5.



**Table 4.1: Respondents disability classification**

Types of Disability	Beneficiaries						Non Beneficiaries					
	Bongo		Builsa		Total		Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Visually Impaired	53	65.4	32	54.2	85	60.4	12	60.0	6	30.0	18	90.0
Physically Challenged	26	32.1	25	42.4	51	36.8	8	40.0	12	60.0	20	100.0
Deaf & Dumb	2	2.5	2	3.4	4	2.8	0	0.0	2	10.0	2	10.0
Total	81	100.0	59	100.0	140	100.0	20	100.0	20	100.0	40	100.0

Source: Field survey, 2010 (Bongo and Builsa Districts)  
 Freq\*Frequency

In Bongo District 65.4% of micro-credit beneficiary respondents were visually impaired, 32.1 % physically challenged and 2.5% Deaf and Dump. The Builsa District lhad 54.2% visually impaired micro-credit beneficiary respondents, 42.4% physically challenged and 3.4% deaf and dumb. See table 4.1.

#### 4.1.2 Religious Affiliation

Though, the Anglican and Presbyterian CBR projects are Faith Based Organisation (Christian), the study revealed that micro-credit beneficiary respondents from the two districts belonged to all the three religions: Christianity and Traditional religions comprising 49.3% and 46.4% respectively with 4.3% being Muslims. This shows also the distribution of the religions in the district. Bongo had more people belonging to traditional religion while Builsa

had more Christians than followers of traditional religion. The non beneficiary respondents belonged to only the traditional and Christian religions. Bongo had 40% of respondents belonging to Traditional religion and 60% Christian religion while the Builsa District had 32.5% of respondents belonging to Traditional religions and 67.5% belonging to Christianity (see table 4.2). This means the CBR projects do not discriminate against Muslims or people of Traditional region but extend services to all.

**Table 4.2: Religious inclinations of respondents**

Religion of respondents	Beneficiaries						Non Beneficiaries					
	Bongo		Builsa		Total		Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Traditional	40	49.4	25	42.4	65	46.4	5	25	8	40.0	13	32.5
Christianity	36	44.4	33	56	69	49.3	15	75	12	60.0	27	67.5
Islam	5	6.2	1	1.6	6	4.3	0	0	0	0.0	0	0.0
Total	81	100.0	59	100.0	140	100.0	20	100.0	20	100.0	40	100.0

Source: Field survey, 2010 (Bongo and Builsa Districts)

Source: Field survey, 2010 (Bongo and Builsa Districts)  
Freq\*Frequency

#### 4.1.3 Educational Status

In terms of level of education of the credit beneficiary respondents, overall 72.19% had no formal education, 15% had primary education, 7.2% had middle/JHS and 2.1% had secondary/SHS level education. Those with higher education were under 2%. The Builsa District had the highest percentage of respondents with no formal education than the Bongo District. The highest level of education of respondents in Builsa District was middle/JHS and Bongo District had 4.5% of respondents with highest level of education being tertiary (Table





4.3). The Upper East Region has illiteracy level of 78.1 % against 45.9% nation 1 illiteracy level (GSS, 2000). Besides the high regional illiteracy levels it also shows that there is discrimination of a sort against the disabled. According to the International Disability and Development Consortium 98% of disabled children in developing countries are denied any formal education. Those children who do get education often get inferior treatment, have low expectations of themselves and from others and do not get the support they need in order to participate equally. (IDDC, 1999) The level of education of non micro-credit beneficiaries is not different from the beneficiaries. 62% had no formal education, 13% each for both the primary and middle/JHS while 10% had secondary/SHS education. Only 2% had tertiary education.

Education is essential in access to micro-credit. This is because the information about the by the micro-credit institution's is in both verbal (like trainings and meetings) and written (the actual contract) form, which is causing inaccessibility to many deaf or blind persons (2008). Disability coupled with low level of education will affect access to especially institutional credit.



**Table 4.3: Educational levels of respondents**

Education	Beneficiaries						Non Beneficiaries					
	Bongo		Builsa		Total		Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
No formal Education	58	71.6	44	74.6	102	72.9	8	40.0	17	85.0	25	62.5
Primary	8	9.9	13	22.0	21	15.0	3	15.0	2	10.0	5	12.5
Middle/JHS	8	9.9	2	3.4	10	7.2	5	25.0	0	0.0	5	12.5
Secondary/SHS	3	3.7	0	0.0	3	2.1	4	20.0	0	0.0	4	10.0
Tertiary	2	4.5	0	0.0	2	1.4	0	0.0	1	5.0	1	2.5
Others	0	2.0	2.5	0.0	2	1.4	0	0.0	0	0.0	0	0.0
Total	81	100.0	59	100.0	140	100.0	20	100.0	20	100.0	40	100.0

Source: Field survey 2010 (Bongo and Builsa Districts)

Source: Field survey, 2010 (Bongo and Builsa Districts)

Freq\*Frequency

**4.1.4 Gender and Educational Status of Micro-Credit Beneficiary Respondents**

Overall 51.4% of micro-credit beneficiary respondents were male and 48.6% were female. Per the two districts, Bongo had 54.3% male as against 47.5% male for Builsa. Builsa also had more female than Bongo 52.5% against 45.7%. The non micro-credit beneficiaries comprised 53% female and 47% male in Bongo and Builsa Districts. Bongo District had 65% male and 35% female while Builsa District had 30% male and 70% female.

The gender disaggregation of this sample is good and may be a reflection of the gender sensitivity and gender balance in the Bongo and Builsa Districts Community-Based Rehabilitation Programmes since the study did not do stratification based on gender. This is



consistent with current development paradigm where gender balance is emphasised in every sphere of life and should be continued and encouraged. For instance the millennium Development Goal 2 seeks to promote gender equality and empowerment of women

On gender and educational status of respondents, 78.4% of female as against 65.6% of male respondents had no any form of formal education in the Bongo District,. Those with some level of education in Bongo District, 10.8% of female are educated to the primary level while 9.1 % male were educated to the primary level. But moving higher the educational ladder, more male were educated than female. 11.4% male and 8.1% female had middle/JHS education and 4.6% male and 2.7% female had secondary education. 4.5% male had tertiary education but no female respondents had tertiary education.

The Builsa District is no exception to this. 71.0% female against 64.3% male respondents had no formal education. 16.1 % female had primary education against 25% male. But 7.1 % of male had been educated to the middle/JHS level with no women having middle school level education. See table 4.4.

In both the Bongo and Builsa Districts the study revealed that more men were educated than women. This is because of the discrimination at the family level where families consider male education more important than female education. Among women who had opportunity for education, the numbers reduce as they climb the educational ladder. This means the few who go to school dropout either due to discrimination against the girl child, teenage pregnancies or poverty. The disabled women suffer this discrimination severely than the abled women. They suffer discrimination because of the disability and also as women. The free universal basic

education (capitation grant) by government, take home food rationing by the Catholic Relief Services among other programmes will encourage girl-child education. But this may not help the disabled girl child since they have no access to mainstream school but segregated schools which are not within their communities. One of micro-credits big promises is to empower women (Norwood, 2005). Also access to credit constitute the crucial input for their ability to earn income leading to increase in their status and autonomy. (Mayoux, 1995) service level of education affects access to micro-credit; women with no education cannot access micro-credit for their empowerment.

**Table 4.4: Gender and level of educational of credit beneficiary respondents**

Level of Education	Gender											
	Bongo						Builsa					
	Male		Female		Total		Male		Female		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
No formal Education	29	65.9	29	78.4	58	71.6	18	64.3	22	71.0	40	67.8
Primary	4	9.1	4	10.8	8	9.9	7	25.0	5	16.1	12	20.3
Middle/JHS	5	11.4	3	8.1	8	9.9	2	7.1	0	0.0	2	3.4
Secondary	2	4.6	1	2.7	3	3.7	0	0.0	0	0.0	0	0.0
Tertiary	2	4.5	0	0.0	2	2.5	0	0.0	0	0	0	0.0
Others	2	4.5	0	0.0	2	2.4	1	3.6	4	12.9	5	8.5
Totals	44	100.0	37	100.0	81	100.0	28	100.0	31	100.0	59	100.0

Source: Field survey, 2010 (Bongo and Builsa districts)

Freq\* Frequency



#### 4.1.5 Disability Type and Level of Education

The study revealed that in the Bongo and Builsa Districts, the visually impaired have the largest number of respondents with no formal education (83% and 78.1%) respectively. This is followed by physically challenged and deaf and dumb respondents with over 50% having no formal education. In all the three groups of disabled, some of those who get the opportunity to go to school are able to progress from primary to tertiary. But the physically challenged had higher numbers of those educated than the visually impaired and deaf and dumb as shown in table 4.5.

The low level of education among the disabled in general is due to discrimination within their families and society. Some families do not see the need to send the disabled child to school while society has not provided the facilities to enable the disabled child have proper education. Educational structures are not accessible for the disabled. Also the education among the deaf and dumb and the visually impaired may be attributed to the segregation of education. These groups cannot attend the schools within the community like the physically challenged but segregated school like schools for the deaf at G Talensi/Nabdam District of Upper East Region and Savelugu in the Northern Region and School for the Blind in Wa, Upper West Region and Akropong in the Eastern region. Policy of inclusive education must be pursued where infrastructure and facilities are provided in the formal school to cater for disabled persons.

Table 4.5 shows that the type of disability influences access to and level of education. Since education affects access to micro-credit for economic empowerment, disabled persons' access to credit empowerment will vary depending on the type of disability.





Table 4.5: Disability type and level of education

Type of disability	Bongo													
	Level of Education													
	No Formal Education		Primary		Middle/JHS		Secondary		Tertiary		Others		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Visually impaired	44	83.0	2	3.8	2	3.8	2	3.8	1	1.9	2	3.8	53	100.0
Physically Challenged	13	50.0	6	23.1	6	23.1	0	0.0	1	3.8	0	0.0	26	100.0
Deaf and Dumb	1	50.0	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	2	100.0
Total	58	71.6	8	9.9	8	9.9	3	3.7	2	2.5	2	2.5	81	100.0
Type of disability	Builsa													
	Level of Education													
	No Formal Education		Primary		Middle/JHS		Secondary		Tertiary		Others		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Visually impaired	25	78.1	2	6.2	2	6.2	0	0.0	0	0.0	3	9.4	32	100.0
Physically Challenged	14	56.0	11	44.0	0	0.0	0	0.0	0	0.0	0	0.0	25	100.0
Deaf and Dumb	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	1	50	2	100.0
Total	40	67.8	13	22.0	2	3.4	0	0.0	0	0.0	4	6.8	59	100.0

Source: Field survey, 2010 (Bongo and Builsa districts)

Freq\* Frequency

#### 4.1.6 Age and Marital Status of Micro-Credit Beneficiary Respondents

From the study, the age of the micro-credit beneficiary respondents were evenly distributed within three age groups (40-49; 50-59; and 60+) with respective percentages of 27.1%, 23.6% and 28.6%. Builsa District had 37.3% of respondents within 50-59 years age group and 28.8% within 40-49 age group and Bongo had most respondents within the age group of 60+(34.6%), 40-49 (25.9%) and 50-59(13.6%). For the non-micro-credit beneficiaries, 36% were within the age group of 18-29, only 8% were within the 60+ age group and the rest with 30- 59 age group.

The study also shows that, 43.6% of respondents were married, 28.1 % were widows/widowers and 22.3% were single. In addition 0.7 % of respondents were separated and 4.3% were divorced. This implies 71.7% were married or ever married and apart from being vulnerable and poor had dependents and will need micro-credit for business engagement and enterprise development to support their families. At the districts levels both Bongo and Builsa had higher percentages of respondents married (48.7% and 39% respectively) but Bongo had higher percentages of respondents being singles or non-married women than Builsa and percentage of widows/widowers. On the marital status of non-micro-credit, beneficiary respondents, 40% were single, 40% married, 15% separated and 5% divorced.

In both the Bongo and Builsa Districts, majority of the respondents were either married or single with few either separated, divorced or widowed. With respect to Bongo District 85.7% of credit beneficiary respondents within age 18-29 were single while 14.3% were married. In the Builsa District all respondents (100%) within ages 18-29 were single, but a good number of respondents within ages 30-59 were single as shown in table 4.6. Besides the general

problems of high divorce rate and other marital problems that scare many women from entering into marriage the disability of these respondents might be a reason for higher number of single women within this age group.

In Ghana economically active population is 15-64 years all persons aged 0-14 years or 65 years and older do not work or cannot work and are therefore dependent on 2000). Age group may affect the application of micro-credit to productive ventures and economic empowerment. The relation between age and control of assets, marital status and control of over assets which are indicators of economic empowerment are explored in Table 4.17, Table 4.18 and Table 4.20.





**Table 4.6: Age and marital Status of credit beneficiary respondents**

Marital Status												
Bongo												
Age	Single		Married		Divorced		Separated		Widow/ widower		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
18-29	6	85.7	1	14.3	0	0.0	0	0.0	0	0.0	7	0.0
30-39	7	50.0	7	50.0	0	0.0	0	0.0	0	0.0	14	0.0
40-49	6	28.6	12	57.1	0	0.0	1	4.8	2	9.5	21	0.0
50-59	2	18.2	5	45.4	0	0.0	0	0.0	10	37.0	28	0.0
60+	3	7.4	14	51.8	1	3.7	0	0.0	10	37.0	28	0.0
Total	23	28.7	39	48.7	1	1.3	1	1.25	16	20.0	81	0.0
Builsa												
Age	Single		Married		Divorced		Separated		Widow/ widower		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
18-29	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
30-39	2	28.6	5	71.4	0	0.0	0	0.0	0	0.0	7	0.0
40-49	3	17.6	8	47.1	1	5.9	0	0.0	5	29.0	17	0.0
50-59	1	5.0	6	30.0	2	10.0	0	0.0	13	55.0	22	0.0
60+	1	11.1	6	50.0	0	0.0	0	0.0	5	41.7	12	0.0
Total	8	14.8	25	42.4	3	5.6	0	0.0	21	37.0	59	0.0

Source: Field survey, 2010 (Bongo and Builsa districts)

Freq\* Frequency



**4.1.7 Disability and Main Occupation of Micro-Credit Beneficiary Respondents.**

The major occupation of the micro-credit beneficiary respondents for both Districts were farming (45.3%) followed by petty trading (35%). 5.1% were artisans and 3.7% were civil

servants. The remaining 10% were into other occupations which include barbering, tailoring, weaving and music. For respondents engaged in petty trading a higher percentage is from Builsa District (45.5%) as against (26.9%) in Bongo District. About 52.6% of the respondents in Bongo were into Farming as against 35.6% respondents in Builsa. Generally respondents were engaged in one occupation or the other thus the saying that disability is not inability.

The main occupation of the respondents who had not benefitted from the CBR micro-credit was not also different from the credit beneficiaries. 23% were into petty trading 32% were into farming while 8% were artisans with the rest into other activities like carpentry, tailoring, rice processing among others. Majority were into agriculture because, in Ghana the sector employs over 60% of the labour force and in the Upper East Region, 61.9% of the working population are engaged in agriculture and related work (GSS, 2000).

Overall 56% of the micro-credit beneficiary respondents had no other sources of income apart from the main occupation while 28% had other sources of income. These were farming and animal rearing and between 2% to 5% were also into shea butter or rice processing, cobbler seamstress weaving and petty trading. It means 28% had diversified their businesses. Training and micro-credit may then be a good opportunity for the enhancement and success in diversification of their businesses.

In the Bongo District, 60.8% of the visually impaired credit beneficiary respondents were into farming and 23.5% into petty trading. But in the Builsa District 53.1% were into petty trading and 28.1% into farming.



With the physically challenged, Bongo District had equal numbers (36% each) is to farming and petty trading as their main occupations but Builsa had 48% of respondents into farming and 32% into petty trading.

Bongo District had 50% of the deaf and dumb credit beneficiary respondents into farming and 50% into other trades, while Builsa District had all deaf and dumb micro-credit/ beneficiary respondents into petty trading. In both Districts other respondents were either artisans, civil servants or were into other trades like barbering, tailoring, weaving and music. (See table 4.7).

Micro-credit is used to either start business activities or assist in economic activities (Tsengu et al, 200, Kabeer, 1998). Without any occupation or business micro-credit and economic empowerment may be elusive. It is encouraging that the disabled are engaged in varied occupations and trade including farming. Traditionally, it was believed that the disabled cannot do any work. Later they were said to be worthy for menial jobs like, leather work, cobblers among others. It is particularly refreshing to have the visually impaired undertake farming as an occupation. It means with serious empowerment programmes from government and non-governmental organisations, the disabled can work and fend for themselves.

It is therefore hoped that with the passage of the disability act, the disabled will be given the necessary opportunities to enhance their skills and work for the growth and development of their lives and the nation at large.





Table 4.7: Type of disability and Occupation

Type of disability	Bongo											
	Main Occupation											
	Petty Trading		Farming		Artisan		Civil Service		Other		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Visually impaired	12	23.5	31	60.8	2	3.9	4	7.9	2	3.9	51	100.0
Physically Challenged	9	36.0	9	36.0	0	0.0	1	4.0	6	24.0	25	100.0
Deaf and Dumb	0	0.0	1	50.0	0	0.0	0	0.0	1	50.0	2	100.0
Total	21	26.9	41	52.6	2	2.6	5	6.4	9	11.5	78	100.0
Type of disability	Buisa											
	Main Occupation											
	Petty Trading		Farming		Artisan		Civil Service		Other		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Visually impaired	17	53.1	9	28.1	4	12.5	0	0.0	2	6.3	32	100.0
Physically Challenged	8	32.0	12	48.0	0	0.0	4	0.0	16.0	24.0	25	100.0
Deaf and Dumb	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0
Total	27	45.8	21	35.6	5	8.4	0	0.0	6	10.2	59	100.0

Source: Field survey, 2010 (Bongo and Buisa districts) Freq\* Frequency Bongo\* Missing cases 3

#### 4.1.8 Relatives Micro-Credit Beneficiaries Live With

Micro-credit enables the disabled undertake or expand businesses. Disabled person may need support from their relations in business activities. The study revealed that 14.9% of micro-credit beneficiary respondents in the two districts were staying with their husbands, followed by 32% staying with their wives, 54.7% with their sons. Also 35.9% stayed with their daughters, while 31% stayed with their brothers. 33% either stayed alone or with others. The others include: daughter in-laws, In-laws, uncles, cousins, nephews and sister In-laws. Specific district figure follows the same trend.

Further analysis reveals that overall, one person (0.8%) of the credit beneficiary respondents stayed with five relatives, 6% of credit beneficiary respondents stayed with four relatives. 18% stay with three relatives. Also 33.8% stayed with two relatives, 33.1 % stayed with one relative and 8.3% of credit beneficiary respondents stayed alone. This is the same with the specific two Districts; Bongo and Builsa, but Builsa District had high number of respondents who stayed alone than Bongo District (Builsa 10.9% and Bongo 6.4%). The 8.3% of respondents staying alone were respondents who are widowed.

Except 8.3% of respondents, the rest (91.7%) in both districts stayed with at least one person hence are not destitute (See Table 4.8). Disabled persons will need family support in their daily life activities so disabled persons who stay alone may find certain life activities difficult especially in their business or enterprise activities and this can affect their economic empowerment.

**Table 4.8: Number of Relatives Beneficiaries Live With**

Number of relatives Beneficiaries live with	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
0 (Lives alone)	5	6.4	6	10.9	11	8.3
1	22	28.2	22	40.0	44	33.1
2	28	35.9	17	30.9	45	33.8
3	18	23.1	6	10.9	24	18.0
4	5	6.4	3	5.45	8	6.0
5	0	0.0	1	1.8	1	0.8
Total	78	100.0	55	100.0	133	100.0

Source: Field survey, 2010 (Bongo and Builsa Districts)

Freq\*Frequency

#### 4.1.9 Persons who Provide Beneficiaries Needs and Head of Households

As to who provides respondents needs, overall 53.3% of micro-credit beneficiaries provided their own needs. Bongo had (53.1 % and Builsa 53.5 %) This is followed by 26% whose needs were provided by their brothers (Bongo 27.3% and 24.1 % Builsa). Between 2% and 13% of respondent's needs were provided for by husbands, wives, and sons/daughters. A total of 14% of micro-credit beneficiary respondent's needs were provided by others such as in-laws, uncle, cousins and churches. Largely micro-credit beneficiary respondents were not or dependent on others but try to provide for their own needs.

Overall 43.1% of micro-credit beneficiaries in the two districts were heads of their households while 12.4% each had their husbands being heads of households, 12.4% had their brothers being heads, 11.7% their sons and 9.5% had their fathers as household heads. None had others like uncles, brother in-law among others being heads of households. No wife or woman was a head of household. Even though the sample size consist of 51.4% male and 48.6% of female and 11.4% of wives or women who provides household needs (table 4.9) only male were mentioned as heads of household. This is typical of a patriarchal society that no matter the role women play in the household the man is the head of the household. Many disabled persons take steps to improve their own lives. In effect, many have proven their capability to run businesses on their own.

53.1 % and 53.5 % of respondents from Bongo and Builsa respectively who provide their own needs had better control over their assets and income resources and participate in household decision making since they do not depend on others for their livelihood and were able to contribute in some respect to household incomes. Disabled Persons who depend on husband, wife, son, daughter or In-law for their needs can experience some influence and interference in their control over assets (if they own some assets). They may not be invited r household decision making since there is the tendency to feel they have nothing to offer o provide their needs will decide for them. This can affect how they use micro-credit for empowerment





**Table 4.9: Persons who provide beneficiaries needs**

Persons who provides respondents needs	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Husband	8	14.3	7	12.1	15	13.2
Wife	4	7.4	9	15.5	13	11.4
Sons	14	23.7	23	39.0	37	31.0
Daughter	7	12.7	6	10.3	13	11.0
Brother	15	27.3	14	24.1	29	26.0
Sister	1	1.9	2	3.6	3	2.7
Father	3	5.9	2	3.6	5	4.7
Mother	5	10.0	4	7.1	9	8.5
Myself	34	53.1	31	53.5	65	53.3
Others	8	15.7	7	12.5	15	14.0

Source: Field survey, 2010 (Bongo and Builsa districts)

The head of a household is the person in the household recognized as such by other household members. He/she is generally the person responsible for the upkeep and maintenance of the household (GSS, 2000). One position in the household may affect their influence what they do including efforts at economic empowerment.

Overall 42.1 % of respondents were heads of household. Others had their sons, mothers, brothers and fathers being heads of the households. Those who had others being their household heads are those who were not able to provide their own basic needs but depend on others. (See table 4.10)



**Table 4.10: Head of Household of Beneficiary Respondents**

Head of Households	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Husband	9	11.1	8	13.6	17	12.1
Sons	7	8.6	9	15.3	16	11.4
Daughter	1	1.2	0	0.0	1	0.7
Brother	13	16.0	4	6.8	17	12.1
Sister	0	0.0	0	0.0		0.0
Father	9	11.1	4	6.8	13	9.3
Mother	2	2.5	1	1.7	3	2.1
Myself	33	40.7	26	44.1	59	42.1
Others( uncles, Inlaws)	6	7.4	5	8.5	11	7.9
No response	1	1.2	2	3.4	3	2.1
Total	81	100.0	59	100.0	140	100.0

Source: Field survey, 2010 (Bongo and Builsa Districts)

Source: Field survey, 2010 (Bongo and Builsa Districts)

Freq\*Frequency

In summary, the analysis of the socio-demographic characteristics of the respondents show that despite their disabilities respondents were engaged in some business hence are productive poor. Micro-credit will be relevant to their course. However the study reveals low level of education among the disabled persons because 72.9% had no formal education being majority of those who had some form of education had the highest level of education being primary and JHS and only 3.7% have occupations in the formal sector. These are not different from the illiteracy level in Ghana and especially among disabled persons. The high level of illiteracy among disabled persons can be attributed to the discrimination. From literature



which is cited, one of the four strategies for the empowerment of disabled person is providing educational opportunities. Rifkin and Pridmore (2001) cited by Tsengu (2006) state that, "information (education) is power; people who lack information lack power and lack choices about how to improve their lives or control what happens to them". Through educational programmes (either formal or informal), PWDs can gain knowledge and skills needed to perform functions, tasks or carry out some socio-economic activities for personal and community development.

## **4.2 Contribution of Micro-Credit to Incomes of Disabled Beneficiaries.**

### **4.2.1 Economic Activity of Micro-Credit Beneficiary Respondents**

A total of 87.9% of the CBR credit beneficiaries in Bongo and Builsa Districts managed businesses of their own as against 12% who did not manage businesses of their own. Builsa District had as high as 91.5% of respondents who run businesses of their own, while 14.8% percent and 8.5% of respondents in Bongo and Builsa Districts respectively did not manage businesses of their own. This attests the saying that disability is not inability (Mayoux 2009). So given the resources and opportunity disabled persons can work to earn a living

### **4.2.2 Reasons Beneficiary respondents started their own businesses.**

Overall 50% of micro-credit beneficiaries started businesses because of economic independence and economic necessity, 43.6% started because they had to meet the needs of their families and their own needs. In Bongo District, 23.5% of beneficiaries started businesses because of needs of their families and their own needs and 71.7% started businesses due to economic necessity and in order to gain economic independence.



With the micro-credit beneficiary respondents of Builsa District, 20.3% started their businesses because of economic necessity and economic independence 71.2% because of the needs of their families and their own needs. In both Bongo and Builsa Districts Some started businesses because of insufficient earnings of their spouse, insufficient wage and profitability of business and widowhood, divorce, and unemployment (Table 4.11). But majority started businesses because of economic independence/economic necessity, needs of the family and own needs. This is obviously the reason for which people start businesses and the disabled is not an exception.

**Table 4.11: Reasons for starting business**

Reasons for starting business	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Economic necessity and Economic independence	58	71.7	12	20.3	70	50.0
Needs of the family and Own needs	19	23.5	42	71.2	61	43.6
Widowhood, Divorce	1	1.2	0	0.0	1	0.7
Insufficient earning of spouse	1	1.2	0	0.0	1	0.7
Unemployment	0	0.0	1	1.7	1	0.7
Insufficient wage	1	1.2	3	5.1	4	2.9
Profitability of business	1	1.2	1	1.7	2	1.4
<b>Total</b>	<b>81</b>	<b>100.0</b>	<b>59</b>	<b>100.0</b>	<b>140</b>	<b>100.0</b>

Source: Field survey, 2010(Bongo and Builsa districts) Freq\* Frequency

### **4.2.3 Sources of Income for Beneficiaries Business Start-up**

In Bongo, 70.4% of micro-credit beneficiary respondents started their business with start-up capital from the Bongo Anglican CBR, 11.1 % percent with income from person savings and 9.9% started with support from families. 55.9% of micro-credit beneficiaries from Builsa District started their businesses with income from personal savings, 25.4% with income from the Builsa District Presbyterian CBR and 10.2% started with family supported income. The other sources of income for business start-up mentioned by respondents were income from sale of assets and gifts. (See table 4.12).

It means that the Anglican and Presbyterian CBRs micro-credit played a significant role in supporting disabled persons to start businesses especially in the Bongo District where 70.4% of micro-credit beneficiary respondents started their businesses with start-up capital from the Bongo Anglican CBR. 25.4% started businesses with income from the Presbyterian CBR in the Builsa District. Suggesting that without the credit from ACBR 70.4% of the people would not have been able to start businesses in Bongo and 25.4% would not have been able to start businesses in Builsa. This confirms Maryland's (2005) belief that microcredit may help disabled entrepreneurs to enhance their chances of creating and maintaining viable businesses.





**Table 4.12: Source of income for beneficiary's business start-up**

Source of start-up funds	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Credit from CBR	57	70.4	15	25.4	72	51.4
Grant	1	1.2	0	0.0	1	0.7
Personal savings	9	11.1	33	55.9	42	30.0
Family support	8	9.9	6	10.2	14	10.0
Others( sale of assets, gifts)	6	7.4	5	8.5	11	7.9
Total	81	100.0	59	100.0	140	100.0

Source: Field survey, 2010 (Bongo and Builsa districts)      Freq\*Frequency

#### 4.2.4 Use of credit by beneficiary respondents

Overall 82.9% of the CBRs micro-credit beneficiary respondents used the credit they received from the CBRs for their businesses. 15.0% used the credit for consumption. 1.4% the used credit to perform funerals and 0.7% used to pay school fees. 33.9% of Builsa District credit beneficiary respondents claimed they used the credit for consumption (see table 4.13).

Majority used the credit for business activities which is an efficient use of the credit, than using the credit to perform funerals and pay school fees because micro-credit is used to start an income generating activity (Tsengu et al, 2006) and is meant to assist poor people in economic activities (Kabeer, 1998) so that the profit from businesses can be used for purposes like funeral performance, school fees, feeding and health care support. This is supported by the definition of micro-credit as essentially the dispersion of small collateral-free loans to poor people in order to foster income generation and poverty reduction through enhancing self-employment (Chowdhury, 2008).



6.

Those who used the credit received for businesses, 82.9% from both districts invested credit into farming/animal rearing, 39.6% into petty trading 11.5% into agro-processing and 2%-4% invested credit into craft work, cobbler work, carpentry or weaving. At the district level 66.1 % of respondents in Builsa invested the credit into petty trading and 18.6% into farming/animal rearing, while 60% of micro-credit beneficiaries in Bongo District invested the edit received into farming/animal rearing and 20% into petty trading. Comparing the business s respondents invested credit into with respondents' main occupations; it means the micro-credit was used as start-up capital for most respondents' main occupations or for expansion.

Only 0.8% that is one person said it was not necessary for him/her to apply and receive credit from the Builsa District CBR. The rest felt it was very necessary and the reasons being that they needed the credit to work and support/sustain themselves, to work and earn profit, to expand their businesses, to diversify their businesses and others needed the edit to start businesses.

In all 85.7% were not aware of the existence of any other micro-credit schemes. Only 14.3% of respondents were aware of the existence of World Vision- APED and MASLOC microcredit schemes in the Bongo District and Builsa Community Bank (Buco), Department of Community Development (Through the District Assembly poverty alleviation fund) and Samoah financial services in the Builsa District as micro-credit schemes. 66 % of them indicated that they had not applied to those schemes for credit and their reasons for not applying were that they had no business plans, no saving deposit, and high interest rate on their credit and because of their shorter repayment period.

**Table 4.13: Use of credit by beneficiaries respondents**

Use of credit	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Business	77	92.2	39	66.1	116	82.9
Consumption	1	2.0	20	33.9	21	15.0
Funeral performance	2	4.0	0	0.0	2	1.4
Payment of school fees	1	2.0	0	0.0	1	0.7
Total	81	100.0	59	100	140	100.0

Source: Field survey, 2010 (Bongo and Builsa districts Freq\* Frequency)

#### **4.2.4 Credit Disbursement Process and Amounts beneficiaries received**

Ninety six percent (96%) of Bongo respondents applied once and got the credit and 1.3% applied twice, 1.3% thrice and 1.3% four times while only 1.7% of Builsa respondents received credit on first application the rest either applied twice, thrice, four and five times. It therefore means it might be easier accessing credit from Bongo CBR than Builsa CBR credit schemes.

The processes beneficiaries went through to receive credit reveals that the two CBRs use the same credit disbursement and recovery procedures except that the Builsa CBR credit scheme uses mainly the group method where beneficiaries form and work in groups while the Bongo CBR mainly works with individuals where individual are trained and given credit for businesses. In the Builsa District, 91.5% of respondents received credit as groups as against 17.6% in the case of Bongo District respondents.



Generally, 94.2% of respondents said the process they went through to receive credit from the CBRs were good enough and not difficult while 5.8% said the processes were difficult to them. The 5.8% includes beneficiaries who applied more than twice.

Table 4.14 shows that respondents from both districts received credit between 2003 and 2010. Some respondents received credit more than once and the average amount received was between GHc 32.3 and GHc 69.7. Six (6) respondents in 2003 received a minimum of GHc 20.00 while forty three (43) respondents in 2005 received maximum amount GHc 800.00. The amount received depended on type of business and capability. The minimum interest on the credit was 15% and maximum was 25% depending on the year credit was taken.

In the Builsa and Bongo Districts, 86.4% and 28.4% of respondents respectively did not get the amount they applied for. According to 70% of Builsa District respondents and 63.6% of Bongo District respondents, 'limited funds was the major reason given for not granting them the amount they applied for followed by the fact that micro-credit officers feel respondents are unable to handle huge amounts. But 22% of respondents in both districts were not told/did not know why they were not given the amounts they applied for.

Despite not receiving the amount applied for, 52% of respondents in the Bongo land Builsa Districts still managed their businesses without any negative effect while 48% of them businesses were affected negatively because they could not purchase enough raw materials and could not also meet their target production and profits. Some of the credit amounts seem small for business establishment and/or expansion. For example GHc20.00 in 2007/~ and GHc 50.00 in 2010 were small. This will not result in the desired impact in their businesses.



**Table 4.14: Year respondents got credit and amounts received**

Year	No.	Mean (GH¢)	Median (GH¢)	Min (GH¢)	Max (GH¢)
2003	6	69.70	70.00	20.00	100.00
2004	10	67.20	60.00	20.00	85.00
2005	43	76.40	60.00	20.00	800.00
2006	9	52.30	50.00	20.00	80.00
2007	37	55.80	30.00	20.00	300.00
2008	37	52.20	40.00	20.00	100.00
2009	31	52.80	50.00	50.00	100.00
2010	32	67.20	50.00	50.00	180.00

Source: Field survey, 2010 (Bongo and Builsa districts)

#### **4.2.6 Micro-Credit and Enterprise/Businesses Enhancement**

Overall 89.3% of micro-credit beneficiary respondents said their businesses were profitable while 10.7% said their businesses were not profitable. 94.9% of respondents in Builsa District said their businesses were profitable while only 5.1 % businesses were not profitable. In Bongo District, 85.2% of micro-credit beneficiary respondents said their businesses were profitable and 12% businesses were not profitable. For those whose businesses were profitable the study sought to find out how or what shows that their businesses were profitable. Respondents said they make enough profit, they get income from businesses to sustain themselves and there is improvement in their businesses. Hence their businesses were profitable. Those whose businesses were not profitable attributed it to poor return from businesses, their car for many children (using part of capital in caring for children) and inadequate funding for their businesses (table 4.15).



Eighty two percent (82%) of all the non-micro-credit beneficiary respondents confirmed that the businesses of the micro-credit beneficiaries were profitable. This they said was because the micro-credit beneficiaries made enough profit from their businesses, they were able to support their families with resources from their businesses, and there was improvement in their standard of living. They believe the micro-credit beneficiaries businesses were profitable because the beneficiaries themselves confessed so.

In all, CBR credit had supported 86.3% of credit beneficiaries businesses to be vibrant and yielding enough profit.

**Table 4.15: Indicators of beneficiaries' business making profit**

Indicators of profitability of beneficiaries businesses.	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Makes enough profit	20	24.7	25	42.4	45	32.2
Gets income to sustain self	23	28.4	21	35.6	44	31.4
Expansion in business	26	32.1	10	16.9	36	25.7
No response	12	14.8	3	5.1	15	10.7
Total	81	100.0	59	100.0	140	100.0

Source: Field survey, 2010 (Bongo and Builsa districts)

Freq\* Frequency



**4.2. 7 Micro-Credit and Incomes of Beneficiaries**

Only 8.1 % of micro-credit beneficiary respondents in both districts had not experience improved income after receiving credit. To establish quantitatively how the credit had

10.

improved the incomes of beneficiaries, the study looked at respondents' income before and after credit and the difference between incomes.

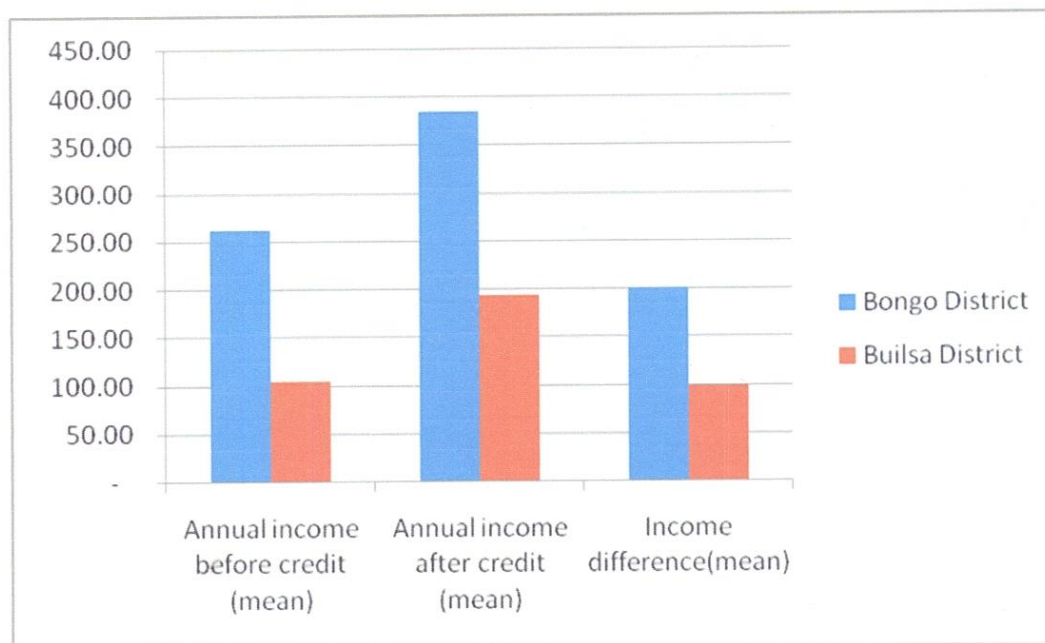
In the Bongo District, the mean annual income of credit beneficiaries was GH¢ 262.00 before credit and GH¢ 384.20 after credit with a mean difference of GH¢ 199.80. This gives an annual increase of up to 76% in incomes of credit beneficiaries. In the Builsa district, credit beneficiaries had GH¢ 104.00 and GH¢193.20 as mean income before credit and after credit respectively with mean difference of GH¢ 98.20. This showed a 94% increase in annual incomes of respondents in the Builsa District. The overall increase in incomes of credit beneficiaries in both Bongo and Builsa Districts was 85% (See figure 4.1).

This shows that the micro-credit given by the Bongo and Builsa CBRs to the disabled persons had enhanced their enterprises and increased their incomes. This is because the annual incomes of 84% of credit beneficiaries' respondents had increased by 85% though not all can be attributed to the credit. Also, the rise in incomes may not affect the disposable incomes of beneficiaries who had not repaid their credit especially those whose credits are due.

The study sought the view of the non-micro-credit beneficiaries on income differences between the micro-credit beneficiaries and non-beneficiaries, to authenticate or otherwise the effect of the credit in improving the income of credit beneficiaries. 74.2% of the non-credit beneficiaries in all said there was a difference in income of the businesses of the t The reasons given to back the differences in income of the credit beneficiaries credit beneficiaries were that, the credit beneficiaries do better in economically within the



community, their businesses had expanded and they had acquired more assets than the non-credit beneficiaries.



12.  
**Figure 4.1: Respondents annual income before and after credit**

Source: Field survey, 2010 (Bongo and Builsa districts)

This confirms Barnes (2002) finding that Micro-credit can take different forms to perform diverse roles, but it is predominantly used as a means of encouraging self employment and progress of micro-enterprises and in most cases links to promotion from unemployment to self employment status.

13.  
In summary, majority of micro-credit beneficiary respondents (87.9%) in both districts run and operated businesses of their own and some of those who managed the businesses in Bongo District 70.4% and Builsa District 25.4% started with funding from the CBRs micro-credit



The Bongo and Builsa CBRs micro-credit had helped in self employment creation and progress of enterprises of 86.3% of beneficiaries. It served as start-up capital and capital for business expansion. Thus, it had created employment for the disabled who were unemployed and increased the profit margins of those who had businesses already.

It was also found out that the income derived from the use of micro-credit played a significant role in the lives of disabled persons. In the first place the credit enhanced the enterprises of 89.3% beneficiaries by increasing their income/ profit margins, expansion of their businesses and served as start-up capital for other businesses. Secondly it led to an increase in the annual incomes of 84% of beneficiaries by 85%. This might have helped reduce poverty to some levels among the disabled and enhance their living standards. This confirms Khandker (1998) conclusion that "micro-credit programmes attack poverty by increasing the household consumption expenditure of participants". The findings also agree with Norwood (2005) that micro-credit plays an important role in alleviating poverty because beneficiaries have been able to increase their incomes and savings as well as their household responsibilities.

#### **4.3 Micro-Credit and Enhancement of Control over Income, Credit and Assets**

Empowerment is a multifaceted process. It is a process by which individuals, groups and communities are able to take control of their circumstances and achieve their goals, thereby being able to work towards maximizing the quality of their lives (Visweswara, 2007).

As shown in section 4.2.1 about, 88% of the CBR credit beneficiaries in Bongo and Builsa Districts owned and managed businesses of their own. 80% of micro-credit beneficiary respondents owning businesses were in charge and took decisions in their



enterprises/businesses. Bongo District had 81.5% and Builsa District had 78% who said they take decisions concerning their enterprises/businesses. The rest had their family members, friends or others taking decisions for them in their enterprises. In the same vein 87.7% and 84.7% of micro-credit beneficiary respondents in Bongo and Builsa District respectively decided how the credit they received from the CBR was used. Overall 85.6% of micro-credit beneficiaries had control over the credit they received from the two CBRs while 14.4% had no control over the credit they received.

Also, 64% of micro-credit beneficiary respondents in all said they run their businesses the way they wish since they meet their expectations/earnings, use the profit/income freely and take decisions freely without interference. They had control because they do not depend on people for their basic needs. The 36% who do not run their enterprises the way they wish gave reasons of poor market for their produce, inadequate income and control and/or interference by their family members.

Thirteen percent (13%) of non micro-credit beneficiary respondents said the micro-credit beneficiaries had no full control of the use of the credit they got while 84.4% of respondents believe the micro-credit beneficiaries had full control of the use of the credit they received?. All the beneficiaries who had full control over their micro-credit and asset made clear that the credit had contributed greatly to their control because they made their family members understand that they had to pay back the micro-credit.



#### 4.3.1 Micro-Credit Beneficiaries Assets Ownership and Level of Control

In the Bongo District 70.4% of micro-credit beneficiary respondents owned assets against 66.1% in the Builsa District and overall 68.6% of respondents owned assets. The assets owned include fowls, cattle, small ruminants (goats & sheep) and fixed assets like land and houses. However 67.7% owned small ruminants followed by 22.9 % owning fowls, 4.2% owning houses and 2.1 % owning plots of land as shown in table 4.16. A large number of asset owners might have used the micro-credit to acquire them. 30.7% did not own assets because they had no money or they lost the assets or because they decided not to own assets for fear of losing them.

Sixty five percent (65%) of the non micro-credit beneficiary respondents in both districts owned assets while 35% did not have assets. The types of assets owned include, Land, Houses, Bicycles/Tricycles, Goats/sheep, Fowls and Sewing machines.

But as to whether the micro-credit beneficiaries had more assets than the non beneficiaries, 80.6% of the non beneficiary respondents answered in the affirmative while 3.6% did not think so. The rest 16.2% had no idea. 91.4% of the respondents (those who said the credit beneficiaries had more assets than the non beneficiaries) said the credit beneficiaries had more assets because they used proceeds from their businesses to acquire them while 8.6% said it is because they were either given grants or given those assets by the CBR projects.

Except 2.6 % of the micro-credit beneficiary respondents in Builsa District all the micro-credit beneficiary respondents who owned assets in Bongo and Builsa had the assets in their names and overall 94.3% indicated they have control over their assets (93% Bongo and 97% Builsa)



while 5.7% said they did not have control over their assets. Those who had no control over their assets mentioned their disability as the main reason why they had no control over their assets. They are despised because of their disability. The 94.3% who had control over their assets affirmed they had control because they decide on what to do with their assets without interference since no one provides their basic needs.

Ninety-nine percent (99%) of micro-credit beneficiary respondents in both districts said there was no taboo that prevents the disabled persons from owning assets. 1.4% did not know whether there are taboos or not while 0.7% of micro-credit beneficiary respondents from Bongo said there were taboos but could not mention any taboo. All the non micro-credit beneficiaries in both districts said there was no taboo that prevents the disabled from owning assets.

There are some taboos in Ghana that affect disabled persons. For instance, to safeguard a child being born disabled a pregnant woman particularly in many rural setting in Ghana are subjected to various kinds of taboos including not allowing them to eat eggs for the reasons that the child might develop into hydrocephalus (Big head) (Ocloo et al., 2002) . But there are no stated taboos in literature that prevent disabled persons from owning assets.



14.

**Table 4.16: Ownership of assets and assets owned**

Owned Assets?	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Yes	57	70.4	39	66.1	96	68.6
No	23	28.4	20	33.9	43	30.7
No respondents	1	1.2	0	0.0	1	0.7
Total	81	100.0	59	100.0	140	100.0
Assets owned by Credit Beneficiaries						
Fowls	8	14.0	14	23.7	22	22.9
Cattle	2	3.5	1	1.7	3	3.1
Small ruminants(goat& sheep)	43	75.5	22	37.3	65	67.7
House	2	3.5	2	33.9	4	4.2
Land	2	3.5	0	0.0	2	2.1
Total	57	100.0	59	100.0	96	100.0

Source: Field survey, 2010 (Bongo and Builsa districts)

Freq\* Frequency

### 4.3.2 Age and Assets Control

In the Bongo District, respondents within the age group 18-29, 30-39 and 40-49 had full control (100%) over their assets but 10% and 17.6% of respondents in ages 50-59 and 60+ respectively had no control over their assets.

In the Builsa District, except one person that is 11.1 % of respondents within ages 150-59 who own assets and had no control of their assets, all assets owners within ages 18- 29,130-39, 40-49 and 60 plus had full control over their assets (100%) within each age group. See fable 4.17 Overall, respondents who had no control over their assets were within age group 50-59 in both districts and 60+years in the case of Bongo District. In section 4.3.1 above 5. 7% of



respondents had no control over their assets. So these 10.4% respondents could be among those within age 50-59 and 60 plus. Their lack of control over their assets may be due to disability.

**Table 4.17: Age and control of assets**

Age	Control over Assets											
	Bongo						Builsa					
	Yes		No		Total		Yes		No		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
18-29	5	100.0	0	0.0	5	100.0	2	100.0	0	0.0	2	100.0
30-39	10	100.0	0	0.0	10	100.0	5	100.0	0	0.0	5	100.0
40-49	15	100.0	0	0.0	15	100.0	12	100.0	0	0.0	12	100.0
50-59	9	90.0	1	10.0	10	100.0	9	88.9	1	11.1	10	100.0
60+	14	82.4	3	17.6	17	100.0	10	100.0	0	0.0	10	100.0
<b>Total</b>	<b>53</b>	<b>92.6</b>	<b>4</b>	<b>7.4</b>	<b>57</b>	<b>100.0</b>	<b>38</b>	<b>97.0</b>	<b>1</b>	<b>3.0</b>	<b>39</b>	<b>100.0</b>

Fisher's exact, P = 0.427

Fisher's exact, P = 1.000

### Fishers Exact Test

The results for Fishers exact test for Age and control, suggest that there is no statistically significant relationship between Age and Control over assets in both Bongo and Builsa Districts ( $p = 0.427$  for Bongo &  $p=1.00$  for Builsa).

This means that in both the Bongo and Builsa Districts, the age of credit beneficiaries had no influence on their control over assets. It can be concluded that the 5.7% of micro-credit beneficiary respondents including those within age 50-59 and 60 plus who had no control over



their assets, had no control due to reasons other than age. The reasons could be that they had control already or the credit has not helped them much.

#### **4. 3.3 Marital status and Control over Assets**

The study revealed that 36.4% and 11.1 % of respondents in the Bongo and Builsa Districts respectively had no control over the asset they own and these are widows/widowers. All other respondents who own assets had control over their assets be they single, married, divorced or separated. See table 4.18

In both the Bongo and Builsa Districts marital status did not seem to influence assets control. Disability as mentioned in section 4.3.1 and age might be the reasons for which the widows/widowers had no control over their asset.



15.  
**Table 4.18: Marital Status and Control over Assets**

Marital status	Control over Assets											
	Bongo						Builsa					
	Yes		No		Total		Yes		No		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Single	12	100.0	0	0.0	12	100.0	7	100.0	0	0.0	7	100.0
Married	30	100.0	0	0.0	30	100.0	15	100.0	0	0.0	15	100.0
Divorced	2	100.0	0	0.0	2	100.0	5	100.0	0	0.0	5	100.0
Separated	2	100.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0
Widow/Widower	7	63.6	4	36.4	11	100.0	11	88.9	1	11.1	12	100.0
Total	53	92.5	4	7.5	57	100.0	38	97.0	1	3.0	39	100.0

Fisher's exact, P= 0.007

Fisher's exact, P= 0.606

Source: Field survey, 2010 (Bongo and Builsa districts) Freq\* Frequency

These results suggest that there is a statistically significant relationship between marital status and Control over assets in the Bongo District ( $p = 0.007$ ) but no statistical relationship between marital status and control over assets in the Builsa District ( $p=0.606$  for Builsa)

This means that in the Bongo District marital status of credit beneficiaries affects their level of control over their assets while in the Builsa District marital status of credit beneficiaries did not influence their control over their assets. The 36.4% of widows/widowers in the Bongo District who had no control over their assets was due to their marital status as widows/widowers coupled with other factors like disability. But the 11.1 % of widows/widowers in the Builsa District who had no control over their assets may be due to reasons such as disability and not marital status.



#### **4.3.4 Micro-Credit and Beneficiaries Control of Resources (now versus past)**

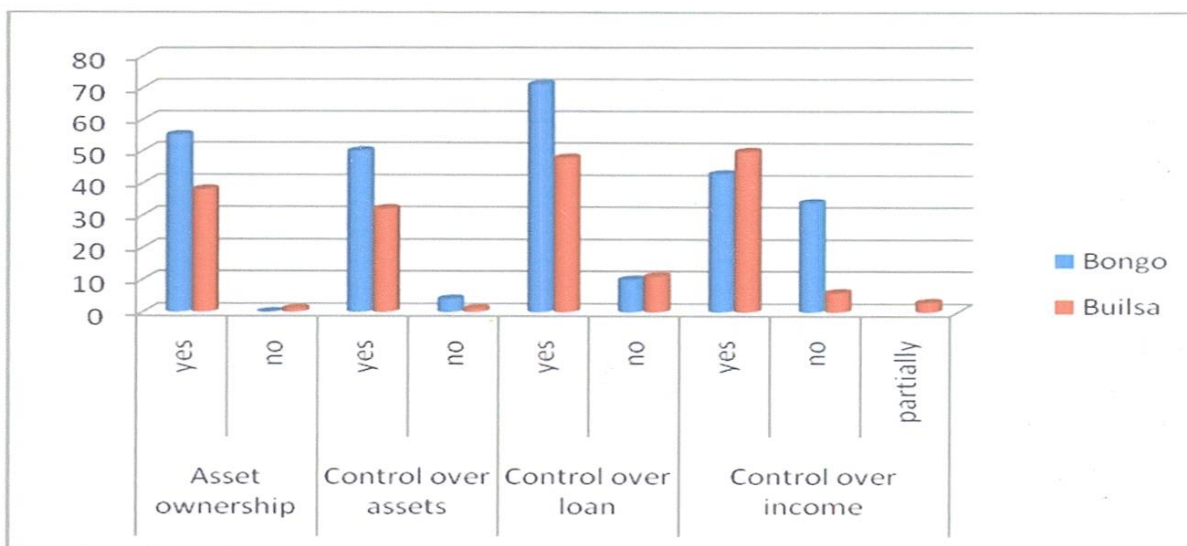
As shown in figure 4.2, 55.8% of micro-credit beneficiary respondents in the Bongo District and 84.7% in the Builsa District feel they had better control over the use and management of their income, assets and other resources now than before receiving and working with credit and 5.1% of Builsa micro-credit beneficiary respondents had partial control while 44.2% and 10.2% of micro-credit beneficiary respondents in Bongo and Builsa Districts feel they had not experienced any change compared to the past. They mentioned the issues of inability to manage or control resources themselves, family determining income use, no much change in their status as reasons why they have not had a change (improvement) in the use and management of the incomes, assets and micro-credit. On how those who have had improved or partial control exercise that control, they said they freely use the income for their needs, have a bigger or greater say now in what happens to their assets, and they freely control and manage income and assets.

Non micro-credit beneficiaries view on whether micro-credit beneficiaries had improved control in the use and management of income, assets and credit of receiving and working with credit, 76.7% of the non micro-credit beneficiary respondents in all think there is improved control while 3.3% do not think there is improved control and 20% did not know whether micro-credit beneficiaries had achieved improved control or not.

Asked what shows that the beneficiaries had improved control in use and management of income, assets and credit, the non micro-credit beneficiary respondents said the beneficiaries had better control over their incomes, had better knowledge, they don't complain of interference and their views were now better respected (see figure 4.2).







**Figure 4.2: Beneficiaries Control over resources**

In summary the study shows that though 29.4% of the micro-credit beneficiary respondents have not had any change in their level of control over incomes, credit and assets either because they had the control before they received the micro-credit or the credit has not impacted positively in that regard. Over sixty eight percent (68.6%) have had the positive effect of the micro-credit enhancing their control over income, credit and assets. This is because they have been empowered by the micro- credit to establish and expand businesses and their knowledge has been enhanced by the trainings and counselling as part of the scheme to assert themselves and appreciate their rights and responsibilities. This is confirmed by 76. 7% of the non micro-credit beneficiary respondents. Micro-credit has therefore enhanced disabled persons control over resources and lives in general.

The findings by Mayoux (2009) that, access to micro-credit by a vulnerable group should lead to their economic empowerment, at least increased income from activities increased, control

over income, control over assets, and participation in decision making is supported by this study.

Though the disabled person suffers a lot of discrimination, such as institutional, environmental and attitudinal discriminations (Yeo, 2001 ), the study revealed that there is no taboo that prevent disabled persons from owning assets and economic empowerment in general.

#### **4.4 Effect of Micro-Credit on Participation of the Disabled in Decision Making.**

Participation of disabled persons in decision making is one of the best parameters for measuring the level of empowerment and equality. It implies the ability of people to take control of their lives and situations. When a person has a higher level of education and economic independence, he/she tends to have greater say in the decision-making process (Jameela, 2006). This objective looked at the role of micro-credit in the participation of disabled persons in decision making at the household level.

Overall, 94.3% of micro-credit beneficiary respondents said they participate in decision making at the household level while 5.7% did not participate in household decision making. Districts wise, 92.6% and 96.6% in Bongo and Builsa Districts respectively said they participate in decision making at the household. 5.7% according to the micro-credit beneficiary respondents did not participate in decision making because their families feel they had nothing to offer. According to those who participate in decision making, they participate in all kinds of decisions and family decisions and they participate by freely offering suggestions, being on board for discussions and some who are head of households lead the family in decision making.



The study on respondent's decision making status at the household level after receiving credit revealed that 21.4% of the respondents (micro-credit beneficiaries) in the two districts had their decision making positions changed (improved) while 78.6% had not experienced any change (improvement). According to the 21.4% they had gained better recognition and were also now invited for every meeting and decision making since they can contribute financially. This change as shown in table 4.19 is because they own businesses, work for income, were economically empowered and contributes financially to family upkeep. According to the micro-credit beneficiary respondents they were economically empowered because of the credit they received through which they established businesses. This is in line with Hashemi et al (1996) study which shows that micro-credit is positively associated with level of empowerment. It enhances relative ownership of productive assets and involvement in major household decision making and freedom from domination.

About 95.5% of those who had not experienced any change in their decision making position after the micro-credit said they were already part of household decision making since they are either elders or heads of households. However, 4.5% (within age 18-39) did not participate in decision making because their families feel they have nothing to offer.

About 55.2% of the non micro-credit beneficiary respondents answered in the affirmative while 27.6% said no and the remaining 17.2% had no idea on the question of whether the decision making position of the micro-credit beneficiaries at the household level as changed after receiving credit. According to the non micro-credit beneficiary respondents the change in the status of the micro-credit beneficiaries is due to the financial independence gained after the





credit, the ability of the beneficiaries to meet their needs and give financial support to others after receiving and working with the credit.

**Table 4.19: Reasons for change in beneficiaries decision making positions**

Reasons	Beneficiaries					
	Bongo		Builsa		Total	
	Freq	%	Freq	%	Freq	%
Ability to work for income	2	10.5	3	27.3	5	17.2
Own business	8	42.1	6	54.5	14	44.8
Economically empowered	9	47.4	2	18.2	11	38.0
<b>Total</b>	<b>19</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>
How credit contributed to change in Beneficiaries decision making position						
Increased income to contribute to family need	9	47.4	6	54.5	15	50.0
Recognized because of earning income	8	42.1	5	45.5	13	43.3
Financially independent by the receipt of credit	2	10.5	0	0.00	2	6.7
<b>Total</b>	<b>19</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>

Source: Field survey, 2010 (Bongo and Builsa Districts)

Freq\*Frequency

#### 4.4.1 Age of Beneficiaries and Household Decision Making

In the Bongo District 71.4%, 92.9% and 96.4% of respondents within ages 18-29, 30-39 and 60 years and above respectively participated in decision making while all respondents (100%)



within age 18-29, 85.7% within age 30-39 and 100% within 60+ participated in decision making in the Builsa District.

In Both Bongo and Builsa Districts all respondents within ages 40-49 and 50-59 participate in household decision making. Those who participate are mainly age 40 and beyond and those who did not participate in decision making were within ages 18- 39 See table 4.20

**Table 4.20: Age and Decision Making**

Age	Beneficiaries							
	Bongo				Builsa			
	Yes		Total		Yes		Total	
	Freq	%	Freq	%	Freq	%	Freq	%
18-29	5	71.4	7	100	1	100	1	100
30-39	13	92.9	14	100	6	85.7	7	100
40-49	20	100	21	100	17	100	17	100
50-59	10	100	11	100	22	100	22	100
60+	27	96.4	28	100	12	100	12	100
<b>Total</b>	<b>75</b>	<b>92.6</b>	<b>81</b>	<b>100</b>	<b>57</b>	<b>96.6</b>	<b>59</b>	<b>100</b>

Fisher's exact, P = 0.247

Fisher's exact, P = 1.000

Source: Field survey, 2010(Bongo and Builsa districts)

Freq\* Frequency

Fishers exact test results suggest that there is no statistically significant relationship between Age and decision making (p = 0.247 for Bongo & p=1.00 for Builsa)

This results means that age does not influence micro-credit beneficiaries participation in decision making at the households. So micro-credit beneficiary respondents of age 40 and



above (as shown on table 4.20) participated in decision making because they were heads of households or empowered economically while those within age 18-39 did not participate in decision making because of reasons other than age.

As revealed in the demographic characteristics of micro-credit beneficiary respondents, most respondents (43.1%) were heads of households and elders so they could not have been discriminated against in decision making at the household level in the first place. But with the support of micro-credit 21.4% who use not to participate in decision making at the household level due to their inability to make financial contributions now participate in decision making at the household level. This has happened because they are now empowered economically through the micro-credit received. Micro-credit plays a role in enabling disabled persons participate in decision making at the household level and the society at large. This study agrees with Alhassan (2006) cited by Norwood (2006) that micro-credit enables beneficiaries to increase their participation in decision making at household level.

#### **4.5 Repayment of Micro-Credit by Beneficiaries.**

Credit repayment is very important in the analysis of the benefits and the sustainability of the scheme. This objective enquired of credit repayment situation and challenges in credit repayments.

##### **4.5.1 Credit Repayment**

The study revealed that 35.8% and 86.4% of micro-credit beneficiaries in Bongo and Builsa Districts respectively had repaid their credit in full. 45% and 6.6% in Bongo and Builsa Districts respectively whose credits were due had not paid back the credit in full. But as to



19.

why the micro-credit beneficiary respondents had not repaid the credit in full, they said they had no money to repay because their businesses have collapsed (68.9%), for some, (29%) time period for credit repayment had not elapsed, and others field officers had not visited them for repayments (2.1 %). The study also revealed that those who paid back the credit paid from the proceeds of their businesses.

According to the Anglican CBR, the repayment rate is between 60%-70% as at 2 09. This is an improvement over previous years. This improvement is due to regular monitoring and recovery and also commitment of some beneficiaries to pay back credit. The Presbyterian CBR in Builsa District revealed that credit repayment period varies based on the economic activity undertaken but ranges from 6 months to year. The recovery rate is about: 92% as at 2009. This is because of good recovery strategies adopted by the CBR project.

#### **4.5.2 Problem of Micro-Credit Repayment**

According to the beneficiaries in the Bongo and Builsa Districts, 79 .4% of them faced problems in repayment of the credit received while 20.6% did not face any problem. The problems according to the respondents include: no money because of the collapse of business (44.2%) low prices of products (14.6%), low profits/income (4.5%), shorter repayments periods (38%). 10.4% who are respondents from Bongo District had pressure from families for money to be used to solve family problems. These 10.4% spent part of their money on the family thus affecting repayments.

Similarly, both Bongo and Builsa CBR projects enumerated the following as problems they faced in credit recovery.



1. Due dates of repayments are not often adhered to and beneficiaries give reasons such as low sales of their produce. This increases transaction cost because the project spends extra resources to visit clients to demand payments as well as write letters of reminders.
2. Some beneficiaries of the credit have a perception that credit given to them are grants and are not to be paid back despite the initial education on the terms and conditions of the micro-credit. This makes recovery difficult.

The Bongo CBR also mentioned that Beneficiaries of the credit and their families depend largely on the earning from the credit thus sometimes spending income from business to the detriment of the business and repayments. While the Presbyterian CBR in the Builsa District said some enlightened dishonest disabled persons who are leaders influence their colleagues' illiterate disabled beneficiaries negatively to perceive the micro-credit as support from governments and donor organisations. This makes recovery difficult at the community level. Inaccessibility of some communities makes monitoring for credit recoveries very difficult.

#### **4.5.3 Penalty for default in credit repayment**

Overall 74.8% of micro-credit beneficiary respondents in both districts said there were penalties for default in credit repayment while 25.2% said there were no penalties. The penalties for default are: defaulters cannot access credit from the project again, defaulters will be arrested, prosecuted and their properties seized. According to the Anglican QBR, there is no policy on credit default. However, defaulters were not considered for credit unless after final repayment. The Presbyterian CBR had penalties for default in credit repayments which include defaulters not eligible for micro-credit support until full payments are made, where practicable, group members' contributions are used to pay off the credit. In both Bongo and



23.

Builsa Districts, micro-credit beneficiaries mentioned arrest, prosecution and seizing of defaulters' properties as penalties for default in credit repayments but the Anglican and Presbyterian CBR says these are usually threats and not the organisation's penalties on credit default.

Other micro-credit schemes, like Sinapi Aba Trust used the group guarantees system for beneficiaries who were in groups. In that case group members pressurise individual defaulters to repay their credit or contribute to pay if they were not able to get the individual to pay. Where the beneficiaries were not in groups, the penalty is that defaulters pay 2% on remaining credit balance by the number days of default as penalty and if that fails legal action is taken to retrieve the money. The recovery rate of Sinapi Aha Trust as at 2010 is between 95%-98% (Field interview, Sinapi Aba trust Bolgatanga, 2011)

It is evident that other micro-credit schemes like Sinapi Aha Trust had more stringent penalties for micro-credit default and good recovery rate than the Anglican and Presbyterian CBRs micro-credit schemes. But this is because the former is commercial and business oriented and had better recovery strategies while the later schemes are part of development programmes for the poor and underprivileged.

#### **4.5.4 Other CBR Support Besides Micro-Credit**

Besides the micro-credit, the study revealed that beneficiaries of the micro-credit schemes had received various support including business management training, grants and counseling. In summary, 35.8% micro-credit beneficiaries in Bongo had repaid and 45% of those whose credits were due had not paid back their credit while large numbers (86.4%) had paid back in





the Builsa District and only 6.6% in Builsa District whose credit were due had not repaid the credit. It means the credit recovery rate of the Presbyterian CBR was better than that of the Anglican CBR. This is confirmed by the recovery rates presented by Bongo and Builsa CBR (60-70% and 93% respectively).

26.

In terms of credit and profitability of businesses, it may imply that those who repaid their credit in full were those who claimed they had made profit and had experienced increase incomes and those who could not repaid their credit which were due were those who had not made profit from their businesses and had not experienced increased incomes. Those who had not paid back may not ascertain the true state of their businesses unless they knew how to calculate the profit or income after deductions of credit owned. Reasons for non-payment such as repayment of not due and field officers not undertaking monitoring to recover credit (though disputed by project staff) might indicates hopes for repayment but reasons such as no money/poor market is not good for the schemes.

Though there are no clear policies on credit repayment default, penalties put in place may help push the defaulters to find alternate ways of repayments to avoid the consequence of default. But there is the need to develop good policies of credit default.

Despite problems in credit repayments, the recovery rates from the Bongo CBRs was average but that of the Builsa was above average and this was attributable to better strategies adopted, pressure from group members for individual to repay credit and commitment on the part of some beneficiaries to repay their credit. This was good because it confirmed the profitability



of beneficiaries businesses since they had repaid the credit and also helped in the sustainability of the credit schemes so that many disabled can have access to micro-credit.

#### **4.6 Challenges of Micro-Credit Programme in the Economic Empowerment the Disabled Persons**

In both Districts, 22.9% of micro-credit beneficiaries mentioned poor access to market as challenges they faced in management their business, 13.8% mention inadequate raw materials and funds, and 24.3% of respondents had theft/diseases and death of the animal as challenges. 3.5% mentioned family demand and pressure for incomes from the business as challenges while 25.6% faces no challenges in their businesses.

Non micro-credit beneficiaries mentioned poor market access, inadequate raw material and fund, and disability as challenges credit beneficiaries faced in the business activities.

Inadequate support from the families of disabled persons in the businesses they invest the micro-credit received was a major challenge according to the Anglican CBIR. For the Presbyterian CBR, the challenges were the diversion of micro-credit by beneficiaries for purposes other than the original intended purpose, lack of patronage of disabled persons services and products due to discrimination and also inability of most disabled beneficiaries to differentiate between capital and profit in their business activities. These issues affected their profits margin and the businesses or enterprises.

To help deal with these challenges, the CBRs in training the disabled, trains a family member alongside to understand the purpose of the credit, and how to manage it in order to achieve greater benefit. Community members are also sensitised on disability (cause effect and





preventive measures) and the capability of the disabled person to help reduce tile negative perception and discrimination.

#### **4. 7 Enhancing Micro-Credit Programmes for Disabled Persons**

Fifty five percent (55%) of credit beneficiary respondents suggested the disabled need training on credit/ business management, 38.6% of respondents suggested the increase in quantum of money given to an individual beneficiary, 3.6% mentioned counselling/monitoring and 12.1 % suggested reduction of interest rate on credit as ways to enhance micro-credit progamme for the disabled persons.

In all, 22.5% of non credit. beneficiaries mentioned training, 12.5% suggested that credit be given on time, and 7 .5% mentioned increasing the amount of credit given to beneficiaries as some of the ways that credit for disabled persons can be enhanced for their benefit.

Suggestions from the Anglican and Presbyterian CBR projects on enhancing micro-credit programme for disabled persons include:

- Repayments of credit by beneficiaries should be done according to the repayment schedules.
- Providing capacity building to disabled persons on micro-credit management.
- Linking disabled person to market centres to sell their products
- Follow-up monitoring and enforcement of credit conditions
- Disabled micro-credit beneficiaries should form a network to learn and share information
- Micro-credit support should be combined with training in business skills.



- A strict pre-screening of potential beneficiaries should be carried out and those proven to have business potential be given credit.
- Credit support should be given to those capable of mobilising personal savings

Other suggestions and comments from some respondents in the two districts (Bongo and Builsa) include:

- Increase in the amount of money given as financial support (micro-credit) to disabled beneficiaries as well as making many disabled persons benefit from the micro-credit scheme according to 61.1 % of respondents.
- Treating all persons fairly by society whether abled or disabled without discrimination (61.1 % of respondents)
- Ready markets for products of disabled persons is the concern of 5.3%
- Sustainability of the CBR programmes is the desire of 21.8%



## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Summary and Conclusion

This chapter provides summary on the findings and conclusions of this study and based on the findings, research objectives and questions makes recommendations.

The study revealed low level of education among disabled persons because 72.9% had no formal education and majority of those who had some form of education had the highest level of education being primary and JHS. Only 3.7% who had occupations were in the formal sector. This showed high level of illiteracy among disabled persons and could be attributed to the discrimination against disabled persons in education and employment sectors.

Largely micro-credit beneficiary respondents are not over dependent on others but try to provide for their own needs. From the study overall 53.3% of micro-credit beneficiaries provide their own needs. District wise 53.1% and 53.5% of respondents in Bongo and Builsa Districts respectively provide their own needs.

Though some disabled persons manage businesses of their own whether there are micro-credit schemes or not, majority of disabled persons use micro-credit as capital for business start-up or expansion. This is evident from the fact that 70.4% of respondents from Bongo and 25.4% from Builsa started businesses with funding from the CBRs micro-credit. Others though were in subsistence farming and petty trading among others had expanded their businesses using the



credit received from the Bongo and Builsa Districts CBRs credit schemes. In addition, through micro-credit the annual incomes of 84% of disabled persons had increased by up to 85%. Micro-credit incomes has therefore enhanced disabled persons business activities, created employment for the unemployed and increased their profit margins. Thus reducing poverty among the disabled and enhancing their living standards.

Disabled Persons do have some control over their businesses/ enterprises, incomes, credit received and assets. This is because (80%) of those managing businesses were in charge and took decisions in their enterprises/businesses, 64% of respondents in all managed their businesses the way they wish without much interference. Those who had no control over their assets was based on reasons other than age and marital status because, the Fisher exact test result showed that overall, age and marital status has no influence on credit beneficiaries control over their assets and incomes.

Micro-credit has played a significant role in enhancing 68.6% disabled persons control over their incomes and lives in general. They were empowered with the micro- credit to establish and expand businesses and their knowledge enhanced through the training and counselling as part of the scheme to assert themselves and appreciate their rights and responsibilities. This is confirmed by 76.7% of the non micro-credit beneficiary respondents. Micro-credit therefore enhanced disabled persons control over resources and lives in general.

Fisher exact test results shows that age did not influence micro-credit beneficiaries participation in decision making at the households. But Disabled Persons who were heads of households or elders duly participated in decision making at the households whether they



received credit or not. And they participated in all decisions by either leading the discussion or being invited to participate and give their views. Others are discriminated against in decision making at the household level by their family members with the view that they had nothing to offer. However, the credit had enhanced the decision making position of 21.4% of disabled persons who use not to participate in decision making at the household level. They now do participate in decision making at the household level, because they are economically empowered and can contribute financially to support their families.

Generally credit repayment situation of the CBRs credit schemes was encouraging especially the Presbyterian CBR. The recovery rate according to the programme's staff was 60-70% and 92% for the Bongo and Builsa CBR respectively. 35.8% of micro-credit beneficiaries in Bongo District had repaid their credit and 45% of respondents whose credits were due had not paid back their credit while large numbers (86.4%) had paid back in the Builsa District and only 6.6% in Builsa District whose credit were due had not repaid the micro-credit. This is attributable to better strategies adopted, pressure from group members for individual to repay credit and commitment on the part of some beneficiaries to repay their credit.

In terms of credit and profitability of businesses, it may imply that those who had repaid their credit in full were those who claimed they had made profit and have experienced increased incomes and those who had not repaid their credit which were due were those who did not made profit from their businesses. Reasons for non- payment such as repayment not due and field officers not undertaking monitoring to recover credit (though disputed by project staff) might indicate hopes for repayment but reasons such as no money/poor market is not good for the scheme. There are no clear policies on credit repayment default but, penalties put in place



may help push the defaulters to find alternate ways of repayments to avoid the consequences of default.

There are challenges in using micro-credit as tool for economic empowerment of disabled persons. Some of the challenges according to respondents are poor access to market, inadequate raw material and funds, theft/diseases/death of the animal and family demand and pressure for incomes from the businesses to be used to solve family problems. The challenges identified by the Anglican and Presbyterian CBRs were that some disabled micro-credit beneficiaries equate the credit with grants and therefore are reluctant in repaying, whilst others do not use the credit for the intended purpose. Also inadequate knowledge on financial issues among beneficiaries and the low patronage of clients' services and products due to discrimination was also a major challenge.

This study revealed that micro-credit played a role in improving disabled persons incomes, enhancing their control of assets, incomes and other resources and participation in household decision making. Thus microcredit organisations have great potential to enhance the lives of the poor including disabled persons. It may reduce absolute or relative poverty but can relieve temporary embarrassment associated with abject poverty. The study agrees with Mayoux (2009) that micro-credit is extremely useful in enhancing disabled person's status by enhancing economic status, control over assets and resources and participation in decision making. It can take the disabled out of street begging and destitution.



## 5.2 Recommendations

Based on the analysis and discussions on the findings, the study makes the following recommendations:

The study revealed that most of the beneficiaries of the micro-credit scheme from Bongo were within age group 60+ and may not be active and productive beneficiaries to use micro-credit because micro-credit is for productive businesses. This could be the reason for the problems of credit repayments. I recommend that detail and comprehensive assessment be taken so that credits are advanced to only the active and productive age group. Other forms of assistance available for the aged could be explored for them. It may also help if the two Community Based Rehabilitation projects could also distinguish between a small start-up grant supports as a social protection scheme from micro-credit.

The study revealed low level of education among disabled persons, because 72.9% of respondents had no formal education and majority of those who had some form of education had the highest level of education is primary and JHS. This is due to exclusion where disabled persons especially the visually impaired and deaf and dumb are supposed to attend specialised schools, that is the schools for the blind and schools for deaf and dumb. These schools are at distant towns and not accessible to most disabled persons and promotes discrimination. I recommend inclusive education which allows disabled and non-disabled children and young people learning together in ordinary pre-school provision, schools, colleges and universities, with appropriate network of support.





It is recommended that organisations working for disabled persons should assist in creating linkages with other institutions to ensure market access for their produce to help deal with the issues of lack of market and poor sales which affects profits and credit repayments.

It is recommended that the Presbyterian CBRs maintain the group credit and guarantees system. In the same vein the Anglican CBR should adopt the group credit and group guarantee system to ensure improved credit recovery.

Finally, organisations for and of disabled persons should undertake advocacy and lobbying for the enforcement of legislation and policy of inclusion. This will enable disabled persons have access to mainstream micro-credit services and education among others without obstacles.

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# APPENDIX A QUESTIONNAIRE (MICRO-CREDIT BENEFICIARIES)

UNIVERSITY FOR DEVELOPMENT STUDIES

SCHOOL OF GRADUATE STUDIES

TAMALE, GHANA

MPHIL IN DEVELOPMENT STUDIES

## QUESTIONNAIRE

TOPIC: THE ROLE OF MICRO-CREDIT IN ECONOMIC EMPOWERMENT OF  
DISABLED PERSONS IN THE UPPER EAST REGION, GHANA

### A. GENERAL INFORMATION

Name of interviewer

.

Name of interviewee .....

Date of interview .....

District.....Community.....

### B. SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Gender            01-Male            02-Female

2. Age group

01.    18-29                      02.    30-39                      03.    40-49                      04.    50-59

05. 60 and above





3. Marital Status

- 01. Single                      02. Married                      03. Divorced                      04. Separated
- 05. Widow/Widower

4. Religion

- 01. Traditional                      02. Christian                      03. Islam                      04. Others (specify) .....
- 5. Main Occupation
- 01. Petty trading                      02. Farming
- 04. Civil servant                      05. Others (specify) .....

6. Level of Education

- 01. No formal education                      02. Primary.                      03. Middle/JHS                      04. Secondary/SHS
- 05. Tertiary                      06. Other; (*Pls. Specify*) .....

7. Type of disability

- 01. Visually impaired                      02. Physically challenged                      03. Deaf & Dump

8. Who do you live with? **List them**

- 01. Husband                      02. Wife                      03. Sons (How many?) .....
- 04. Daughters (how many?) .....                      05. Brothers (how many?) .....
- 06. Sisters (how many?).....                      07. Father                      08. Mother
- 09. Others (Specify) .....

9. Who provides for your needs? (multiple response allowed)

01. Husband
02. Wife
03. Sons (How many? .....)
04. Daughters (how many?) .....
05. Brothers (how many?).....
06. Sisters (how many?).....
07. Father
08. Mother
09. Myself
10. Others (Specify) .....

10. Who is the head of household? .....

01. Husband
02. Wife
03. Son
04. Daughter
05. Brother
06. Sister
07. Father
08. Mother
09. Myself
10. Others (Specify) .....

C. ECONOMIC ACTIVITY

11. Do you run a business of your own? 01. Yes 02. No

12. Why did you start your own business?

01. Economic necessity
02. Needs of the family
03. Own needs
04. Widowhood, divorce,
05. Insufficient earnings of my spouse
06. Unemployment,
07. Insufficient wage
08. Profitability of business
09. Economic independence
10. Others specify

13. What was your source of income for starting the business?

01. Loan from CBR
02. Grant
03. Income from personal savings
04. Family Support
05. Others (*Pls, specify*) .....





14. Before receiving credit from the CBR what income generating activity were you engaged in?

- 01. None
- 02. Petty trading
- 03. Farming
- 04. Artisan
- 05. Others (*Pls, specify*) .....

15. What business did you use the credit from CBR for?

16. Has your business been profitable?

- 01. Yes
- 02. No

17. If yes, to question 16 how? .....

18. If no to question 16 why? .....

19. Apart from this business what are your other sources of income?

20. What are the challenges you face in this business?

**D. Contribution of micro-credit to incomes of Disabled Persons.**

21. Are you aware of any other micro-credit scheme in your locality? 01. Yes

02. No

22. If yes, to Question 21 can you name them?



.....  
 .....  
 23. If yes to question 21, Have you applied to any of these organizations for credit?

01. Yes      02. No

24.If yes to question 23 which ones? .....

25.If no to question 23 why not? .....: .....

26. Was it necessary for you to get micro-credit from the CBR? 01. Yes      02. No

27. If yes to question 26 why? .....•.....

28. How many times did you apply to the CBR programme before you got the loan?

01. Once      02. Twice      03. Thrice      04. four times      05. five times

29. What were the processes you went through to get the CBR loan?

1 .....; .....

2 .....

3 .....

4 .....

5 .....

30. What do you think about these processes? 01. Okay 02. Difficult 03. Very difficult

31. Please provide the information on years in which you got credit from the CBR, the amount and interest rate in the table?

Year	2003	2004	2005	2006	2007	2008	2009	2010
Amount GHc								
Interest rate								

32. What did you use the credit for? (multiple **response allowed**)

- 01. Business
- 02. Consumption
- 03. To repay loan
- 04. Perform funeral
- 05. Pay school fees
- 06. Others (*Pls, Specify*) .....

33. Did you get the amount you requested for?

- 01. Yes
- 02. No

34. If no to question 33 why not? .....

35. How has not getting the amount you requested for affected your planned business?

.....

.....

.....



36. Did the credit help you to gain more profit with your enterprise?

01. Yes

02. No

37. If yes to question 36 what is the level of change in profit?

Profit before credit (annual) .....

Profit after credit (annual) .....

% change .....

38. If no question 36 why?

.....  
.....

39. In what way has the credit enhanced your enterprise?

.....  
.....  
.....

40. Did the credit make it easier for you to obtain raw materials or other items you need for your business?

01. Yes

02. No





41.If yes to question 40 how?  
.....  
.....  
.....

42.If no to question 40 why?  
.....

43. Did the credit lead to improvement in your incomes?  
01. Yes      02.No

44. If no to question 43 why? .....  
.....  
.....

45. If                    yes                    to                    question                    43                    how?  
.....  
.....  
.....

46. Please provide this information.

Annual income before loan GHc	Annual income after loan GHc	Difference GHc

47. If yes to question 43 how are you using the increased incomes?  
01. Household consumption,  
02. Re-invest in the business activity,  
03. Other Investments?  
04. Others (*Pls, specify*).....

48. What            are            the            challenges            you            face            in            accessing            credit?  
.....  
.....  
.....





E. Effect of micro-credit on enhancing Disabled Persons' control over income, loan and assets.

49. Who takes the main decisions in your enterprise/business?

01. Myself
02. Family members
03. Friend
04. CBR project staff
05. Other (*Pls, specify*) .....

50. Who decided how the loans were used?

01. Father
02. Mother
03. Guardian
04. CBR Project staff
05. Myself
06. Others (*Pls, specify*) .....

51. Do you feel that you are running your enterprise the way you wish to?

01. Yes
- 02.No

52. If yes to question 51 how? .....•.....

53. If no to question 51 why not? .....

54. What do you mostly spend the profit from your business on

01. Family
02. Myself
03. Friends
04. Others (Pls, specify)
- .....
- .

55. Do you have some assets in your name?

01. Yes      02.No

56. If yes to question 55 name them .....  
.....  
.....  
.....

57. If no to question 55 why? .....  
.....  
.....  
.....

58. If No to question 55 do you hope to acquire assets in your name?

01. Yes      02. No

59. If yes to question 58 how do you think you can do that? .....•.....  
.....  
.....  
.....

60. If no to question 58 why not? .....  
.....  
.....

61. If yes to question 55 do you have all your assets in your name?

01. Yes      02.No





62. If no to question 61 why not?

.....

63. If yes to question 61 do you control the assets yourself?

01. Yes            02. No

64. If yes to question 63 how? .....

.....

.....

.....

65. If no to question 63 why? .....•.....

.....

.....

.....

66. What plans do you have for your assets?

01. Keep them            02. Sell them            03. No plan yet

05. Other (*Pls, specify*)

04. Don't know

.....•.....

67. Do you feel that you have a bigger say about how to use/manage your income, assets and loan now? 01. yes            02. No    03. partially

68. If no to question 67 why not? .....

69. If yes or partially to question 67 how?

Before loan .....

.....  
After loan.....

70. Are there taboo that prevents you from owning assets?      01. Yes      02. No

71. If Yes, what are they? .....

72. Are there any traditions that prevent you from being part of decision making in the family or community?      01. Yes      02. No

73. Did you have full control of the use of the loan you got?      01. Yes      02. No

**F. Repayments of micro-credit by disabled beneficiaries**

74. Have you paid back all the loan(s)?

01. Yes      02. No

75. If no to question 74 why? .....

..

76. If yes to question 74 How did you pay back?( from what source)

01. Proceeds from business

02. Another loan

03. Sale of assets

04. Others (specify).....

77. Have you experienced any problems repaying the loan?

01. Yes      02. No



78. If yes to question 77 what were the problems? .....

.....

.....

.....

79. Is there any penalty for default of repayment of loan?

01. Yes      02.No

80. If yes to question 79 what is the penalty?.....

.....

81. Apart from the loan what other support did you receive from the programme?

01. Training              02. Grants              03. Counselling
04. Others (Pl, specify).....

**H. Effect of micro-credit on participation of the Disabled persons in Economic decision-making at the household level.**

82. Do you participate in family decision making?

01. Yes      02. No

83. If yes to question 82 what type of decisions?

.....

.....

.....



86. Do you think your decision making position in your home has changed?

01. Yes      02. No

87. If yes to question 86 in what respect?

.....

.....

.....

88. If yes to question 86 what do you think brought about the change?

.....

.....

.....

.....

89. If no to question 86 why not? .....





.....  
.....

90. Will you say that your economic empowerment by the credit has brought about the change in your decision-making status in the household?    01. Yes            02. No

91. If yes to question 90 how has that contributed to your decision-making status?  
.....  
.....  
.....

**I.       Challenges of micro-credit programmes in economic empowerment of Disabled Persons.**

92. Was it difficult to obtain a loan from the CBR programme?  
01. Yes            02. No

93. If yes to question 92 how?  
.....  
.....

94. If yes to question 92 what do you think can be done to improve access to micro-credit?  
.....  
.....  
.....



100. If yes to question 99 how do you think micro-credit programmes for disabled persons can be enhanced for their benefit?

.....

.....

.....

101. If no to question 99 what strategies can we adopt for the economic empowerment of the disabled?

.....

.....

.....

.....

102. Is there any comment or suggestions you will want to make?

.....

.....

.....

.....

THANK YOU.



APPENDIX B QUESTIONNAIRE (NON-BENEFICIARIES)

UNIVERSITY FOR DEVELOPMENT STUDIES SCHOOL OF

GRADUATE STUDIES

TAMALE, GHANA

MPHIL IN DEVELOPMENT STUDIES

TOPIC: THE ROLE OF MICRO-CREDIT IN ECONOMIC EMPOWERMENT OF  
DISABLED PERSONS IN THE UPPER EAST REGION, GHANA

A. GENERAL INFORMATION

Name of interviewer .....

Name of interviewee .....

Date of interview .....

District .....Community .....

B. SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Gender      01-Male      02-Female

2. Age group

01      18-29      02.      30-39      03.      40-49      04.      50-59

.

60 and above

3. Marital Status

01. Single      02. Married      03. Divorced      04. Separated

05. Widow/Widower

4. Religion

01. Traditional      02. Christian      03. Islam      04.      Others  
(specify).....

5. Main Occupation

01. Petty trading      02. Farming      03.      Artisan      specify  
.....  
04. Civil servant      05. Others (specify).....

6. Level of Education

01. No formal education      02. Primary.      03.      Middle/JHS  
04. Secondary/SHS  
05. Tertiary      06.      Other;      (Pls.  
*Specify*).....

7. Type of disability

01. Visually impaired      02. Physically challenged      03. Deaf & Dump



8. Who do you live with? **List them**

- a. Husband                      02. Wife                      03. Sons (How many?).....  
b. 04. Daughters (how many?) .....      05. Brothers (how many?)  
c. 06. Sisters (how many?)                      07. Father      08. Mother  
d. 09. Others (Specify).....

9. Who provides for your needs?(**multiple response allowed**)

01. Husband                      02. Wife                      03. Sons (How many?).....  
04. Daughters (how many?) .....      05. Brothers (how many?)  
06. Sisters (how many?)                      07. Father      08. Mother  
09. Myself                      10. Others (Specify).....

10. Who is the head of household? .....

- 0.1 Husband      02. Wife      03. Son      04. Daughter      05. Brother  
06. Sister      07. Father      08. Mother      09. Myself  
Others (Specify).....

**C. ECONOMIC ACTIVITY**

11. Do you run a business of your own?                      01. Yes                      02. No

12. If yes to question 11, why did you start your own business?

01. Economic necessity                      02. Needs of the family  
03. Own needs                      04. Widowhood, divorce,  
05. Insufficient earnings of my spouse                      06. Unemployment,  
07. Insufficient wage                      08. Profitability of business  
09. Economic independence                      10. Others specify .....





13. If no to question 11, why not?

14. If yes to question 11 What was your source of income for starting the business?

01. Loan from CBR

02. Grant

03. Income from personal savings

04. Family Support

Others (*Pls, specify*).....

15. Do you know people who have benefited from the CBR Loan?

01. Yes

02. No

16. Do you think the business of the CBR micro-credit beneficiaries have been profitable?

01. Yes

02. No

17. If yes, to question 16 how?.....

.....

18. If no to question 16 why? .....

.....

.....

**D. Contribution of micro-credit to incomes of Disabled Persons.**

19. Are you aware of any other micro-credit scheme in your locality? 01. Yes 02. No

20. If yes, to Question 19 can you name them?



.....  
 .....  
 .....  
 21. Have you ever applied for the CBR credit?      01. Yes      02. No

22. If yes to question 21 did you get?      01. Yes      02.No

23. If no to question 22 why?.....  
 .....

24. Do you intend applying for the CBR Loan?      01. Yes      02. No

25. If yes to question 21 why?.....  
 .....  
 .....

26. If no to Question 21 Why? .....  
 .....  
 .....

27. Did the credit help the CBR loan beneficiaries to gain more profit from their enterprise?

01. Yes      02. No

28. In what way has the credit enhanced their enterprises? .....  
 .....  
 .....





29. In terms of enterprise/business engagement are differences between beneficiaries of CBR micro-credit and non beneficiaries?

01. Yes      02. No

30. If yes to question 26 how?.....

.....  
.....

31. If no to question 26 why?.....

.....  
.....

32. In your view do you think there are differences in incomes between beneficiaries of CBR micro-credit and non beneficiaries?

01. Yes      02.No

33. If no to question 29 why? .....

.....  
.....

34. If yes to question 29 how? .....

.....

**E. Effect of micro-credit on enhancing Disabled Persons' control over income, loan and assets.**

35. Do you have some assets in your name?

01. Yes      02. No

36. If yes to question 32 name them

.....

.....

37. If no to question 32 why?.....

.....

.....

38. If No to question 32 do you hope to acquire assets in your name?

01. Yes      02. No

39. If yes to question 35 how do you think you can do that?

.....

.....

.....

40. If no to question 35 why not?

.....

.....

.....

41. If yes to question 32 do you have all your assets in your name?

01. Yes      02. No

42. If no to question 38 why not?

.....

.....





43. If yes to question 38 do you control the assets yourself?

01. Yes      02. No

44. If                      yes                      to                      question                      40                      how?

.....

.....

.....

.....

45. If                      no                      to                      question                      40                      why?

.....

.....

.....

46. What plans do you have for your assets?

01. Keep them                      02. Sell them                      03. No plan yet

04. Don't know      05. Other (*Pls, specify*).....

47. In your view do you think beneficiaries of CBR micro-credit have more assets than non beneficiaries?    01. Yes    02. No

48. If yes to question 44 how?.....

.....

.....

49. If no to question 44 why not?.....



50. Do you think the micro-credit beneficiaries have a bigger say about how to use/manage your income, assets and loan now? (after receiving micro-credit)

01. Yes    02. No

51. If no to question 47 why not?.....  
.....

52. If yes to question 47 how?  
.....  
.....  
.....

53. Are there taboo that prevents you from owning assets?    01. Yes    02. No

54. If                      yes,                      what                      are                      they?  
.....  
.....

55. Do you think the micro-credit beneficiaries have full control of the use of the loan they got?    01. Yes    02. No

**H.    Effect of micro-credit on participation of the Disabled persons in Economic decision-making at the household level.**

56. Do you participate in family decision making?

01. Yes    02. No



57. If yes to question 54 what type of decisions?

.....

.....

.....

58. If yes to question 54 how do you participate in the decision making?

.....

.....

.....

59. If no to question 54 why?

.....

.....

.....

60. Are there any traditions that prevent you from being part of decision making in the family or community?    01.Yes    02.No

61. Do you think the decision making position of the micro-credit beneficiaries at home has changed after receiving the loan?

01. Yes    02. No

62. If yes to question 58 in what respect?

.....

.....

.....



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.....

.....

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If yes to question 62 how has that contributed to their decision-making status?

.....

.....

.....

How difficult is it getting credit from other financial institutions?

68. What are the major challenges Disabled People face in Ghana today?(**multi response allowed**)

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69. What are the factors that hinder Disabled Persons' Economic Empowerment?

.....

.....

**J. Suggestions on enhancement of micro-credit to disabled persons.**

70. Do you think micro-credit is a good strategy for disabled economic empowerment?

01. Yes                      02 No

71. If yes to question 68 how do you think micro-credit programmes for disabled persons can be enhanced for their benefit?

.....

.....

72. If no to question 68 what strategies can we adopt for the economic empowerment of the disabled?

.....

.....

73. Is there any comment or suggestions you will want to make?

.....

.....

THANK YOU.