

**UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS  
(DESA), DIVISION FOR SOCIAL POLICY DEVELOPMENT (DSPD)**

**EXPERT GROUP MEETING ON PRACTICAL STRATEGIES TO PROMOTE  
SOCIAL INTEGRATION: LESSONS LEARNED FROM EXISTING  
POLICIES AND PRACTICES”**

**17 – 19 NOVEMBER, 2009 – ACCRA, GHANA**

---

**TOPIC: Existing Policies And Practices Conducive To Social Integration: Targetd  
Vs Mainstreaming Approaches To Address The Needs And Concerns Of Social  
Groups (Older Persons In Ghana)**

**BY: Ebenezer Adjetey-Sorsey, Executive Director, HelpAge Ghana.**

---

**A) RELEVANT POLICIES/LAWS IN GHANA THAT CURRENTLY AND  
DIRECTLY ADDRESS SOME NEEDS OF OLDER PERSONS**

**1. Pension**

**• Two main types**

- i) Ghana Government Pensioners – Cap 30
- ii) Social Security and National Insurance Trust (SSNIT) Pensioners

**❖ General Characteristic**

- People employed after 1<sup>st</sup> January, 1972 compulsorily joined the SSNIT Scheme which is fully contributory
- People in employment before 1<sup>st</sup> January 1972 were given the option of remaining on CAP 30 or joining the SSNIT Scheme
- Compulsory retirement age is 60 years
- A minimum contribution of 240 months (20 years) and age 60 years required for enjoyment of full pension
- The family of a pensioner who passes away before age 72 years receives a lump sum money from the Pension authority representing calculated pension from the age of death to age 72 years

**2. National Health Insurance Scheme**

- Provides defined health care services at a premium
- Annual minimum premium paid is GH¢7.20 (about US\$5)
- Scheme operates at the community level through Community Mutual Health Insurance Schemes (CMHIS). People register with the Scheme at the community level
- Registration Fee of between GH¢2.00 (about US\$1.50) and GH¢3.00 (about US\$2) is charged by the Schemes
- Premium for SSNIT Pensioners aged 60 years and above are paid by the SSNIT Scheme
- All others 70 years and above are exempted from the payment of the minimum premium – paid by government (National Health Insurance Authority) after submission of required data by CMHIS
- Other poor people are required to pass a Mean Test to be declared Indigent before getting exemption from the payment of the premium
- All children under age 18 years are automatically covered by the premiums paid by their parents or guardians (i.e. no extra premium charged)
- The Scheme operates in all government hospitals in a catchment area and in accredited health facilities
- Financed by premiums paid and 2.5% Ad Valorem Tax (Value Added Tax - VAT) on goods and services
- It is opened to all interested Ghanaians and campaigns are launched once a while to encourage more people to register under the scheme

### **3. National Social Protection Strategy**

- The flagship programme under the strategy is the Livelihood Empowerment Against Poverty (LEAP) Cash Transfer Programme
- Three target groups receive LEAP Social Grants:
  - i) Extremely poor people 65 years and above
  - ii) Care Givers for OVCs, particularly Children Affected By Aids (CABAs) and children with severe disabilities
  - iii) Incapacitated /extremely poor PLWHAs
- Beneficiary households for (ii) and (iii) are required to satisfy certain conditions

while they remain on the scheme. These conditions include:

- i) To enrol and retain all school going age children in the household in public basic schools. This will afford the children to also benefit from the on-going Capitation Grant and the School Feeding Program.
- ii) All members of the household must be registered and be card bearing members of the National Health Insurance Scheme.
- iii) New born babies (0 -18 months) must be registered with the Birth and Deaths Registry, attend required post natal clinics and complete the Expanded Programme on Immunisation.
- iv) No child in the household is trafficked or engaged in any activities constituting the Worst Forms of Child Labour (WFCL).

- **Social grants per beneficiary/household:**

Household Category	Social Grants	
	Monthly	Annual
Household with 1 targeted beneficiary	GH¢8	GH¢96
Household with 2 targeted beneficiaries	GH¢10	GH¢120
Household with 3 targeted beneficiaries	GH¢12	GH¢144
Household with 4 or more targeted beneficiaries	GH¢15	GH¢180

- Targeting Mechanisms
  - i) Collecting data on specific households and individuals through visits and interviews using pre-designed questionnaires
  - ii) Entering collected data and information into a unified household registry
  - iii) Comparing household characteristics with pre-established eligibility criteria
  - iv) Establishing programme specific beneficiary list.
- 5-year Piloting of the LEAP programme began in 2008

#### **4. Draft National Ageing Policy**

- Content include social services aimed at alleviating the plight of older persons and integrating them into the family and mainstream society
- Process began in 1997 by setting up of a National Ageing Policy Committee by the Ministry of Employment and Social Welfare
- Centre for Social Policy Studies (CSPS) of the University of Ghana submitted a draft policy to the Ministry in February 2002
- CSPS draft reviewed by the Committee set up by the Ministry after UN Madrid World Assembly on Ageing in 2002
- Draft submitted to Cabinet for approval in March 2003
- No Cabinet action. So another review from 2008. 2-day National Validation Workshop held in September 2009
- New /reviewed Policy to be submitted for Cabinet consideration before the end of the year 2009

## **B) SOME KEY CHALLENGES**

- i) Environmental/cultural issues
  - E.g. Education: There are more female than male elderly persons with no formal education. Self-reports suggested that in their young ages, parents preferred sending their male siblings for formal education, leaving the females to attend to household chores and other duties. The adverse effect of this on elderly women in different spheres of their life is quite pronounced. Areas this manifests itself include access to some vital services due to inability to access information about them, difficulty in landing formal employment to facilitate enjoyment of formal pension which is so tied to white-color jobs, etc.

It must be noted that all the above listed programmes are age-related in terms of targeting and this poses great challenge to older women, especially in rural areas of the country. Many find it difficult stating and providing proof of age.

- ii) Lack of awareness on the part of beneficiaries of the availability, procedures and benefits/rights of social development/integration/inclusion programmes.
- iii) Political clouds which create accessibility problems and sometimes adversely affect the quality and effectiveness of programmes
- iv) Poor Coordination with other related/complimentary programmes to make inclusion complete.
- v) Financing mechanism Vs Financial Sustainability of programmes – largely not financially owned by the country (e.g. LEAP) and no clear path to take full financial control in the future. The case of Poverty Alleviation Fund (diverted to finance another programme in 2008) Vs financing of LEAP

## Cash Transfer

- vi) No national definition of target group. i.e Absence of National Ageing Policy to define who is an older person in Ghana
- vii) Limited participation of target group in programme decisions and other decision making processes in the community which impact on the level of their social inclusion. Unit Committee – District Assembly representation

## **C) LESSONS LEARNT**

- i) Accessibility is enhanced if targeted groups, as much as practicable are involved in the development, implementation, monitoring and evaluation processes of the programme
- ii) Mean-tested programmes have the potential of warding off qualified targeted groups if the method does not take cultural, etc into consideration. E.g. it may be considered humiliating
- iii) National ownership rather than political ownership enhances acceptability and sustainability
- iv) The attitude/posture of non-beneficiaries, especially if ‘taxed’ to finance the programme without adequate awareness and negotiations can ward off beneficiaries and collapse programmes

## **D) A GUIDING PRINCIPLE**

- The dignity and right of beneficiaries should not be compromised.

## **E) KEY ISSUES TO PONDER OVER**

- i) Does ‘liberation’ from poverty means inclusion/integration or one of the means by which this can be achieved?
- ii) The issue of ‘how appropriate’ is whatever is targeted to the target group (older persons) a determinant in calculating the level of integration/inclusion?
- iii) Are we aiming at temporal or permanent inclusion/integration of the targeted group? Which is more feasible and acceptable to a society?