

THE STRUGGLES OF FULANI COMMUNITIES FOR EDUCATION AND HEALTHCARE SERVICES IN GHANA

Transparency International Ghana

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Inclusive Service Delivery in Africa (ISDA)

10th December 2025

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I. Background

The Fulani people, numbering around 25 million, live across the Sahel/Savannah Belt in the West and Central Africa, spanning countries such as Mauritania, Senegal, Nigeria, and Sudan¹ (Danver, 2015). Historically, many members of the community lived as nomadic pastoralists, known for herding cattle. However, a significant number of Fulani have adopted a sedentary lifestyle beyond pastoralism in several African countries, including Guinea-Conakry, Mauritania, Guinea-Bissau, Mali, Gambia, Cameroon, Senegal, Nigeria, Niger, Burkina Faso, Sierra Leone and Ghana². In the Ghanaian context, the Fulani have typically been classified as migrants, strangers often reference to their movement into Ghana since the colonial era³.

Despite several generations of Fulani being born, raised and living in Ghana, the community faces exclusion from political life. For instance, in 2020 members of the Fulani Community in Ghana held several news conferences voicing concerns of disenfranchisement if Ghana's Electoral Commission insisted on the use of only the Ghana Card and Passport as proof of citizenship in the 2020 voters' registration exercise as they often lack these documents⁴.

In Ghana and other West African countries, the Fulani - most of whom are Muslim - are often stigmatized as a violent extremist threat. Fulani face obstacles with accessing citizenship documentation for being perceived as aliens and potential violent extremists. Despite constitutional provisions on qualifications for citizenship (e.g., anyone born in or outside Ghana after January 7, 1993, can be a citizen if either their parent or grandparent was, or is, a Ghanaian citizen, by marriage, foundling and citizenship by descent (Constitution of the Republic of Ghana, 1992), some officials, the police, and immigration officials use unlawful means to deny Fulani their rights, and may demand bribes while ignoring their legal rights and protections. For instance, the Ghana Card, one of the legal documents required for Subscriber Identity Module (SIM) registration and for opening a bank account, has become a critical tool for exclusion and inclusion especially for accessing basic services such as education and health. Without it, many cannot save money or access health insurance benefits, as the card is now linked to the health insurance system.

Even though many Ghanaians still do not possess Ghana Card in any form, especially the rural population, the Fulani are more likely to not possess the Ghana Card, regardless of whether they live in urban or rural areas. This impacts every aspect of their lives, from

¹ Danver, S.L. (2015). *Native Peoples of the World: An Encyclopedia of Groups, Cultures and 15 Contemporary Issues* (Routledge).

² Černý, V., Priehodová, E., & Fortes-Lima, C. (2023). A population genetic perspective on subsistence systems in the Sahel/Savannah belt of Africa and the historical role of pastoralism. *Genes*, 14(3), 758.

³ Dorman, Sara Rich, Daniel Patrick Hammett, and Paul Nugent. (2007). *Making Nations, Creating Strangers: States and Citizenship in Africa*. Leiden: Brill.

⁴ Ghanaweb (2020). Voters register: EC seeking to disenfranchise us – Fulanis in Ghana. June, 2020, <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Voters-register-EC-seeking-to-disenfranchise-us-Fulanis-in-Ghana-967588>.

economic activities to accessing education and healthcare services. Consequently, Fulani are prone to be exploited by bureaucrats in the form of illicit monetary payments for documentations, which should be a constitutional entitlement of all citizens. Many Fulani have complained about local administrators denying their status as citizens⁵. Other drivers of discriminatory practices in the education and health sector reported by study respondents include language barriers leading to incorrect diagnosis and delayed provision of services in the hospitals, physical appearance, ignorance, stereotypes of foreignness. These are presented in the next sections.

2. Methodological approach

This report was produced as part of “Inclusive Service Delivery in Africa”, a four-year project implemented by Transparency International in five countries: the Democratic Republic of the Congo (DRC), Ghana, Madagascar, Rwanda and Zimbabwe. The project aims to improve access to education and health care services for women, girls and other groups at risk of discrimination. The research for the report was undertaken in four phases: 1) desk-based research and methodology development 2) stakeholder consultation 3) semi-structured interviews and focus group discussions with directly affected communities to develop case studies, and 4) drafting, editing and validation. In the first phase of the research, the Equal Rights Trust, Transparency International Chapters and research consultants participated in a series of workshops to discuss and develop the research methodology and tools. These included a stakeholder identification and mapping toolkit; a semi-structured interview questionnaire; evaluation templates, and a case study development form. Using these tools, national research teams undertook a stakeholder mapping exercise, seeking to identify and engage with organisations working with and on behalf of groups exposed to discrimination to discuss their interests and needs, and identify barriers to participation.

The stakeholder mapping exercise formed the basis for the second phase of the project, which focused on consultation. The research team engaged and interviewed public institutions, including national human rights institutions and anticorruption agencies, to generate a broad overview of patterns of corruption and discrimination in access to education and health care. This was followed by interviews with organisations working with and on behalf of marginalised communities. Following an initial round of consultations, the research team filled research gaps identified by conducting further interviews with organisations representing groups and grounds of discrimination not previously covered, and by engaging with individuals and organisations with experience in the education and healthcare sectors. The process aimed to ensure the active participation of marginalised groups, who stood to be impacted by the research.

⁵ Citizenships rights in Africa Initiatives (2023). We have been denied citizenship – Fulanis in Ghana. <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/We-have-been-denied-citizenship-Fulanis-in-Ghana-1781558> FacebookXLinkedInThreadsOutlook.comShare.

A case study method was suitable for providing an in-depth exploration especially of the linkages between corruption and discriminatory practices experienced by the Fulani in Ghana. In so doing, two (2) main sampling techniques; purposive and snowballing/chain referral techniques were used to select the participants. The purposive sampling technique was used to identify focal persons among the Fulani in geographical areas in Ghana dominated by Fulani. Our focus was ethnic minority groups on the issues of corrupt and discriminatory practices that counteract the efforts of minority ethnic groups in accessing health and educational services in Ghana. The selection of the participants for the case studies was guided by the following five (5) steps; We purposively selected two (2) different geographical zones in Ghana (within the Northern and the Southern parts of Ghana) as the case study sites. The selection of case study communities was guided by areas commonly resided by the Fulani. *Secondly*, the study identified leaders/focal persons within the Fulani ethnic groups in Ghana. The selection of the leaders was informed by the following (e.g., their popularity, level of influence in their communities, and with adequate knowledge and experiences on access to healthcare and educational services). *Thirdly*, within the selected communities, the leaders/heads of the minority ethnic groups such as the Fulanis were identified and selected purposely based on their lived experiences and knowledge on access to health and education services in Ghana. The selection of the participants was informed by the duration of stay of the participants in Ghana. Specifically, Fulani who have lived in Ghana for at least 5 years and above were selected as basis of their long-lived experiences in Ghana.

The snowballing/chain referral sampling technique to enable leaders of the Fulani to refer us to individuals within the community who may have experiences of and information on corrupt and discriminatory practices when accessing education and healthcare services in Ghana. Overall, a total of eight (8) participants were interviewed as Key Informants. In terms of gender, the study's participants will comprise of four (4) females and four (4) males. Field data were collected with the use of semi-structured interviews. This involved the use of pre-determined set of questions as guide to inform the data collection processes. This method created a flexible atmosphere and possibility that enable us to gain adequate insights and narratives from the participants in terms of their lived experiences on healthcare and educational services' access. Semi-structured interviews provided opportunity for discussion and probing for further elaboration and clarity. These were complemented by the holding of three (3) focus group discussions with Fulani men and women. The Key Informant Interviews (KIIs) were conducted through face-to-face conversation and virtual interviews/phone interviews with selected participants. The choice of each of the methods (face-to-face or virtual interviews/phone interviews methods) was determined by the participants. However, informed consent was sought from the participants prior to the interview sessions. To facilitate the interview processes, we sought the consent of the participants and audio-recorded the conversations.

3. Citizenship / Ghana Card

According to a National Identification Authority, the Ghana Card is eligible to three (3) categories of persons: all Ghanaian citizens by descent, registration or naturalization, aged zero (0) years and above and residing in Ghana; all Ghanaian citizens by descent, registration or naturalization, aged zero (0) years and above and living outside Ghana; and lastly foreign nationals legally and permanently residing in Ghana⁶. Yet, ethnic minority groups residing in Ghana, especially Fulani, tend to experience discriminatory practices in their attempts to attain the Ghana Card⁷⁸.

Accordingly, one member of the Fulani community interviewed revealed that even when they give birth in a Ghanaian health centre, their place of birth is either indicated as Burkina Faso, Mali or Niger. However, while being born in Ghana is one of the eligibilities for Ghana citizenship, others such as one's ability to speak a Ghanaian language, adoption, naturalization, being of good character and by ordinary residence are often less referred to. One Fulani discussant shared the following experience;

Yes, they do [give us documents when we give birth] but they will put the place of birth as Burkina Faso, Mali, Niger etc. Unless you check and ask them to correct it. All of us here were born in Ghana, we went through to Hamile [a border town between Ghana and Burkina-Faso] to this place, regardless of all these relations, we are often considered foreigners.

Additionally, a leader of the Fulani community also shared his frustration as follows;

I have a son who completed Sunyani Technical University and is now doing his national service, it was very difficult for him to get his card [Ghana Card], so I had to take him to the major town to get it. So, imagine someone who was born here in Ghana, educated here and looking at the fact that the card is very important these days, how would he have had access to certain services as a graduate without the card?

This revelation demonstrates the exclusionary practices and frustration experienced by ethnic minority groups especially the Fulani. These experiences suggest that, while the introduction of the Ghana Card is a fairly new development, with promising potentials for unified residents, it holds significant risks of excluding ethnic minorities from accessing public services. Recent population and housing census in Ghana, recognized the Fulanis as an ethnic group, categorized under "all other tribes." Interviews with the Fulanis community revealed that their perceived alienness or as foreigners may be linked to their often nomadic or semi-nomadic lifestyles.

⁶ <https://nia.gov.gh/faqs/>

⁷ Nsiah, I O (2023), *Ensuing Statelessness as (Post) Colonial Effect: Dynamics of Formal Identification Denial among the Fulani in Ghana, 2023*, available at: <https://law.unimelb.edu.au/centres/statelessness/research/critical-statelessness-studies-blog/ensuing-statelessness-as-post-colonial-effect-dynamics-of-formal-identification-denial-among-the-fulani-in-ghana>

⁸ UNODC, *Corruption in Ghana: People's Experiences and Views, 2022*, p. 113, available at: https://www.unodc.org/documents/data-and-analysis/statistics/corruption/Ghana/UN_ghana_report_v4.pdf.

"We were all born here in Ghana. Our only problem is the fact that we Fulani love cattle and cannot settle in one place because we need good pasture for our cattle. Those with Ghana cards have some level of freedom..."

Additionally, it is rooted in the belief that a true Ghanaian must have an ancestry claim. A lack of grandparents, traditional homeland or ancestral ties within Ghana have been illegitimately used as a basis for disqualifying non-Ghanaians from attaining citizenship⁹. Ethnic minority groups in Ghana, particularly the Fulani, are vulnerable to the discriminatory practices because they are often unable to meet officials' demands to proof ancestral ties to a Ghanaian and elsewhere. As revealed by the group of Fulanis;

"We only know they [our grandparents] came from Burkina Faso to settle here. Our parents were all born here. As it stands now, if you ask any of us to tell where exactly in Burkina our grandparents are from, we cannot tell..."

For some Fulani in Ghana, their second and third-generations face discrimination and exclusion, social prejudice and sometimes stigmatized in attempting to obtain the Ghana card. Their lack of access to Ghana Card counteracts their everyday mobility needs especially their ability to travel from one region to other. They are most likely to be issued the non-Ghanaian card to facilitate their movement, but not the Ghana Card that serves as proof of their citizenship. As revealed by a head of Fulani community:

"...When you [Fulani] are traveling and get to an immigration checkpoint, they take you into a room and search you. If the person is a holder of a resident non-Ghanaian card, they're asked to pay some money before they're allowed to continue their journey. If you don't have too, you'll still pay. We were born here in Ghana before most of these people working at the immigration and Ghana card offices. What makes them more Ghanaians than us? Is it because of our language?"

Even where they navigate to claim possession of a Ghana Card, they are often not free, but yet prone to interrogations. As disclosed by an interviewee; "They are people who will see you holding a Ghana Card, and they will be like, how dare you hold a Ghana card because you are a Fulani man". This revelation, reflects the daily discriminatory practices that the ethnic minority groups especially the Fulanis are often confronted with. As reinforced by the interviewees, "These are all comments that are made out of ignorance and stereotype and out of sheer discrimination". These sentiments work to deny individual minority groups their basic rights as citizens, as well work to limit their access to public services.

⁹ Schweers, J., (2024). Report on citizenship law: Ghana. European University Institute.

4. Corruption in the System

Fulani ethnic group perceived themselves as the most often excluded minority ethnic group in Ghana in all sectors; politics, including decision making, and social services access, including healthcare and education. Their efforts to access crucial legal documents such as the Ghana Card continues to be a challenge. The Ghana Card is essential for accessing most forms of services in Ghana including for open bank account, accessing mobile SIM for communication, legal document often requested for by the Immigrant officers to legalise one identify and movement across regions. The Fulani are vulnerable to demands by officials to give them bribes in order to gain access to the Ghana Card. As revealed by an interviewee:

“Because the Ghana card is a very important some Fulani were charged a lot of money to get their cards processed. Some of the young men within our Fulani community here paid but I don’t know the exact amount. We would have even preferred to pay to get the card but unfortunately, we did not even get that offer...”

This experience highlights the challenges the Fulani experience towards the possession of the Ghana Card. However, as pastoralists/herdsmen, they are often compelled to travel around in search for greener fodder for their livestock. The Fulani are sometimes denied their right to mobility by immigrations and road traffic officials. They may continue to exercise their right to mobility, to travel out of their localities without the Ghana Card, only when they have the financial ability to bribe officials especially immigration officers along the route. As one respondent narrated her experiences:

“Our major problem is the difficulty in getting a Ghana Card. I remember travelling to Berekum for a funeral with some relatives and at Walewale, one of my relatives without a Ghana card and a voter ID was forced to disembark because she couldn’t pay the 50 cedis she was asked to pay...”

These experiences of discrimination and exclusion are reported by other members of the Fulani community;

“The only point where we experienced discrimination and were told that we are Fulani was when we went to get the Ghana card. I have personally been to the office like several times but I have still not gotten my card. The first time I visited, I was told to go back home without any reason. I went back a second time, and was asked to write my name, initially the one in charge of writing the names told me that he will not write my name because I am a Fulani. They eventually wrote my name and told me to go back home and come back in a month time. I went back the third time and when it got to my turn one of the officers said she is a Fulani so ignore her, and another officer said they should allow me. We sat there till they closed and they told me to go home and come back again.”

In the absence of the Ghana Card, the Fulani risk being discontinued of their journey, command to outbound vehicle on the road for which they have paid full fares to travel with,

or paying more to continue their journey. These experiences represent the mistreatment that some ethnic minority groups especially, the Fulani witnessed from immigration and the police officers, in their attempt to exercise right to freedom of movement within Ghana. The interviews shown that while the official duties of both officers posed a greater challenge to their rights to mobility, their encounters with the police officers are described as less challenging compared with the immigrant officers. As one interviewee noted,

"The police don't have much of a problem as compared to the immigration service. They are very difficult to deal with. They can take you to their room and take all your money." Now when you are boarding a passenger car, the driver asks you the Fulani whether you have a Ghana card or not, if you don't have one, you will have to pay extra amount of money to the driver so that when they get to the barriers, he settles them and they don't worry you.."

4.1 Barriers in access to healthcare service

There were no reports of the Fulanis being absolutely denied healthcare services by healthcare workers due to their ethnicity or the lack of proper documentation. However, some reported to have witnessed diverse forms of discrimination showed against their counterparts by healthcare workers. As a leader of Fulani community narrated:

"I have to be honest. I have never encountered and my family have never faced any such discrimination because of their ethnicity at any health facility but I have heard they do happen elsewhere..." As shared by one respondent: "No, that has never happened. We are often given the necessary care and attention that we need in terms of healthcare, I witnessed a situation about 10 years ago where a Fulani woman went to the hospital with her child at her back. A nurse here who has gone on retirement wanted to deny her healthcare. I stepped in and told her we Fulani are also human beings and it isn't right for her to treat the woman the way she was."

In some instances, ethnic minority groups are not just directly discriminated against in terms of access to healthcare, but indirectly affected by their inability to access the Ghana National Health Insurance (NHIS) because of not having a Ghana Card. Lack of access to the NHIS means they face higher charges and costs to access health care service. As one narrated:

"Even now we are told that without a Ghana card, you cannot register the health insurance or even a birth certificate for your child. So, our worry is the fact that if you the mother does not have a Ghana card your child can't be registered on the health insurance which will require that you pay for treatment anytime the child gets sick."

Healthcare access challenges of the Fulani are further compounded by their lack of possession of the National Health Insurance card. As some shared their experiences: *"It is the health insurance card they always ask for. If the card is active, one is treated very well at little to no cost but when it is inactive, the payment would have to be out of one's pocket. If you can't pay, you'll have to leave because they are not willing to treat you; it is you who cannot pay for the services they'll provide for you.* Participants revealed that some are discriminated against in access to

health by health workers in grounds of low-income status and perception of being dirty and unhygienic.

“Yes, elsewhere, they consider us to be of the lower class and discriminate against us. I witnessed that but not here. If we weren’t there, they wouldn’t have attended to the Fulani woman. The reason for their action wasn’t clear to us. It was something to the effect that she wasn’t hygienic. We were still standing at the health centre when the in-charge came and got furious at his staff before they attended to the woman who was pregnant and almost due delivery...”

This narrative speaks to the discriminatory treatment some Fulani women experience based on health workers’ perceptions of their poor hygiene or status as foreigners. These experiences indicate that local biases and discriminatory practices against Fulani persist in certain areas of Ghana.

Even when ethnic minority groups such as the Fulani gain access to healthcare, they are at risk of having their identities and names inaccurately reflected. The names of ethnic minority groups especially the Fulani are inaccurately written in the records of hospitals and healthcare centres. “Fulani” is commonly written as their surname in the health records of Fulani patients who sought healthcare in Ghana. An interviewed member of the Fulani who cannot read and write in English language, the official national language of Ghana, said his surname was not reflected accurately in his health records. As one respondent shared his experience; *To the extent that a number of my dad’s hospital records do not have his surname. They simply write Amadu Fulani; and it is what they do with a number of Fulani who go to seek healthcare. My father’s name has become “Amadu Fulani for so many decades, and up till now, I find on some hospital records when he goes to the hospital on his own.* This act does not only erase their personal identities but reinforces labels that Fulani people are foreigners regardless how long they have been living in Ghana.

3.2 Barriers in access to education

Respondents largely related that discrimination has been less of an issue in terms of access to education for the Fulani community. Teachers encourage Fulani parents to support their children’s education. *“When it comes to education, our children school, we haven’t had any cause for concern. They [teachers] even entreat us to support our wards to learn and make sure they are punctual to school.* However, economic challenges limit the progression of Fulani children enrolled in schools. Some Fulani children reportedly drop out because their families can no longer afford to support them financially. Particularly, girls reportedly get married, while boys become herdsmen shortly after enrolling in school. The discussants confirmed this as follows;

“Sometimes when our children school to some level, paying school fees becomes a burden for us and they have to drop out. The females marry and the males try to seek other

employment opportunities but if they don't get any, they have to come back and become the herdsmen. Some of them pass but since we do not have the money to support them, they'll have to come and join us at home. Those who can support their children help them pursue education at the highest level"

Although teachers encourage Fulani parents to provide their children with formal education, the absence of proper identification—particularly birth certificates—deepens the marginalization experienced by Fulani children and affects their future prospects. Without Ghanaian birth certificates, many are unable to access essential educational support. Moreover, when the place of birth on their documents is recorded as Burkina Faso or Mali, Fulani families become classified as foreigners within the Ghanaian system. This designation compels them to pay higher school fees, further limiting their children's educational opportunities. As one narrated:

"...sometimes when you go to register a birth certificate for your child, they just write Burkina in it, which we are not happy with because we are Ghanaians. We encountered an incident like that but fortunately, the father of the child was literate so he told them to remove the Burkina before he paid and it was corrected...If they put Burkina in the birth certificate of our children, it means that even when they pursue higher education we have to pay more since the birth certificate indicates that they are foreigners."

Parents are advised to ensure their children are correctly registered as being born in Ghana to secure better access to future opportunities. While they seek nationality, or full citizenship rights for their children's future, the fact some Fulani parents cannot read and write in English means they are unable to check the birth certificates of their newly born babies and to insist on accurate documentation of their place of birth. The interviews revealed that only the formally educated parents are able to insist on accurate documentations their places of birth of their newly born babies.

Elsewhere, some Fulani encountered discrimination in access to educational services, including derogatory remarks and lower quality of treatment. Fulani children have been questioned by some Ghanaians of why they are schooling/pursuing formal education instead of rearing cattle. As one shared his experience: *"I have had people ask me, 'but why are you here? [in school], Are you not supposed to be in the bush herding cattle? Fulani man, what are you doing in school?'"* Even *"Sometimes, some Fulani children are verbally abused by their teachers and these issues are not acceptable. You cannot see a Fulani child and stereotype them by questioning why they are not herding cattle but rather in school. These actions can prevent the children from showing interest in schooling"*.

Some respondents highlighted the importance of schooling for their children, especially given challenges to the pastoralist way of life. As one shared a reflection:

"I know the way we herd cattle will become extinct as time goes on because people are farming everywhere and it's becoming difficult to get places for the cattle to graze, aside

from being educated, it will be difficult for us to get any job. We are already old and can still herd the cattle, but our children would have to be educated to do something different in terms of employment.

While they perceived formal education as the future for their children, they lamented over the low retention and educational progression particularly among their girl children in schools when enrolled. However, the participants revealed that educational progression of their children especially retention in school is challenged by their low-income status, over reliance on cattle rearing, and their geographical location – predominately rural zones.

5. Language as a tool for discrimination and exclusion

Some Fulani are also discriminated and excluded in access to healthcare due to their inability to speak a dominant Ghanaian local dialect. In hospitals, where English and other Ghanaian ethnic languages dominate, minority ethnic groups who do not speak these languages are sometimes treated as outsiders. This linguistic and cultural variation, sometimes result to exclusion, lack of proper diagnosis, treatment, and a general disregard for patient dignity. As revealed by head of a Fulani community;

“...I am their [Fulani] “head” here. Sometimes because of the language barrier it becomes very difficult for those of us who do not understand any Ghanaian language to get proper healthcare” “Healthcare professionals typically speak English and other Ghanaian languages, but for someone like my mother, who does not speak the language, she is immediately assumed to be a foreigner, if you come and speak say Moshie only, then it means you are a foreigner and will have to pay a lot. It’s the Community-based Health Planning and Services (CHPS) compounds we often witness such issues”

The inability to speak and write in the English language exposes ethnic minority groups to exploitation. The participants revealed that such exploitation may takes monetary forms, where ethnic minority groups unknowingly pay more to access healthcare service especially at the community health post. One narrated such an experience as follows; “Yes, when other foreigners come especially those who do not speak any Ghanaian dialect. For example, if you come and speak say Moshie only, then it means you are a foreigner and will have to pay a lot. It’s the Community-based Health Planning and Services (CHPS)¹⁰ compounds we often witness such issues.” The CHPS a basic, community-based health facility in Ghana designed to provide primary healthcare services in rural and underserved areas. Ethnic minority groups are easily identified by health workers by their inability to speak English, or the dominant native language spoken in the community or by their accent. The language barrier (miscommunication and understanding) exposes affects the ability of Fulani who arrive in Ghana for the first time to gain proper healthcare services such as diagnosis, even where they are able to afford cost of payments.

¹⁰ Community-based Health Planning and Services

However, in schools, language differences lead to alienation, with steep difference between the basic and the high school and the tertiary level. The research participants noted that discrimination is less pronounced at the basic community school level, due to existing familiarity among the people in the given community. However, when Fulani students transition into secondary school, they experience more overt forms of discrimination in context when their peers have little familiarity with Fulani culture or language.

6. Conclusions

Despite being classified as other ethnic group in Ghana's population and housing census, the Fulanis' nomadic lifestyle and their inability to trace clear ancestral ties in Ghana have fuelled their marginalization. This discrimination is rooted in historical and colonial legacies of indigeneity and reinforced by contemporary citizenship policies. While the Ghana card has, in practice, deepened social exclusion and institutional bias against the Fulani. Fulani people are subjected to corrupt practices, including bribery, to gain access to the card and are often discriminated against by officials such as immigration officers. Their inability to gain legal possession of the Ghana card curtails their mobility within the country. They are exposed to be exploited by both state officials who take advantage of their vulnerable status.

Discrimination and corruption in Ghana's healthcare and education systems affect minority ethnic groups, particularly the Fulani. These challenges are exacerbated by the existence of stereotypes, linguistic barriers, and a lack of institutional accountability. Corruption, discrimination, and language barriers continue to hinder the access of minority ethnic groups like the Fulani to essential services such as healthcare, education, and national documentation in Ghana. While some improvements have been noted in education services, the systemic issues affecting the acquisition of the Ghana Card and healthcare access reflect a broader challenge of inclusivity and equal treatment.

7. Recommendations

To foster an inclusive society, deliberate efforts must be made to educate the public, train service providers, and strengthen civic institutions in protecting the rights of all citizens, regardless of ethnicity. Addressing these issues requires comprehensive and sustained efforts involving policy reform and cultural sensitization to ensure equitable healthcare and education services for all. Additionally, promoting diversity and inclusion within educational curricula can foster a more equitable environment. The struggles of the Fulani reflect deeper systemic issues of discrimination and exclusion against ethnic minority groups in Ghana, underscoring the need for more inclusive and equitable policies. Addressing these challenges requires concerted efforts from government agencies, civic institutions, and community leaders to ensure that all citizens, regardless of ethnicity, have access to the services and rights they are entitled to. Above all, this study recommends the following;

- *Promote media and public discourse on citizenship inclusion of ethnic minority groups in Ghana*

Efforts can be tailored towards supporting the formation of a coalition of a national anti-ethnic discrimination campaign groups to debunk ethnic stereotypes and promote inclusive citizenship narratives. Such campaigns are relevant for fostering inclusion especially of the often-neglected and/or excluded minority ethnic groups such as the Fulani. Civic education, storytelling, and media engagement can be useful strategies in changing public perception while fostering social cohesion especially of the marginalized groups.

- *Sensitization and anti-discrimination training for frontline State Officers*

Equally important is the need to improve the conduct of frontline state officers through mandatory training programs focused on anti-discrimination, diversity awareness, and human rights. These include staff of the NIA, police, and immigration services. These officials should be trained on diversity, respect and the rights of all ethnic groups, regardless of their origin or language. This will help reduce bias and hostile treatment toward Fulani applicants and travellers. Additionally, this can be complemented by the creation of a dedicated desk within the NIA to handle cases of ethnic discrimination and provide guidance to minority applicants. This is relevant because the Fulani expressed frustration with no structured pathway to report and resolve challenges encountered during the card acquisition process.

- *Promoting culturally sensitive education and health worker training*

There is a need to strengthen *education and health worker training* to include cultural sensitivity and anti-discriminatory practices, particularly towards ethnic minorities such as the Fulani. These trainings should incorporate real-life narratives and experiences of Fulani individuals to cultivate empathy and reduce implicit bias, especially regarding perceived hygiene, income status, and language barriers.

- *Multilingual Communication and Representation*

Healthcare and educational facilities should be encouraged to adopt multilingual communication strategies and deploy interpreters or liaison officers who can bridge language gaps, especially for ethnic minority groups who cannot speak dominant local or national languages. In the longer term, hiring *education and health personnel* from minority ethnic communities could enhance trust and communication between service providers and marginalized groups.

- *Sensitising members of the Fulani community about mechanisms to report corruption in the education and health sectors*

Many Fulani households may be unfamiliar with formal complaint procedures. They may also lack information about where and how to report misconduct, or may feel intimidated by bureaucratic systems. Sensitisation efforts—through community outreach, local leaders, multilingual communication, and culturally appropriate engagement—would empower community members to identify and report cases of bribery, extortion, discrimination, or

misuse of public resources in schools and health facilities. Ultimately, this intervention seeks to enhance transparency, strengthen service delivery, and protect Fulani citizens from exploitation or unequal treatment.