Disability & Society, Vol. 15, No. 3, 2000, pp. 475–488

Official Development Assistance to Disabled People in Ghana

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ABSTRACT *Research was conducted in Ghana to (1) determine the extent to which the 1994–95 Official Development Assistance (ODA) donors to Ghana subscribed to inclusionary disability policies or mandates, (2) determine the extent to which disabled people were included in their mainstream development activities, (3) estimate the proportion of Ghana's 1994–95 ODA that went to activities specifically intended to benefit disabled people, and (4) estimate the proportion of those activities that were designed to foster the inclusion and empowerment of disabled people. In 1994–95, only two of the 16 donors examined subscribed to disability policies or mandates, and none took affirmative steps to include disabled people in their mainstream programmes and projects. Only 0.1282% of the total ODA examined for the entire 2-year period went to disability related activities, of which only 44.12% went to inclusionary and empowering activities.*

Development experts and policy makers have long been concerned by the waste of human capital that occurs in poor countries as their traditional societies and economies adapt to the market based realities of modern economic development (Schultz, 1982; Love, 1994; World Bank, 1996). Of particular and increasing concern is the plight of the most 'marginalised' poor country populations who's energies and capabilities are most likely to be wasted during this process (UNDP, 1993). Disabled people (estimated to comprise from 3 to 13% of poor country populations)[1] represent one of the largest of these marginalised populations, as low societal expectations combine with inadequate medical systems, discrimination, architectural barriers, and meager resources for rehabilitation to force them into marginal and unproductive social roles (US GAO, 1991).

Meanwhile, it is becoming increasingly apparent in the world's economically advantaged countries that disabled people are capable of contributing to their economies and societies in ways and at levels that were previously thought to be impossible. It is also becoming apparent that the disability systems most prevalent in the world's affluent countries, expensive systems in which rehabilitation, limited training and custodial care are provided by specialised professional personnel in segregated institutional settings, often have the perverse effects of limiting social

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ISSN 0968-7599 (print)/ISSN 1360-0508 (online)/00/030475-13

access for disabled people, undermining their self-esteem and limiting their ability to acquire the skills they need to be productive.

Such inadequacies have prompted policy makers in many countries to begin to replace their traditional disability systems with less costly and more effective strategies designed to foster the inclusion and empowerment of disabled people (Scotch, 1984; Percy, 1989; Shapiro, 1993; Thornton & Lunt, 1997, pp. 298–301). Unlike preceding approaches which tended to socially isolate disabled people in expensive segregated institutional systems, these new strategies seek to increase the value of traditional rehabilitation by adding inclusionary social policies and strategies designed to identify and remove the architectural and social barriers that disabled people typically face. These new approaches are less costly than their predecessors because they shift resources out of expensive and unnecessary segregated institutions into cost-effective public policy and public education. They also have a greater positive social and economic impact because they provide increased access for disabled people to the tools and opportunities they need to become productive. As an important result, therefore, these new strategies have the potential to cost-effectively transform disabled people from net social and economic burdens into net assets.

Partially in response to pressure from an emerging global coalition of disabled people, and partially in recognition of the development benefits associated with tapping into the potential of disabled people, some development assistance agencies are now beginning to work with non-governmental organisations (NGOs) and poor country governments to develop inclusionary and empowering disability strategies suitable to the circumstances encountered in developing countries. The authors have been conducting empirical research in selected countries in Sub-Saharan Africa to begin to estimate the extent and impact of this effort.[2] This article presents the results of research conducted in Ghana to (1) determine the extent to which 1994–95 Official Development Assistance (ODA) donors to Ghana subscribed to inclusionary disability policies or mandates; (2) determine the extent to which disabled people were included in their mainstream development activities; (3) estimate the proportion of Ghana's total 1994–95 ODA that went to activities specifically intended to benefit disabled people, and (4) estimate the proportion of those activities that were designed to foster the inclusion and empowerment of disabled people.

Methodology

Though there were many ODA donors to Ghana in 1994–95, most of the ODA was provided by a relatively small number of large donors. In order to concentrate on the these large donors, we first ranked the 1994–95 multilateral donors of ODA according to the amounts of their contributions. Then, for each year studied we selected the group of largest multilateral donors that together contributed over 95% of Ghana's total multilateral ODA. This procedure was then applied to Ghana's bilateral donors to obtain the group of the largest bilateral donors that together

contributed over 95% of the total bilateral ODA. Six multilateral donors and ten bilateral donors from eight countries were selected using this process.[3]

Structured interviews were conducted with senior officials at each of the agencies selected, in which they were asked if the agency's mission in Ghana adhered to any disability related policies or mandates, and if affirmative steps were being taken to include disabled people in the agency's mainstream activities. We then sought descriptions of and budgets for all disability related activities supported by the agency. The subjects were encouraged to take as many days as necessary to respond and to consult with others in the agency if necessary to obtain the correct information. If the first subject interviewed was unable to acquire and provide us with all of the information requested, we conducted a structured interview with the most relevant senior representative of the next tier of administration. We systematically followed this procedure through each descending administrative level at each agency until we had acquired all of the necessary information. In some cases, the trail led beyond the agencies themselves to their sub-contractors as the agency officials were often unsure of the exact nature of the activities their agencies supported. In these cases, we followed the same descending pattern of structured interviews with officials at each sub-contractor until we acquired the necessary information. Staff members at all levels at each agency were also interviewed to determine if disabled people were naturally included in their mainstream programs and projects.

Each disability related activity supported by each selected ODA donor was then evaluated for content and placed in one of the following categories: (1) inclusionary and empowering; (2) traditional western; or (3) indeterminate. An activity was classified as inclusionary and empowering if it was designed to foster the inclusion and empowerment of disabled people by facilitating their access to mainstream society. Such activities include the removal of architectural and social barriers; support for grassroots disability organisations; efforts to include disabled people in mainstream educational systems, healthcare systems and other development activities; and support for community-based rehabilitation for disabled people. An activity was classified as traditional western if it had the effect of providing custodial care to disabled people and/or of segregating them from mainstream society. Such activities include segregated housing facilities, segregated schools and segregated vocational training centers. An activity was classified as indeterminate if it was impossible to determine on the basis of the available data, which of the above categories was the most appropriate.

Results

The following eight donors of bilateral ODA to Ghana in 1994–95 were selected: Japan, the United States, the United Kingdom, France, Germany, the Netherlands, Denmark and Canada. The six multilateral donors selected were the World Bank, the European Union (EU), the World Food Program, the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF) and the United Nations High Commissioner for Refugees (UNHCR).

TABLE I. Contributions of Ghana's eight largest bilateral ODA donors

Donor	1994		1995	
	Donor's ODA contribution (US$)	Proportion of bilateral ODA (%)	Donor's ODA contribution (US$)	Proportion of bilateral ODA (%)
Japan	134,800,000	40.63	122,100,000	34.06
United States	53,000,000	15.97	54,000,000	15.06
United Kingdom	28,900,000	8.71	20,900,000	5.83
France	27,000,000	8.14	23,400,000	6.53
Germany	23,900,000	7.20	43,700,000	12.19
Netherlands	21,800,000	6.57	29,500,000	8.23
Denmark	16,700,000	5.03	35,300,000	9.85
Canada	16,700,000	5.03	22,700,000	6.33
Total	322,800,000	97.28%	351,600,000	98.08%

Table I reveals that the eight selected bilateral ODA donors accounted for 97.28% of the total bilateral ODA to Ghana in 1994 and for 98.08% of the total in 1995.

Table II reveals that the combined contributions of the six multilateral donors selected exceeded 100% of the total multilateral contributions to Ghana in each

TABLE II. Contributions of Ghana's six largest multilateral ODA donors

Agency	1994		1995	
	Agency's ODA contribution (US$)	Proportion of multilateral ODA (%)	Agency's ODA contribution (US$)	Proportion of multilateral ODA (%)
World Bank: International Development Agency (IDA)	171,800,000	77.91	234,300,000	77.87
European Union	42,400,000	19.23	53,800,000	17.88
World Food Program	9,300,000	4.22	9,600,000	3.19
United Nations Development Program (UNDP)	4,800,000	2.18	3,800,000	1.26
United Nations Children's Fund (UNICEF)	4,300,000	1.95	5,000,000	1.66
United Nations High Commissioner for Refugees (UNHCR)	2,900,000	1.32	2,600,000	0.86
Total	235,500,000	106.80%	309,100,000	102.73%

year.[4] Total ODA was relatively evenly divided between multilateral and bilateral agencies in both years. In 1994, the combined contributions of the six selected multilateral donors constituted 42.2% of the total ODA examined and the combined contributions of eight selected bilateral donors constituted 57.8% of the total. In 1995, the six multilateral donors contributed 46.8% of the total and the eight bilateral donors contributed 53.2%.

No Donors had Mainstreaming Strategies and Only Two had Disability Policies

In 1994–95 only two of the 16 donors, the United Nations High Commissioner for Refugees (UNHCR) and the United States Peace Corps, subscribed to disability policies or mandates, and none took affirmative steps to include disabled people in their mainstream projects and programmes. The UNHCR mission in Ghana, which was the only United Nations agency mission to demonstrate an awareness of the 'United Nations Declaration on the Rights of Disabled Persons' (United Nations General Assembly, 1976), operated within the purview of a systematic set of inclusionary and empowering procedures (UNHCR, 1992). Though the Peace Corps fell within the purview of a Congressional mandate to '... be administered so as to give particular attention to programs, projects, and activities which tend to integrate disabled people into the national economies of developing countries, thus improving their status and assisting the total development effort' (United State Public Law 97–113, 1981), the senior Peace Corps official in Ghana was unaware of the mandate until we informed her of its existence. No evidence could be found of systematic efforts on the part of any of the ODA donors in the study to include disabled people in all of their mainstream activities.

Meager Donor Support for Disability Related Activities

Table III reveals that only 0.0979% of the total 1994 ODA examined and only 0.1538% of the total 1995 ODA examined went to support disability related activities. Multilateral agencies provided 56.03% of the disability related total in 1994 and 22.55% in 1995. Bilateral agencies provided 43.97% of the disability related total in 1994 and 77.45% in 1995.

In 1994 the United Nations Development Program (UNDP), with a disability related contribution of $180,195, was the largest single donor of disability related ODA to Ghana, followed by the United States at $137,850, the European Union (EU) at $100,000, and Denmark at $78,604. Together, these four donors accounted for 90.84% of the total disability related ODA. The balance was provided by UNHCR ($26,131), Canada ($14,780) and the United Kingdom ($9,190). In 1995, the United States was the largest single donor of disability related ODA, with a disability related contribution of $525,709, followed by Denmark at $236,167 and UNDP at $206,215. In 1995, these three donors provided 95.33% of the total disability related ODA to Ghana, with the balance provided by UNHCR at $22,800, Japan at $19,025, and the Netherlands at $5,547.

TABLE III. Total ODA and disability-related ODA

Donor	1994 Total ODA (US$)	1994 Disability-related ODA (US$)	1994 Disability-related proportion of total ODA (%)	1995 Total ODA (US$)	1995 Disability-related ODA (US$)	1995 Disability-related proportion of total ODA (%)
Multilateral						
World Bank: International Development Agency (IDA)	171,800,000	0	—	234,300,000	0	—
European Union	42,400,000	100,000	0.2358	53,800,000	0	—
World Food Program	9,300,000	0	—	9,600,000	0	—
United Nations Development Program (UNDP)	4,800,000	180,195	3.7541	3,800,000	206,215	5.4267
United Nations Children's Fund (UNICEF)	4,300,000	0	—	5,000,000	0	—
United Nations High Commissioner for Refugees (UNHCR)	2,900,000	26,131	0.9011	2,600,000	22,800	0.8769
Total multilateral	235,500,000	306,326	0.1301%	309,100,000	229,015	0.0741%
Bilateral						
Japan	134,800,000	0	—	122,100,000	19,025	0.0156
United States	53,000,000	137,850	0.2601	54,000,000	525,709	0.9735
United Kingdom	28,900,000	9190	0.0318	20,900,000	0	—
France	27,000,000	0	—	23,400,000	0	—
Germany	23,900,000	0	—	43,700,000	0	—
Netherlands	21,800,000	0	—	29,500,000	6,173	0.0209
Denmark	16,700,000	78,604	0.4707	35,300,000	236,167	0.6690
Canada	16,700,000	14,780	0.0885	22,700,000	0	—
Total bilateral	322,800,000	240,424	0.0748%	351,600,000	787,074	0.2239%
Total ODA	558,300,000	546,750	0.0979%	660,700,000	1,016,089	0.1538%

TABLE IV. Proportion of total disability-related ODA by type

Type of activity	Amount (US$)	Percentage (%)
Multilateral		
Inclusionary and empowering	435,341	81.32
Traditional Western	0	—
Indeterminate	100,000	18.68
Total multilateral	535,341	100.00
Bilateral		
Inclusionary and empowering	363,952	35.42
Traditional Western	644,520	62.73
Indeterminate	19,025	1.85
Total bilateral	1,027,497	100.00
Total		
Inclusionary and empowering	754,293	48.26
Traditional Western	689,521	44.12
Indeterminate	119,025	07.62
Total	1,562,839	100.00

Disability Support was Evenly Divided Between Traditional and Inclusionary Activities

Table IV reveals that the bilateral support for disability related activities in 1994–95 ($1,027,497) was nearly double the multilateral support ($535,341). However, all of the disability related multilateral ODA identifiable by type (81.32% of the total) went to support inclusionary and empowering activities, while 62.73% of the disability related bilateral ODA went to support traditional western activities. As an arithmetic result, 48.26% of the total ODA (bilateral plus multilateral) went to support inclusionary and empowering activities, 44.12% went to support traditional western activities and 7.62% went to support activities that could not be categorized on the basis of the available data.

Table V reveals that the United States, with a disability related contribution of $663,558, was by far the largest donor of disability related ODA to Ghana in 1994–95. The United States was also the largest donor to traditional western activities due to a $618,558 contribution to traditional western activities by the United States Agency for International Development (USAID). This traditional western contribution represented 93% of the total disability related ODA provided by the United States. UNDP was the second largest donor of disability related ODA in 1994–95 with a contribution of $386,410. However, all of UNDP's disability related ODA went to support inclusionary and empowering activities making it the largest single donor to inclusionary and empowering activities. The entire $314,771 contribution of Denmark, the third largest donor of disability related ODA, and the entire $48,931 contribution of UNHCR, the fifth largest donor of disability related ODA, also went to support inclusionary and empowering activities. On the basis of the available data, it was impossible to categorize the disability related ODA of the

TABLE V. Distribution of disability-related ODA by type

Donor	1994		1995		TOTAL	
	Disability-related ODA (US$)	Type of support:	Disability-related ODA (US$)	Type of support:	Disability-related ODA (US$)	Type of support
Multilateral						
European Union	100,000	Indeterminate	0	—	100,000	Indeterminate
UNDP	180,195	Inc. & emp.	206,215	Inc. & emp.	386,410	Inc. & emp.
UNHCR	26,131	Inc. & emp.	22,800	Inc. & emp.	48,931	Inc. & emp.
Bilateral						
Japan	0	—	19,025	Indeterminate	19,025	Indeterminate
United States						
USAID	122,850	Trad. Western	495,708	Trad. Western	618,558	Trad. Western
Peace Corps	15,000	Inc. & emp.	30,000	Inc. & emp.	45,000	Inc. & emp.
United Kingdom	9190	Trad. Western	0	—	9,190	Trad. Western
Netherlands	0	—	4,181	Inc. & emp.	4,181	Inc. & emp.
			1,992	Trad. Western	1,992	Trad. Western
Denmark	78,604	Inc. & emp.	236,167	Inc. & emp.	314,771	Inc. & emp.
Canada	14,780	Trad. Western	0	—	14,780	Trad. Western

TABLE VI. Yearly contributions to the UNDP CBR programme (US$)

Organisation	1994	1995
UNDP	180,195	206,215
NAD	202,512	243,911
SHIA	58,839	67,303

EU and Japan, the fourth and sixth largest donors. Of the total disability related contributions of the remaining donors (Canada at $14,780, the United Kingdom at $9190, and the Netherlands at $6173), 86.13% went to support traditional western activities.

Only Two Agencies Supported Comprehensive Inclusionary and Empowering Strategies

A detailed examination of the disability related activities supported by each agency reveals that only two of the selected donors, UNDP and UNHCR, supported comprehensive inclusionary and empowering disability strategies.

The UNDP strategy. UNDP contributed $386,410 in support of a national Community Based Rehabilitation (CBR) Program collaboratively sponsored by the Ghanaian Government's Ministry of Employment and Social Welfare, the Norwegian Agency for Development Cooperation (NORAD), the Swedish International Development Cooperation Agency (SIDA), the International Labor Organization (ILO), the United Nations Educational Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). In 1994–95, funding for the CBR programme came from UNDP, the Swedish Organization of Handicapped International Aid Foundation (SHIA), and the Norwegian Association of the Disabled (NAD) in the amounts indicated in Table VI. The ILO, UNESCO and WHO provided technical assistance funded by UNDP.

The aims of the CBR programme were:

1. To raise awareness and mobilise resources at village level, thereby enabling parents to be more effective in helping their disabled children to attend school, learn skills and participate productively in family and community life.
2. To establish links between service providers in health, education, community development and social welfare at district level, thereby meeting the needs of disabled individuals more efficiently and effectively.
3. To strengthen associations of people with disabilities to enable them to play a role in the mobilisation of the community, implementation of village level activities and the management of the CBR programme.
4. To promote the human rights of persons with disabilities (UNESCO, 1992).

In pursuit of these aims the CBR programme engaged in the following activities: (1) the education and sensitisation of officials of the Ghanaian Government's Ministries of Employment and Social Welfare and Education concerning the needs and potential of disabled people; (2) the training of teachers in selected districts in how to incorporate disabled people in their mainstream classes; (3) the provision of support to indigenous NGOs; and (4) the establishment of local community based rehabilitation programmes in selected communities in selected districts in southern Ghana. By 1994–95, the CBR programme had identified 2701 disabled people in 20 target districts and was attempting to serve them through a network of government ministries, disability-related NGOs and local community-based rehabilitation programmes.

The UNHCR Strategy. In 1994–95, UNHCR engaged in inclusionary and empowering disability activities in its two refugee camps in Ghana, one in the Upper Volta Region for Togolese refugees, and one in the Central Province near Accra for Liberian refugees. Of the total 1994 budget of $1,672,398 for the Togolese camp, $19,860 or 1.19% went to disability related activities. Of the 1995 total budget of $1,280,000 for the Togolese camp, $16,960 or 1.33% went to disability related activities. These resources were divided between four activities: (1) surgery for children with orthopedic impairments; (2) loans and grants for micro-entrepreneurs with disabilities; (3) vocational training in tie dye and shoe making for disabled people; and (4) training in community-based rehabilitation.

Of the total 1994 budget of $195,462 for the camp for Liberian refugees, $6271 or 3.21% were allocated to activities for disabled people. Of the 1995 total budget for the Liberian camp of $190,400, $5840 or 3.0% were so allocated. These resources were divided between two activities: (1) a community-based rehabilitation program in the camp and (2) a vocational training program teaching dressmaking, soap making and housework.

The Remaining Inclusionary and Empowering Activities

Though it operated without a modern disability strategy of its own, the Danish development assistance agency Danida, through the Danish NGO, Dansk Blindesamfund, provided inclusionary and empowering assistance to the Ghana Association of the Blind (GAB), a grassroots organisation of visually impaired Ghanaians. In 1994 Danida provided $78,604 in general assistance to GAB, and in 1995 it contributed $236,167 in the form of a grant for community-based rehabilitation for the visually impaired in Ghana's Suhum-Krabea-Coaltar district.

Two other ODA contributions to inclusionary and empowering activities were made outside of the context of systematic modern disability strategies. One was a $4181 grant from the Netherlands to a pig-raising project that brought disabled people into the mainstream economy, and the other was support from the United States Peace Corps for one volunteer in 1994, valued at $15,000, to teach sign language in Ghana, and two volunteers in 1995, valued at $30,000, to teach disability related subjects. Though Peace Corps officials in Ghana were unable to

describe the settings in which these services were provided (e.g. segregated or inclusionary) we placed these activities in the inclusionary and empowering category due to the agency's disability mandate. A 1995 contribution of $19,025 by Japanese ODA to the Ghana Society of the Physically Disabled for the construction of a dormitory block may have also represented a contribution to an inclusionary and empowering activity, but it was categorised as indeterminate because it represented support for a segregated and, therefore, traditional western activity (segregated housing) engaged in by an inclusionary and empowering organisation (the Ghana Society of the Physically Disabled).

Bilateral Donors Tended to Support Traditional Activities

Support for traditional western activities tended to be concentrated in the bilateral agencies, with the majority coming from USAID and the African Development Foundation, with combined contributions to traditional western activities totaling $618,558. This represented 39.58% of the total disability related contributions of all of the donors selected for the study. In 1994, USAID provided $122,850 in food aid through Catholic Relief Services to 53 charitable agencies and programs that served disabled people. In 1995, the agency provided $253,708 in food aid to the same 53 agencies and programmes. Though detailed information was unavailable, these agencies and programs appear to have been of the traditional western type, consisting mostly of segregated schools, segregated training centres and segregated housing facilities. In 1995 the African Development Foundation sponsored a traditional western activity when it provided $242,000 to construct a building for the Jachie Vocational Training Centre, which teaches weaving, metal work and guitar making in a traditional segregated setting.

The remaining support for traditional western activities was less significant. In 1994 Canada's development agency, CIDA, provided $14,781 to a Training Center for the Disabled in the Ashanti Region. In that same year, British ODA provided $9190 in assistance to four agencies serving disabled people: $3982 to the Ghana Society for the Physically Disabled for leather working tools for a segregated vocational workshop, $919 to the Jachie Training Centre for the Deaf for guitar parts for a segregated vocational workshop, $2297 to the Cape Coast School for the Deaf for domestic equipment for its kitchen, and $1992 to the Ho Rehabilitation Center for sewing machines for a segregated vocational workshop. In 1995, the Netherlands provided a grant of $1366 to St. Theresa's Center for the Handicapped for a potable water line.

Conclusions

The positive economic and social outcomes associated with inclusionary and empowering disability strategies in the world's affluent countries provide strong evidence in favour of including disabled people in mainstream society (Kavale & Glass, 1982; Madden & Slavin, 1983; Affleck *et al.*, 1988; Piuma, 1989; McCaughrin *et al.*, 1993; Conroy, 1996; Mitchell *et al.*, no date). The comparative failure of the

preceding disability approaches provide equally strong evidence that segregated piecemeal interventions on behalf of disabled people are wasteful and counterproductive (Barnes, 1991; Beresford, 1996; Oliver, 1990). This suggests that development assistance agencies wishing to cost-effectively empower disabled people to contribute to the development process must (1) make policy commitments and develop institutional mandates to include disabled people and a concern for their rights and needs in all of their activities, and (2) contribute to the design and implementation of comprehensive strategies to remove the architectural and social barriers that prevent disabled people from active social and economic participation in the countries they serve.

The principal ODA donors to Ghana in 1994–95 for the most part failed to adopt such policies or mandates, or to develop such strategies. Then, in the absence of the philosophical and structural underpinnings that such policies and activities could have provided, these agencies made little or no effort to promote the inclusion of disabled people in their mainstream development activities, or to provide them with anything more than limited piecemeal support.

Only two of the agencies examined, the United States Peace Corps and UNHCR, fell within the purview of inclusionary disability policies or mandates, and the Peace Corps officials in Ghana were not even aware of their mandate until we informed them of its existence. Therefore, in actual fact, only one of the 16 agencies examined actually operated within the context of a functioning modern disability policy designed to foster the inclusion and empowerment of disabled people.

In 1994, only seven of the 16 ODA donors examined contributed to disability-related activities with combined disability related contributions comprising only 0.097% of the total ODA examined. In 1995, only six of the ODA donors examined contributed to disability-related activities with combined contributions comprising only 0.153% of the total ODA examined. In the 2-year period under review, only 0.1282% of the total ODA we examined went to disability related activities, of which only 44.12% went to inclusionary and empowering activities. This means that only 0.0619% of the total ODA examined, a meager $754,293, went to activities that had any chance at all of bringing inclusionary and empowering disability concepts and strategies to Ghana.

If as we believe, Ghana is representative of many low income countries, our working hypotheses must therefore be that (1) disabled people in low income countries are receiving very little support from the international development assistance community; and (2) a significant proportion of those meager resources are currently being misspent on piecemeal segregated activities that may actually limit the ability of disabled people to enter the economic and social mainstream, and contribute to economic and social development.

Obviously comparable studies are needed in other developing countries before we can draw firm conclusions about the current and future relationship between the development assistance community and disabled people. However, the data from Ghana suggest that those seeking to involve the international development assistance community in the global effort to improve the circumstances of disabled people in poor countries now find themselves at the beginning of a very long process. The

Ghana experience suggests that they must first educate the development assistance community about the social and economic benefits associated with the inclusion and empowerment of disabled people, and then engage in the lengthy and uncertain process of encouraging and assisting all of the stakeholders in the development assistance community (e.g. poor country governments, development assistance agencies, NGO's and advocacy groups) as they begin to develop disability strategies. It is crucial that the initial efforts to develop cost-effective disability strategies in low income countries are successful, for their rates of success will greatly influence the rate at which such strategies, with their associated social and economic benefits, are accepted in the world's poor countries where most disabled people reside, and where accelerated rates of social and economic development are most needed.

NOTES

[1] Insufficient data exists for a proper estimation of the incidences of disability in poor countries. Coleridge (1993) suggests a range of 3–10%; Lindqvist (1998), the United Nations Special Rapporteur on Disability, suggests 10%; and Rioux (1998), the President of the Roeher Institute, suggests 13%.

[2] Data for this analysis were collected in Ghana in November and December, 1995 while Dr. Robert Metts was serving as a Fulbright Senior Research Scholar under the auspices of the Africa Regional Research Programme.

[3] The original intent of the study was to analyse data for the period 1983–92, the 'United Nations Decade of the Disabled.' However, the selected agencies were only able to provide the detailed disability data necessary for the period 1994–95. The data used to calculate total ODA for this period are contained in, Organization for Economic Cooperation and Development (1997) p. 102.

[4] This occurred because, according to the accounting methods employed by the OECD, the International Monetary Fund (not one of the multilateral agencies in this study) made large negative grants in each of these years. For an explanation of negative grants see Organization for Economic Cooperation and Development (1997) p. 251.

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