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Title:

**Putting decision into action: The Disability
Act of Ghana, six years down the line.**

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DEDICATION

To the memory of the late,
Beatrice N.L. Mills (1910 - 2009).
Grandma, friend and confidant.

And to

Mary T. Armah.
The strongest pillar of a woman I know yet.
Thank you mum for everything.

FOREWORD

In order to depersonalize and reduce narrative bias, there is the use of “the researcher” instead of the personal pronoun “I”. This is to have the narrative of the whole process of this study as objective and impersonal as possible.

Also due to the sensitive political angles of this study (the two different successive political administrations), it is important for the reader to note that the researcher conducted this study in a purely objective and political-biased free manner. There were no political affiliation sentiments whatsoever with an aim to tag any party in a negative light.

ABBREVIATIONS

CEPD – Centre for Employment of Persons with Disability

FGD's – Focused group discussions

GDA – Ghana Disability Act

GFD – Ghana Federation of the Disabled

LI – Legislative Instrument

NCPD – National Council on Persons with Disability

PWD's – People with Disability

CHRAJ – Centre for Human Rights and Administrative Justice

ABSTRACT

The study was conducted to explore how far implementation of the Ghana Disability Act has gone and some factors affecting its implementation. Using the qualitative method of case study, officials from the secretariat of the NCPD and some disabled members of the GFD were purposively chosen and conveniently sampled for the study. Theoretical perspectives of Hyden, Van Meter and Van Horn, as well as the Third generation of implementation scholars were employed to guide the research. With the use of semi-structured questionnaires based on four chosen sections of the Act and on the five Independent variables for the study, interviews and focused-group discussions were conducted with the subjects. Analysis of the data gathered depicted delay in the implementation process and some factors found to be influencing this delay were: negative perceptions of the society regarding the disabled; the structure of the implementation body; lack of commitment to the disability situation; and the incomplete attributes of the Act itself. Change of government, however, did not have any significant effect on the implementation.

CHAPTER ONE

1.1 Introduction

This chapter outlines the reasons for embarking on the study, what issues formed the roots to the study and the statement of the research problem. It also presents a brief picture on Ghana, the setting for this research, and its existing public administrative structures as well as provides an insight into the general picture of public administration in Ghana. Also in the chapter is a summary of the Persons with Disability Act of Ghana.

1.2 Purpose of the study

Policy implementation is the stage of the policy cycle where the decisions taken by the policy actors, to provide solutions for an identified problem, are carried out. This stage mostly involves actors like civil servants and administrative officials to carry out policy programs.

It is often taken for granted that once a policy decision has been made, implementation automatically takes place successfully, but in reality, this is not the case. According to Howlett, Ramesh and Perl (2009), “while most policy decisions identify the means to pursue their goals, subsequent choices are invariably required to attain results. Funding must be allocated, personnel assigned, and rules of procedure developed to make a policy work”. This means that if these subsequent choices are faulted, successful implementation becomes far from reach.

From this observation, the research set out to find issues relating to the implementation of the Ghana Disability Act 715, which was passed in 2006, in answer to the plight of the disabled in the Ghanaian society. The purpose of the research was to find out how far implementation has gone and to identify the factors promoting or hindering its successful implementation. This was achieved by conducting interviews and focused group discussions with some identified implementation officials and some disabled persons.

1.3 Background to the study

Every human being, for the sake of being human is entitled to certain fundamental and inalienable human rights that must be upheld and protected by the state and the world at large. There should not be discrimination against who is entitled to these rights and where it is applicable in the world, thus there should be equality and universality when it comes to the issue of human rights.

The dictates of human rights have been the focus for many policies formulated for the well-being of people around the world, and Ghana, a country situated in the western part of Africa is no exception to this rule as most policies designed and implemented in the country are geared towards the realization of the fundamental rights of its citizens. Many human rights policies to address the needs of mostly the vulnerable in the Ghanaian society, such as The Domestic Violence Act, the Mental Health Bill as well as the Disability Act, have been formulated and some of them passed.

One group of vulnerable citizens in any country at all is people living with disability. It can be in the form of either: physical disability, where there is the loss of the use of limbs and other parts of the body; sensory disability, where there is a loss in the use of the senses like hearing or visual impairment; or mental disability, which has to do with defects of the brain.

“According to the WHO, there are more than 600 million disabled persons in the world, of which approximately 80 % live in low-income countries. In most developing countries, including Ghana, disabled persons constitute an impoverished marginalized group, characterized by lack of access to public health, education, and other social services that would ideally support and protect people with disabilities. Economically as well as in social terms, disabled persons in developing countries are normally found among the poorest of the poor”. (Ghana Federation of the Disabled, 2008)

“There are rarely strong disability movements actively working to improve the living conditions for people living with disabilities. Disabled persons are often only weakly represented in civil society and Ghana is no exception”. “In Ghana, the disabled are often regarded as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society at large, which leaves them in a vicious cycle of poverty. (Ghana Federation of the Disabled, 2008)

In 2006, after many years of clamour and complains from NGO's, some institutions and disabled persons, Ghana passed the ACT 715, which was to cater for the needs of the disabled in the Ghanaian society, in terms of their education, employment, health care and so on. The summary of the ACT is as follows:

1.4 Summary of the persons with disability act of Ghana 2006 (ACT 715)

The Ghana disability Act 715 was passed after many efforts from Persons with Disabilities (PWD's), NGO's and other interest groups in 2006. It has 12 main objectives and its provisions are divided into eight main sections.

OBJECTIVES

- To educate Ghanaians on the rights, potentials and responsibilities of both society and PWDs
- To generate and disseminate relevant information on disability
- To create an enabling environment for the full participation of PWDs in national development
- To ensure access of PWDs to education and training at all levels
- To facilitate the employment of PWDs in all sectors of the economy
- To promote disability friendly roads, transport, and housing facilities
- To ensure access of PWDs to effective health care and adequate medical rehabilitation services
- To ensure that women with disabilities enjoy the same rights and privileges as their male counterparts
- To ensure that law enforcement personnel in cases of arrest, detention, trial and confinement of PWDs take into account the nature of their disabilities

- To encourage full participation of PWDs in cultural activities
- To ensure access of PWDs to the same opportunities in recreational activities and sports as other citizens
- To promote CBR Programs as a means of empowering and ensuring the full participation of PWDs in society

(Ghana Federation of the Disabled, 2008)

THE EIGHT SECTIONS ON THE PROVISIONS

(1) Rights of persons with disability- with provisions like access to public places, rights to family life, reducing discrimination etc.

(2) Employment of persons with disability- focusing on promotions, appropriate training, transfers, rehabilitation centres, etc.

(3) Education of persons with disability- free education and specialized schools, child education, refusal of admission on account of disability etc.

(4) Transportation - importing of non-conventional vehicles, parking places for the disabled, the disabled as a pedestrian, ownership of driving licence etc.

(5) Health care and facilities- medical treatment, establishment of assessment centres, etc.

(6) Miscellaneous provisions- derogatory names, participation in national activities, etc.

(7) Establishment and functions of national council on persons with disability- meeting of the boards, appointment of committees, etc. and

(8) Administrative and financial provisions- delegation of power of appointment, funds of the council, regulations, etc.

NOTE: Due to the density of the provisions in the act, this research selected four out of the eight sections and further still selected some provisions under each of the four chosen sections

to focus on. This was to be able to narrow down on the variables of interest and also make it easy to study the complex implementation process.

IMPLEMENTATION

After a policy is formulated and passed, there comes the next hurdle of implementation. For the purpose of clarification and some background knowledge before proceeding to the actual study, this paper at this stage will throw some light on the concept of policy implementation and then narrow down to the perceived nature of policy implementation in Ghana.

1.5 What is Policy Implementation?

Policy implementation is the stage of the policy cycle where the decisions taken by the policy actors to provide solutions for an identified problem are carried out. This stage mostly involves actors like civil servants and administrative officials to carry out policy programs. Through many years of scholarly debates and modifications, there have emerged three approaches to policy implementation, thus, the top-down, bottom-up, and the third generation approach to policy implementation.

- **The Top-down debate**

Some scholars ascribe to the perspective that policy programs are more successful when implemented “top-down”. That is when those charged with the duty of implementing policies follow the wishes of the policy makers to the letter. This approach to implementation starts with the decisions of government, examines the extent to which administrators carry out or fail to carry out these decisions, and seeks to find the reasons accounting for the extent of implementation carried out. (Howlett, Perl, & Ramesh, 2009)

One demerit of the approach is that it focuses solely on how the prescriptions of the senior politicians and officials, involved in the decision making stage, are carried out accordingly by the implementers whiles downplaying the role of the lower level officials and members of the public who in reality are the main actors when it comes to implementation.

- The Bottom-up debate

Studies conducted in the bottom-up fashion showed that the success or failure of many programs depends on the skill and commitment of the actors directly involved in implementing the programs and these studies focused attention on the formal and informal relationship constituting the policy subsystems involved in both designing and implementing policies. (Howlett, Perl, & Ramesh, 2009)

- The third generation view of implementation

This was a shift in focus from the administrative concerns of implementing a program (thus which actors are more important), to the application of the tools or instrument of government to implement policies. It focuses on implementation design and behaviour of implementers as indicators for implementation success or failure. To them certain programs that can occur with a routine action are more likely to be implemented smoothly than those programs designed to address long term problems that cannot be solved by just one routine action. (Howlett, Perl, & Ramesh, 2009)

Where the first two early approaches fall short in terms of behavioural dynamics of the actors and their choice of instruments, the Third generation theories make up for those shortfalls. Also it is not uncommon to find researchers combining both early approaches in their studies to get a holistic view and account of the implementation process.

After exposing certain facts about policy implementation in general, this paper will now narrow down to the specifics of this study, thus, the nature of policy implementation in Ghana, the country of focus for this research.

1.6 General picture of policy implementation in Ghana

Ghana as a democratic state has a responsibility of caring for the wellbeing of its people and this duty is overseen by the elected officials, thus, the president and parliament. Over the years, many humanitarian and state policies have been formulated and some implemented. However the growing concern of many is not about a bill finally getting to be passed into a law but rather about the effectiveness and sustainability of an implemented policy.

Agyepong & Adjei (2008) stated emphatically how economic conditions and societal pressures affect policy implementation in Ghana. What normally occurs is frenzy over implementation of a policy during the early stages but after a while, implementation slows down and sometime is all together abandoned. Some reasons that can be attributed to this are; lack of funds to steer on a project and also unwillingness of individuals to cooperate with the policy programs. (Agyepong & Adjei, 2008)

Another interesting occurrence on implementation of policies in Ghana is the tendency of new elected officials, mostly from a different political party, to put aside programs initiated by the previous government, to start their “own” set of policies and new programs. This attitude of state officials has created a vicious cycle of many abandoned projects and policies, a very disadvantageous situation for a developing country trying to move forward.

1.7 The structure of public administration system in Ghana

With the intent of this research, it was also imperative to outline the various classifications and divisions within the political administrative structure in Ghana in order to throw light on how implementation is carried out and also to point in the right direction of the significant institutions to contact for data during data collection.

Ghana, a former British colony located on the south western part of Africa, attained independence on the 6th of March 1957 led by Dr Kwame Nkrumah. The country is made up of 10 major administrative regions with regional capitals, 10 metropolitan and sub-metropolitan assemblies one each located within each of the 10 major regions, and 166 districts within which we find the District Assemblies (DA).

It is a constitutional democracy headed by a president who is elected for a four year term after which can contest again for another four year term making a maximum term of 8years. The democracy is also supported by a parliament made up of both minority and majority representatives who are also elected for four year terms.

“In Ghana, as Ayee (2008) noted, since independence, succeeding governments have preoccupied themselves with decentralization because they regarded it as a necessary condition for not only the socio-economic development of the country, but also as a way of

achieving their political objectives such as the recentralization of power and legitimacy. Politicians, however, who advocate for decentralization, are sometimes skeptical of giving or sharing power with their subordinates as the concept is either not well defined or understood in the Ghanaian context”. (Antwi-Boasiako, 2010)

“In order to democratise, decentralize state power, and institutionalise decision making at the grassroots level, the 1992 Constitution effectively decentralised political and administrative authority under the District Assemblies. Thus the District Assemblies make and implement decisions and engage in activities required to meet the needs of the people in the areas under their jurisdiction, in economic, educational, health, environmental hygiene, recreation and utility services”. (Ghana Federation of the Disabled, 2008)

This move for decentralization has given many responsibilities to the District Assemblies but their activities are however stifled by the absence of a following decentralization of resources for running costs or monitoring.

This depicts a picture that even though decentralization seem to be the mode of administration, it may not be the complete picture and as Antwi Boasiako (2010) reflects on Gyimah-Boadi, “even though local governments are given autonomy over finance, control from the central government had taken away that power from the local people”. He maintains that the districts do not have the capacity to manage their finance, and even the District Assembly Common Fund is controlled by the central government.

THE COMMON FUND

The governmental budgetary allocation to the district assemblies is known as the Common Fund and is “ divided between the districts based on a number of indicators that reflect poverty, population size, the amount of internally generated funds (IGF) and the "need factor", which is introduced to reduce the current imbalances in development. In this way, districts with high levels of poverty get more funds”. (Ghana Federation of the Disabled, 2008)

“In the guidelines for the use of the Common Fund, it is stipulated that 2 % of the funds should be set aside for disability related issues. The District Assemblies have complained that there was a lack of guidelines for how the funds should be spent including how the needs of

women with disabilities should be met. For this reason, guidelines were developed in 2007 by the Ministry of Local Government and submitted together with the 2007 allocation of funds to the District Assemblies. However, experience has shown that the implementers, the District Assemblies do not accept the guidelines and therefore, they do not follow them” (Ghana Federation of the Disabled, 2008)

1.8 Statement of the problem

“The WHO report reveals that of the one billion people in the world who have a disability, approximately 150 million encounter significant adversities in their daily lives. In Ghana, an estimated 2.5 million people live with a disability, making them the country’s largest minority. People with disabilities face severe social stigma, creating a culture of entrenched discrimination. Ostracised from society, many live under the misguided belief that their lives are not worthy of respect”. (Picton)

This sad situation should not be the case in Ghana as in 2006 The Disability Rights Act of Ghana was passed. Its proposition was to provide disabled people with access to various services which has been denied them for so long. There was for example, a ten (10) year moratorium on easier access to public buildings; equal opportunities in education and employment; free general and specialist care and so on.

However five years on, the disabled still feel marginalized and ignored and thus between September and December 2011, this issue regarding the plight of the disabled in Ghana was brought forth into the spotlight in Ghana, with PWD’s and Human Rights organizations as well as the media voicing their opinions and frustrations.

“Despite the government’s legal obligation to provide free education and establish special schools for disabled children, many children with disabilities are still excluded from any form of education” as there is lack of disabled facilities in schools. Also the “healthcare system is unequipped to accommodate the needs of persons with disabilities, and the state of mental healthcare is pitiful. Commitments made to employment creation have been ignored and

where persons with disabilities do gain employment they continue to face many constraints”
(Picton)

NOTE: The concept of policy implementation specific to this study will focus on how many provisions in the Disability act have been attended to and also examine the progress of the ten year moratorium on access to public buildings in the country. Not necessarily having implemented every provision, but the extent to which the provisions or some provisions have been carried out, in order to determine whether there is progress or not.

1.9 Objectives of the study

- 1) To find out how far implementation has gone with regard to the provisions in the act.
- 2) To provide a source of data on the Ghana Disability Act and its implementation; which can be used as reference, for future research.
- 3) To help throw more light on the nature of policy implementation in general in Ghana.

CHAPTER TWO

Introduction

This chapter focuses on the questions that the study aimed to answer to provide an understanding into the implementation of the Ghana Disability act and also reviews some perspectives of previous research in the area of implementation in Ghana, highlighting the research questions asked, the variables studied, the theories used, and the conclusions drawn.

2.1 Research questions

After identifying a research topic, the next thing to do is conceptualize your topic into questions that focus at specific aspects of the problem under study. Research questions are therefore what the researcher wants to find answers to and they capture the problem or phenomenon under study. The kind of research questions posed, determines the kind of research method to use.

In this study, the broader question asked was: How do stakeholders in the implementation of the disability act perceive the success of implementation to date? To answer, the view of some officials, and some disabled people was sought, in relation to the Act's provisions and the implementation progress. The sub questions relating to this broader question were:

- i. How many provisions in the act has been attended to and implemented?
- ii. Are there some characteristics of the implementation process affecting the success of the policy?
- iii. Is the implementation being affected by social and political factors?
- iv. Are there some characteristics of the provisions in the Act which are affecting its implementation?

2.2 Literature review

The focus of the research that was undertaken was on factors influencing the successful implementation of the Disability Act in Ghana, it was therefore expedient to review some literature on implementation studies in Ghana to find out if there is a trend in implementation success and failures of certain policies. Also it was to help throw more light on the theories and issues that apply to the nature of policy implementation in Ghana and also help determine if some particular types of policies are easier to implement and so more successful than other types of policies in the Ghanaian context.

There is not much literature on the implementation of disability policies in Ghana and even in other African states which indicates just how little attention is paid to that subject and also reveals the significance of the proposed research in adding material to future literature.

However, Reynolds (2010), in a course project work: “Disability Culture in West Africa: Qualitative Research Indicating Barriers and Progress in the Greater Accra Region of Ghana” sought the views of five community leaders through in depth semi-structured interviews to find out how disabled people are perceived and if it creates a barrier to the success of the disability act. According to her, “Although the passing of this bill is an important step, changes in both the physical and social structure of the country must occur before its aims can be actualized” (Reynolds, 2010). With this mindset, she sought to inquire into the social structure of the country in terms of the social perception on people with disability.

The findings of her study were categorized and analyzed into five major themes. Two that become issues of interest are: (1) the understanding of what a disability is, its cause and what disabled people are capable of doing. The common disabilities mentioned were physical and sensory disabilities, and whiles people acknowledged some causes to be biological there was also mention of spiritual causes to disability. There were some views of disability being contagious which leads to people not wanting to be around the disabled. Others pointed also to feeling pity and disregard for the disabled. (2) Disabled people have rights though they may not be the same for the able-bodied, in terms of work and education. Some views were that they may be less active when employed and may also be slow in school and therefore need special schools.

This variable of disability culture is worth exploring into to find its relationship to the implementation of the disability act.

Aforo, P.A. (2011), conducted a comparative study on the effective implementation of small town water supply projects in Ghana to find out if the policy programs and design had a role to play in the indications of non-performance of the policy in different project sites. Her stance therefore was to assess implementation of public policy at the local level. This study could be seen as one focusing on a developmental policy.

The research objectives identified were

- To examine the extent to which clear policy objectives and design affect implementation
- To assess how adequate resources like: human, financial, technical, materials equipment- influence implementation of the Small Town Water Supply Systems.
- Examine the extent to which informal institutionalized systems –cultural beliefs, traditions, values and norms- affects the implementation of the policy
- Assess the extent to which community members (especially women) participated and its influence on implementation.

Winter's Integrated Implementation Model (2003) which is a contemporary modification of Van Meter and Van Horn's perspective was the main theory relied on for this research as well as Goran Hyden's Economy of Affection and Thomas and Grindle's Interactive Model of 1990. Also Aforo (2011) drew literature from Van Meter and Van Horn's Policy Implementation Process which identified six variables that affects policy implementation- policy standard and objectives, policy resources, inter-organizational communication, characteristics of the implementation agencies, economic and social conditions and the dispositions of implementers.

Using qualitative research methods to make a comparative case study of two projects from the same districts in the Central Region of Ghana, Aforo (2011) observed that, clarity in projects objectives and design, inter-organizational collaboration and communication, resources, beneficiary participation as well as socio-cultural factors (influence of traditional authorities), explained the variations in the performance of the policy programs.

Few implementers' involvement and discretionary decision making power enhanced the collaboration, communication and division of labour to facilitate implementation. This raised the question that "Does large numbers of implementers or implementation bodies and their level of autonomy for a particular policy negatively affect its implementation?"

Even though clarity in objectives and design facilitated implementation, it did not have any significant effect on the delay of the projects. An observation made also was that unlike other local and national policies where funding becomes a problem, availability of funds was not a problem for the two areas under study but yet there were problems with implementation.

The question then was which variable will account solely for the delay? It was found out that the human resource capabilities of the private contractors and their poor utilization of resources were identified as the major factor that explained the variations. This provides a salient point that funding might not always be the major challenge when it comes to lack of resources for implementation and that human capital and lack of skills could be the issue. (Aforo, 2011)

Another comparative study on the Implementation of the Ghana National Health Insurance Scheme at the local level was conducted by Kipo (2011), “to examine the degree/extent of effectiveness in the implementation of the NHIS in terms of beneficiaries increase access to health care facilities and quality health care services. Also to ascertain if there are any significant differences between the public health care facility and the private health care facility with regard to financial, human resource endowment, implementation structure and staff knowledge” (Kipo, 2011). This could be identified as a health policy implementation.

Using the qualitative method of case study, Kipo also employed Winter’s Integrated model as a framework of analysis to identify factors and actors that account for differences in implementation in two health care facilities in the Sawla district. He identified variables such as program design, target group behaviour, socio-economic factors, policy instruments including resources and implementation structure. To assess the effectiveness of the implementation, he examined core objectives of the NHIS, implementers’ perception of the objectives, policy instruments employed and benefits package of the policy to beneficiaries.

Since Winter model did not address resources, public trust for implementing institutions and other aspects of implementation in detail, Kipo also adopted some other models developed by Van Meter and Van Horn (1975), Grindle and Thomas (1991) and Rothstein (1998). While Van Meter and Van Horn identify resources as funds and incentives, Grindle and Thomas (1990) identify four different kinds of resources: political, financial, managerial and technical. Rothstein on the other hand emphasizes that the degree of effectiveness of the implementation

of a policy is dependent on the motivation and capacity of implementing staff and continual supervision and evaluation of the activities of implementing organizations (Rothstein, 1998).

In terms of implementation structure, it was observed that the decentralized unit in the Sawa District (district secretariat) lacked the capacity to issue ID Cards at the local level and that ID cards were issued at national level and that has been a major setback to the implementation process at the local level since the possession of ID cards were necessary for receiving care at the hospitals. Also the health care facilities lack the capacity to initiate the various health insurance forms and treatment notes on their own.

This pointed to the fact that decentralization is a crucial factor for successful implementation at the local level

With resources it was noted that the private health care facility had more sources of generating funds both internal and external than the public health care facility, in improving health care service delivery to beneficiaries. Also inadequate number of health personnel at local levels in Ghana and that had serious implication on the effective implementation of the NHIS. The private hospital was doing better in implementation because of its slightly higher number of human resource than the government hospital.

It was also found that beneficiaries and other actors (particularly NHIS Volunteers) actively participated in the implementation process and that enhances the implementation of NHIS. This confirms Grindle and Thomas (1990)'s view that policies that are designed to encourage participation of larger population enhances chances of the policy being implemented. (Kipo, 2011).

One important observation was that, an inhibiting factor on the implementation was inadequate education on NHIS's services and benefits to beneficiaries, emphasizing the point that strong levels of communication are needed to sensitize beneficiaries concerning a policy which can facilitate its successful implementation.

Again, the study found a strong relationship between socio-economic status of beneficiaries and enrolment into NHIS, beneficiaries with privileged social status, educational and occupational backgrounds were able to register more and renew their membership cards more regularly than those with less beneficial socio-economic conditions (Kipo, 2011)

The issues raised in this study that were interesting to consider in future research were: the strength or extent of communication of policy goals to both implementers and beneficiaries and its contribution to successful implementation, as well as, the issue of decentralization of activities from the national level to the local level for both national level policies and local level policies.

Paul Adjei in 1996, set out to find out the problems and factors facing the implementation of the Ghana Privatization policy in Ghana. This will be categorized for the purpose of this paper as state improvement policy implementation.

He found out that the privatization program was obstructed by scarcity of resources like skilled personnel, finances and infrastructural facilities needed to implement the program, echoing another view that sheer technical, informational and organizational difficulties are the major barriers to implementation of the privatization program. Also the ever present issue (in policy implementation in developing countries) of inadequate funds was evident in this research where it was discovered that, the funds at the disposal of DIC (Divestiture Implementation Committee) was not enough and “has made it difficult to meet its numerous financial obligation” (Adjei, 1996).

Infrastructural problems facing the DIC was delay in providing the necessary logistics needed for implementation, thus, facilities at the DIC offices were obsolete as well as inadequate. Also environmental problems being faced were absence of a well-developed stock market, poor legal systems and the “unattractive nature of enterprises offered for sale” (Adjei, 1996).

A key variable identified as influencing the implementation of the privatization policy was the lack of adequate information on the SOE's (state owned enterprises). This prevented the DIC from getting informed positions on most enterprises, to facilitate their preparation for divestment. It was discovered that “politics had influenced which state enterprises are to be divested, to whom as well as on which terms”. (Adjei, 1996)

Also, the multiple and conflicting goals of the privatization policy undermined its success. There were multiple unclear goals in the policy programs which had a lot of contradictions and conflicts between them.

2.3 OBSERVATIONS

With regard to classification restricted to the reviewed studies, there happen to be no recognizable trend on which variables affect a particular category. Meaning that (based on the reviewed works) regardless of a policy being health related, development related etc., it could be affected by any variable pertaining to implementation.

On the other hand, there were some variables found to be influencing the various implementation processes that were worth looking into to provide perspectives for this current research.

DECENTRALIZATION: It is evident that decentralization and autonomy is crucial in implementation as it gives the particular implementation body the power to act out their duties without delay. For example it was observed by Kipo (2011), that the delay in the issuing of ID cards to the health insurance beneficiaries was caused by the inability of the seemingly decentralized body to issue the cards since that was controlled at the National level. Also, Aforo (2011) noted that discretionary decision making power of the actors responsible for the small town water supply projects was facilitating the success of the projects.

RESOURCES: An interesting observation made was that funding may not always be the issue in terms of resources. Again Aforo found out that funding was not a problem when it came to the implementation of the small town water projects but rather the problem of resources was that of human resource. The contractors lacked skills and competence at their jobs and this was delaying the completion of the projects. However, Kipo(2011) also found an opposite view of lack of external funding by the public health care centres affecting the smooth running of the insurance scheme. The conclusion that could be drawn was that funding is not the only type of resource that affects implementation in Ghana.

THE CONTENT OF THE POLICY: This can be seen as the individual provisions of the policy, their realistic nature and how complementary they are to each other. Adjei(1996)

found out that one crucial factor affecting the success of the Ghana Privatization policy was the policy content. Thus there was lack of adequate information on the various state owned enterprises to facilitate the decision making during the formulation stage which also generated a set of multiple and conflicting goals in the policy document. This echoes a view that “decisions made at the design or formulation stage have a considerable impact on how implementation proceeds” (Grindle, 1980).

POLITICS: This was found to be influencing the success of the privatization policy by determining which SOE’s were to be privatized, when and to whom. This issue of politics influencing how things are run is a very interesting variable to consider when studying implementation in Ghana because any current ruling party becomes the so-called “determinants” of the state of affairs in the country.

CHAPTER THREE

Theories, Variables and Operationalization

3.1. Theories

Every research work must be backed by a theory or a set of theories explaining the phenomena under study or some aspect of it. A theory “is an interrelated set of constructs (or variables) formed into propositions, or hypotheses, that specify the relationship among variables... and it helps to explain (or predict) phenomena that occur in the world” (Creswell, 2007). Even though theory development is seen as essential at the design stage, especially in case studies (Yin, 2003), Eisenhardt acknowledges how difficult and time consuming it can be; it is therefore possible to use already existing theories to guide one’s research (Eisenhardt, 1989)

The researcher in this study employed three already existing theories of implementation that have relationship with the variables under study to guide the research, thus, Goran Hyden’s Policy Deficit, Donald Van Meter and Carl Van Horn’s Implementation model and Principal agent theory from the third generation perspective of implementation.

A. THE IMPLEMENTATION MODEL (Van Meter & Van Horn, 1957)

This top-down theory stipulates that specific factors that may contribute to the realization or otherwise of policy objectives vary from one policy to the other. And in explaining implementation, they outlined six variables (policy standards and objectives, the available resources, the economic, social and political environment, the disposition of implementers, characteristics of the implementing agencies and the quality of inter-organizational relationships) which according to them, interrelates to produce an outcome, thus, performance.

One reason for the choice of this theory is its belief in the interrelation of variables to produce an outcome, thus each important variable does not stand alone but interacts with the others for a successful outcome.

The social, economic and political environment as an important element of implementation will help explain how politics and also the Ghanaian social perception of people with disability have affected implementation of the act. The theory also takes note of the importance of resources for successful implementation and though resource is not a main variable of interest in the proposed study, it will be considered as an indicator for another variable, thus, commitment. The theory's variable of "disposition of implementers" will help examine the commitment of implementers, especially the top officials, and to explain how that is affecting the implementation outcome of the Disability Act. It is hypothesized by the researcher that the level of commitment given to a policy will be determined by the amount of resources allocated to the said policy, the level of urgency placed on the policy by the top officials, the supervisory role they play, as well as the effort that has been put into setting up legitimate implementation structures.

Even though this theory captures most of the variables under study, it is inadequate to rely solely on one theory for analysis. Also it does not throw much emphasis on change of government which is the focus of the social and political aspect of this research. Therefore other theories are employed to further help in explanation.

B. PRINCIPAL AGENT THEORY (THIRD GENERATION)

According to Howlett et. al. (2009), "a new government may also trigger changes in the way policies are implemented". This attitude of new elected government, as stated earlier, is an important variable for this research.

The principal agent theory stipulates that, "administrative discretion is affected by the changing social, economic, technological and political context of implementation" (Hutter & Manning, 1990). This study focused mainly on the political context as a variable of implementation for this theory. The explanations for the other variables of this theory might only be used when necessary since the other theories selected have extensive materials on those variables.

The main aim for using this theory was to find out if the power change after the passage of the act might be a factor influencing the implementation of the disability act. In that whether the relationship between the previous government (principal) and the implementers (agents) and

the relationship between the current government (principal) and the implementers (agents), causes a variation in implementation (whether positively, negatively) or if it is the same.

This study of the influence of this power change also further throws light on the implementation structure and level of autonomy of the implementers. The variable of implementation structure based on level of autonomy is explained by Haggard and McCubbins, (2000) on how the design of administrative structures can affect policy implementation and the importance of having an amount of control on street level bureaucrats but all the same providing them with an amount of autonomy to carry out their tasks.

C. GORAN HYDEN'S POLICY DEFICIT (Hyden, 2006)

As pointed out by Hyden (2006), "making policy involves a careful calculation of how means relates to ends" but however in the African perspective policy is "more typically made on purely political grounds" where "policy objectives become ends in themselves as the calculations of costs to achieve them are ignored". This then creates a deficit in the policy which makes implementation difficult.

The policy formulation stage is a crucial factor for policy success or failure as informed consultation and careful planning during this stage will rule out ambiguous or unrealistic goal making that could hinder the success of implementation later on. The logic of Hyden's theory was used to explain how lack of careful planning during policy making can lead to unclear goals and directions which in turn may cause implementation problems.

The possibility of Ghana Disability Act having some deficits which could be hindering implementation was examined by the asking the officials at the Secretariat questions relating to consultations during the formulation stage of the Act and how realistic and clear the contents of the Act were and if its aims could be achieved.

3.2. Variables under study

Before a research can take place, one of the important things to note is to identify the various variables under study thus the Independent Variables and the Dependent Variable. They can be identified by using the research questions posed or the research hypothesis if any.

A dependent variable (DV) is the phenomenon under study that is expected to have variations according to the influence of the independent variable (IV). For this study the DV was: The extent of implementation of the disability Act of Ghana, and this variable at the end of the research was expected to vary in terms of either “progressive implementation”- where the provisions in the four out of eight chapters in the act is being consciously carried out, or “delayed implementation”- where the provisions in the four chapters are not being consciously carried out.

This was measured against four sections out of the eight main sections of the disability act, thus,

- (1) Rights of persons with disability,
- (2) Employment of persons with disability,
- (3) Education of persons with disability, and
- (4) Health care and facilities.

This choice was because of the density of the provisions in the act and the quest to have an in depth analysis within a short time. Therefore even under each of the four chosen sections, only the provisions related to the variables of interest were used for the analysis.

The independent variables (IV) for this study (that are expected to have an influence on the implementation) are:

1. Politics – it was analyzed from the stance of how change in government can affect the implementation of a policy and the Principal-Agent theory of the Third Generation was used to examine this phenomena. The question was whether the change in administration in 2008 has affected the disability Act’s implementation, whether positively or negatively or whether the pace is the same.

2. Commitment –The question asked here was: are there efforts at implementing the various provisions in the policy? - With a keen focus on the 2016 moratorium on access to public places. As Rothstein (1998) stipulated, “the degree of effectiveness of implementation is dependent on the motivation and capacity of implementing staff and continual supervision and evaluation of the activities of implementing organizations”. Here the aim was to find out the level of commitment of the top officials towards the success of the policy and was measured by their allocation of resources and the supervisory role they play. Van Meter and Van Horn’s variable of “disposition of implementers” which dealt with the implementers’ cognition of the policy, the direction of their response to it, and the intensity of their response, was used to explain the influence of this variable. Thus, what the Act means to the top officials, how they are involved in the implementation and their level of involvement. The data on this was accessed mostly from the interviews conducted with the officials at the Secretariat of the Ghana Disability Council.

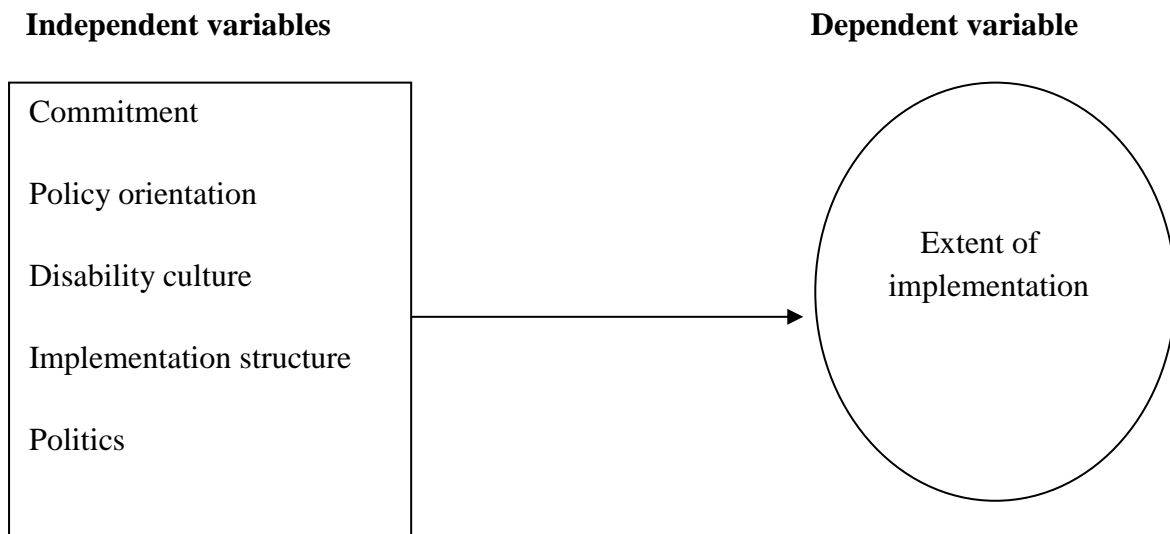
3. Policy orientation – this variable studies the characteristics of the Disability Act that could be affecting implementation, that is, how clear its goals and directions are. There is an assertion that, governments in developing countries sometimes tend to formulate ‘broad, sweeping policies’ which their bureaucracies often lack the capacity to implement. (Smith, 1973). It is also important to note that “decisions made at the design or formulation stage have a considerable impact on how implementation proceeds” (Grindle, 1980). Therefore this variable examined what sort of consultation and efforts were put into the formulation stage of the Act to produce good policy programs and also examine if the Act has clear and achievable goals and objectives. Hyden’s theory of Policy deficit was used to explain the phenomena.

4. Disability culture - this was based on how the Ghanaian society view disabled people, thus, their perception and attitude towards disability. The variable of “social conditions” of Van Meter and Van Horn as a factor influencing implementation was used to examine this. It is important to find out if policy actors and the society in general hold certain traditional and superstitious opinion on disability and if it is influencing the implementation of the policy programs.

5. Implementation structure – decentralization and level of autonomy is perceived as a desirable element to have successful implementation (Haggard & McCubbins, 2000). One section of the act makes provision on the establishment of a national council for the disabled and so the goal here was to find out how implementation is being affected either positively or negatively by the structure the council has, that is in terms of whether the council possesses autonomy to take decisions or whether it had to have consultations with the top officials before any decision could be taken.

3.3. Model for the Study

Figure 1



This model was arrived at by drawing insight from the theoretical frameworks of Goran Hyden’s Policy Deficit, Donald Van Meter and Carl Van Horn’s Implementation model and the Principal agent theory. The rationale behind this model is that, the extent of

implementation of the Disability Act of Ghana will be affected either positively or negatively by the commitment on the parts of the top officials towards disability issues. Also will the contents of the act and how realistic they are in terms of implementation. The researcher also explored the crucial cultural variable of belief systems in Ghana concerning disability and how that affects the implementation process. Also the kind of autonomy that the grass-roots implementation officials have in their duties as well as the political dynamic of “principal-agent” relationships between both the current and past administration and their street-level bureaucrats, and their influence on implementation is explored.

3.4. Operational definitions

Operationalizing is the term used to describe the act of defining abstract concepts or variables under study into meaningful terms to suit a particular study. The definition for certain concepts used are as follows:

- Perception: how people see a disabled person to be based on personal and traditional beliefs.
- Commitment: (on the part of top officials) measured by their allocation of resources, level of urgency placed on implementation, supervisory role.
- Disability: physical and sensory impairment
- Politics: Change in government
- Policy orientation: the characteristic of a policy, whether its goals and objectives are clear or unclear.
- Beneficiaries: the disabled
- Participants/respondents: the disabled and the officials interviewed for the study.
- Government: the political administration that is in power in Ghana at a particular time

CHAPTER FOUR

Methodology

4.1 Research design and Unit of analysis

A research design according to Yin (2003), “is the logical sequence that connects the empirical data to a study’s initial research questions” and ultimately to its conclusions and the form of the questions in terms of “who, what, where, how and why, provides an important clue regarding the most relevant research strategy to use”.

The three main research strategies are: the qualitative approach, the quantitative approach and the mixed methods approach. The quantitative approach is mostly used when testing a theory or finding explanations to a phenomenon and involves a large number of subjects in data collection. It is characterized by many cases with few variables and is used to answer the “who” and “what” questions. The qualitative approach is used when aiming to find an in depth understanding into a phenomenon, thus when the research topic is exploratory in nature. It is used when dealing with the “how” and “why” questions and it involves few cases with many variables. The mixed methods approach has a combination of both qualitative and quantitative approaches. (Yin, 2003)

This study sought to answer the how and why questions regarding the disability Act of Ghana, thus, how effective are the implementation process and why it is the way it is. Leaning on Cresswell (2007), we conduct qualitative research because we need a complex detailed understanding of an issue, and regarding the intent of the study (implementation effectiveness of the Ghana disability act), deciding to use the qualitative approach provided the researcher the chance to explore deeper into the actual situation on the ground from the people’s own experiences as well as the implementers. Qualitative method was also the best approach to use as the study sought to have in depth analysis on the influence of many variables on the implementation of the Ghana Disability Act. Also qualitative research can be used when exploring a less researched area and little research has been done into the factors influencing the implementation of the GDA.

According to Creswell (2007), there are five qualitative approach to enquiry: (1) Narrative research which studies the life of a single individual; (2) Phenomenological research which describes the meaning for several individuals of their lived experiences of a concept or phenomena; (3) Grounded theory research which generates theories; (4) Ethnographic research which focuses on an entire cultural group, studying their shared patterns of behaviour; and (5) Case study which involves the study of an issue explored through one or more cases within a bounded system, through detailed in depth data collection, involving multiple sources of information. (Creswell, 2007)

In this qualitative study, the method of single case study was employed to explore the extent of the implementation and the factors that influences the realization of the goals of the Act. It made use of interviews and focused group discussion as well as archives from the media and internet, to find answers to the research questions.

UNIT OF ANALYSIS

According to Yin (2003), a unit of analysis can be a social system, an organization, a person, a process or an event. In this study, The Secretariat of the National Council on Persons with Disability was one unit of analysis (organization) and a sample of disabled people from the Ghana Federation of the Disabled was another unit of analysis.

An important consideration in the selection of unit of analysis is that, a researcher must be mindful of the research questions posed at the beginning of the study, thus, the researcher's initial research questions will serve as a guide on what units of analysis to be studied or selected (Yin, 2003) . The overall deduction from the study's research question is how well implementation is taking place in terms of the nature of the act itself as well as some characteristics of the implementation body and its officials. To find answers to this, it was appropriate to have both beneficiaries of the act and the administrative body of implementation as units of analysis.

4.2 Research setting

The Accra Metropolis was the setting for this study. Disabled people can be found however throughout the country but for practicality and convenience sake, Accra which is the capital, and so the most diversely populated area, was chosen.

The Ghana Federation of the Disabled as well as the Secretariat of the National Council on Persons with Disability is located in this area and so was convenient to access the disabled respondents as well as officials involved in the implementation in this location.

Another reason is that, since Accra is the Capital town most development takes place there first so it was the best place to start finding out how implementation is progressing for example, with regard to access to public buildings, easy transportation through non-conventional vehicles etc.

4.3 Population and sampling frame

The population was made up of officials from the Secretariat of the NCPD, the Ghana Federation for the Disabled and the disabled as well (members of the GFD). The initial proposal was to select the population from human rights activists from CHRAJ, people with disability, the District assembly and some officials from the Centre for Employment of Persons with Disabilities (CEPD). However the population changed on the field because it was noticed it was better to select those much closer to the issue at hand to get a more hands on information.

Even though CHRAJ is a human rights body and the District Assemblies are responsible for making and implementing decisions to meet the needs of the people in their jurisdiction, there was an organ known as the National Council on Persons with Disability which had an administrative Secretariat involved in the day to day issues of implementation of the Act. It was therefore more convenient to seek for views from this body with regard to the implementation process of the Act.

Also contacting the centre for employment for persons with disability (CEPD), would have limited the issues to those regarding employment only so it was thought wiser to contact the

overall head of the various disabled associations, thus, The Ghana Federation for the Disabled, which was located in the same compound as CEPD and the other associations.

The disabled themselves also provided the researcher with insight into the plight of the disabled and how successful the pro disabled programs are from their own point of view.

4.4 Sample

This represents the nature and number of respondents who took part in the research. After identifying the population - the total number of people found within the research setting - the next step is to select a manageable number of subjects to use in finding answers to the research questions, depending on the type of research strategy used. Quantitative research requires a greater number of subjects while qualitative research makes use of fewer numbers of subjects, especially in case studies.

The total sample used in this study was fourteen(14) participants, made up of two(2) officials from the Secretariat of the NCPD, one(1) official from the Ghana Federation Of the Disabled, and eleven(11) disabled people. This is partly due to the fact that there were not many disabled people willing to participate in the study. According to them, they were fed up with answering questions all the time about their predicaments when nothing is done about it. Also there were not many officials working in the Secretariat.

However, this sample Size was convenient due to the dense nature of the questions and variables and it facilitated the limited number of time for data collection by having in depth discussions and interviews with the participants for the case study.

Cresswell (2007) stipulates that, qualitative researchers try to develop a complex picture of a problem or issue under study by reporting multiple perspectives and so even with a small sample, the diversity of the sample was a wise choice and makes getting a holistic view point on the issue possible.

4.5 Sampling techniques

The purposive sampling method was used in the beginning to identify the population to choose the sample from. Afterwards, the disabled were selected conveniently based on who was present at a particular time and also willing to take part in the research. With the officials, two were made available by their respective institutions for the interview after the letter of introduction had been presented, and one more official was suggested by another and contacted later for the interview.

4.6 Instrument

Due to the nature of this study, a standardized questionnaire will not have been much useful as it might not have covered all the variables under study, so there was the need to construct a questionnaire for both the interviews and focused group discussions to cover all the issues of interest for this research.

The items in the instrument represented issues and questions related to the independent variables of the study, thus: Politics, Commitment, Policy orientation, Disability culture and the Implementation structure. These questions were formulated in relation to the four chosen sections of the Disability act, thus, (1) rights of persons with disability (2) employment of persons with disability, (3) education of persons with disability, and (4) health care and facilities.

The questionnaire which was made up of open ended questions had two sections. The first section focused on the extent of implementation of the disability act, based on questions regarding the provisions in the act. This was the questions administered to the disabled people. Some examples of the questions are:

1. How do you see exploitation and discrimination against the disabled now?
2. Do you know of a rehabilitation centre in any district in Greater Accra or another region?

The second section dealt with questions relating to factors affecting the implementation of the act and this was administered to the officials from the Council for the Disabled. Examples of such questions are:

1. Have you noticed any contradictions between some of the provisions in the act during implementation?
2. Does this body possess autonomy to carry out certain decisions on its own or do you always have to seek for approval from the level?
3. Does this influence implementation in any way?

A copy of the complete questionnaire can be found attached in the appendix section.

4.7 Procedure of data collection

Data was collected through interviews and focused group discussions but first, formal permission was sought by submitting introductory letters to the Secretariat of the NCPD and the GFD. After the letters were submitted, there had to be various follow ups to have the study approved. When approved, interviews and focused group discussions were employed to find the answers to the research questions.

To Yin (2003), one of the most important sources of data for a case study is interview, and although this is sometimes associated with surveys, interviews conducted in case studies are seen more as guided conversations rather than structured queries. There were semi structured questions for the interview which allowed the respondents to express their views freely but with a bit of focus. They were conducted in English with the two officials from the Secretariat and one official from the Ghana federation of the disabled. Each interview lasted for about an hour and was taped with a recorder; however one respondent from the Council refused to have the interview taped so his views were written down instead.

Focus group discussions on the other hand involves in depth discussions among a few group of people where each one is free to express what they feel about an issue. There were four different focused group discussions, three of them were made up of three respondents each and the fourth was made up of two people. These discussions were conducted mostly in two local languages, thus, Twi or Ga and were also recorded.

One of the three important principles in establishing construct validity and reliability, according to Yin (2003) is the use of multiple source of evidence in research. In this study, both primary and secondary data were collected. The secondary data consisted of internet files from the media, past research on the topic of interest and general news articles. Also one

program document “*imago dei*” from the Secretariat of the council was obtained. These were to guide in the data analysis further on.

4.8 Data analysis technique

Data analysis is can be said to be the last stage in the research process where raw data is interpreted into meaningful terms either with the use of statistics or otherwise. When data is collected in it raw form, it does not provide any clear insight into the issue that was studied until it is analyzed either quantitatively or qualitatively to provide the answers to the questions posed at the beginning of the research.

This research was qualitative in nature and so was analyzed qualitatively by the “three concurrent flow of activity: data reduction, data display and conclusion drawing or verification” (Miles & Huberman, 1994). The data from the interviews and focused group discussions were first transcribed and then “reduced” into their relevance based on the interest of this research. Each of the four focused group discussions were analyzed as a whole, thus a form of semi-analysis was done in each group so as to have a common view of that group on the various issues raised for discussion. The three interviews were however analyzed independently. This was then “displayed” in the findings chapter of the report with occasional quotations from the subjects, a feature of importance in qualitative analysis.

Then finally certain “conclusions were drawn or verified” in the discussions and conclusions chapters, by relating the findings to the research questions and also to the theoretical propositions outlined at the beginning of the study. According to Yin (2003), relying on the theoretical propositions is one of the important analytical strategies used in case studies. Since theories constitute an important aspect when conducting a research, it is important to interpret the findings at the end of the study, based on the theories stated at the beginning of the study in order to either re-affirm its propositions or reject them.

4.9 Validity and Reliability

Validity is the ability of a research or test to measure what it is supposed to measure and reliability is how consistent a research result can be if replicated within the same conditions. These two concepts are very important in research and there should always be evidence of reliability and validity for a research work to be credible.

The types of validity relevant to research are: internal validity which deals with the extent to which the study measures what is to be measure through the establishment of a causal relationship; construct validity which deals with having appropriate indicators for a construct under study; external validity which deals with the extent to which findings of a research can be generalized.

In this research there was triangulation of sources of data, where data was gathered from both interviews with officials of implementation and focused group discussions with the beneficiaries on the implementation process so as to get a complete insight from both sides. Also news articles on the internet and information on the GFD website was collected to help in analysis which enhances the internal validity of the research as well as create coherence.

However, there is a weakness in the research design which has an effect on the internal validity of the study. Thus due to the descriptive nature of the design, as opposed to experimental designs which has strict control on variables, there were no establishment of causality based on comparison of cases but rather the arguments for the influence of the independent variables found in this study were solely based on peoples arguments and views.

In terms of construct validity, there was operationalization of variables and having appropriate indicators for them. These variables were well represented in the questions for the interviews and focus group discussions. One aspect worth noting is the decision to base the questions on the provisions in the four chosen sections of the act. This ensured that the questions asked focused on the relevant issues particular to this research.

The issue of external validity is separately discussed at the concluding chapter. This is due to the decision by the researcher that it was more expedient to tackle the issue of generalization of the study's findings after they have been thoroughly presented and discussed.

Reliability is how a research strategy can generate consistent results when replicated within the same conditions and with the same subjects. Qualitative research deals with extensive analysis of facts and experiences of people and so replicating a qualitative study might not generate the same results, one reason being that society changes every day.

One way to increase reliability in qualitative research is to make use of multiple source of data like triangulation since the more agreement of different data sources on an issue, the more reliable the interpretation of the data (Silverman, 2004). We find this element in this research where the researcher made use of data from both primary and secondary sources. Also the researcher provided a study protocol where there is documentation of every step taken during the research, as well as includes copies of both interview and focus group discussion questions in the appendix. This will make replication easy.

4.10 Ethical Considerations

Formal permission was first sought before carrying out the research. Also informed consent was given to all participants, and they were told of the liberty to pull out of the interview or focused group discussions when they wanted. Those who wished not to be recorded were allowed to answer questions to be written down. Also the rule of confidentiality was upheld and anonymity was provided for all participants.

CHAPTER FIVE

Research findings

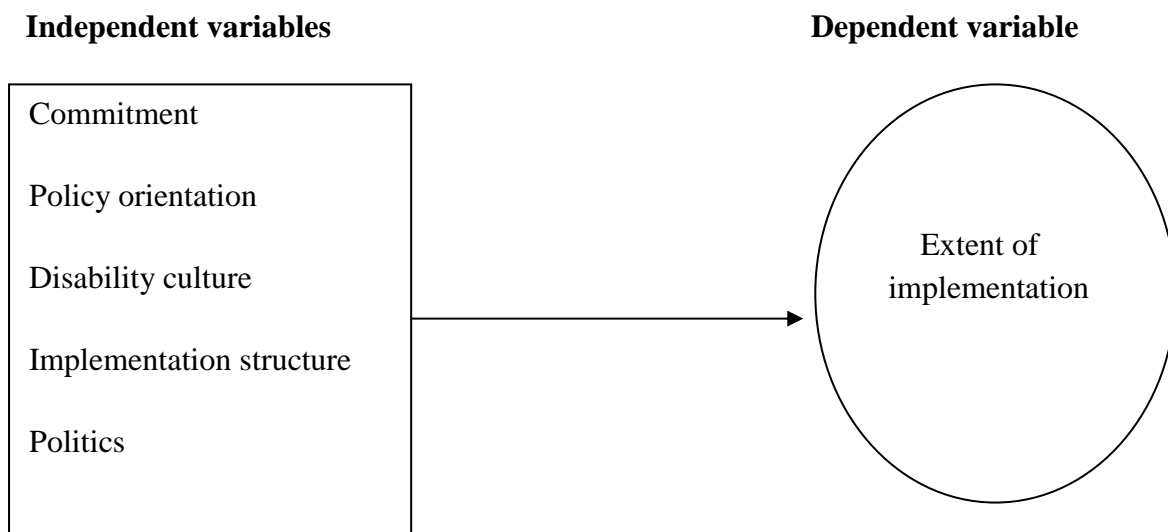
a. Introduction

The purpose of this chapter is to present the research findings in a coherent manner from the raw data collected. It will outline the specific views of the interviewees on each specific variable and try to find linkages between them, in terms of similar or different opinions.

The study titled “putting decision into action: the Disability Act of Ghana, six years down the line”, was conducted to find out how far implementation of Act 715 has gone since its passage. It sought for the views and experiences of the disabled as well as some implementing officials to find out the various issues arising from implementation. The study findings are presented below.

However before progressing it will be important to state again how the variables under study are linked by providing again the model for the study and also to state the group dynamics of the participants in the study. These are provided below.

Figure 2: Model for the study



b. The group dynamics

There were four (4) Focused Group Discussions and three (3) Interviews. The three Interviews were held with two (2) officials from the Secretariat of the NCPD and one (1) official from the GFD.

The four FGD's were held with four different groupings of disabled people sourced from the GFD. They were mainly made up of physically challenged people with no use of their legs. The deaf and dumb could not be included in the study because the researcher lacked the needed communication skills. No blind person was also included.

However, this has little or no significance for the outcome of the study because the disability act does not have different provisions for each of the types of disabilities but rather provisions that address the needs of the disabled in society as a whole. It is therefore possible to investigate the implementation even if the participants used have one disability type dominant.

Semi-structured questionnaires were used to find out the opinions of the participants regarding the variables under study. The types of the questions asked were put into two main categories. The first category of questions was on the extent of implementation based on the four chosen provisions in the Act. The second category was on factors affecting the implementation process and these questions were formulated around the identified independent variables.

5.1 THE FIRST CATEGORY OF QUESTIONS ASKED

This focused on the extent of the implementation of the disability act. – These questions targeted the beneficiaries of the act itself, thus the disabled themselves. This was to get candid opinions about how readily accessible the provisions in the act are to them and the questions were based on four out of the eight provisions of the Act. These questions were used in the FGD's. The answers provided by the respondents were used by the researcher to determine whether there is Progressive implementation or Delayed implementation.

There were four separate groups organized for the FGD's, three of the groups had three participants and one group had only two participants. Below is an illustration in a table.

Table 1.

FGD's	MALES	FEMALES	TOTAL
Group 1	1	2	3
Group 2	–	3	3
Group 3	2	1	3
Group 4	–	2	2

A table illustrating the contents of each of the four FGD's.

In reporting the findings, a brief summary of the chosen provision will be given and also a summary of the questions posed under that provision will also be provided before finally outlining what the opinions of each group were, regarding its implementation.

The summary of the findings from the four focused group discussions, on each of the four chosen sections of the Act are as follows:

5.1.1 RIGHTS OF PERSONS WITH DISABILITY

The provisions of this section address the right of the disabled to have access to family life and not to be deprived of the right to participate in social, political, economic or recreational activities. It also addresses their rights of access to public places and the need to protect the disabled from discrimination and exploitation.

The questions for this section enquires into how easy it is to access public places and if they felt the level of discrimination against them has decreased. It also questioned their relationship with their family members. The answers from each group follows.

Group one: all agreed that there has not been any change in the discrimination towards the disabled from before. They still found it difficult to have access to public buildings and even when it comes to crossing the road. One woman reported that sometimes whether they get discriminatory attitude from people depends on the person they come into contact with, sometimes they meet an “angel” while other times they meet “the devil”. Another man pointed out that,

“it depends...but the discrimination is more than the non-discrimination... that will take about 80% discriminating people and 20% will be few people, it depends... even our families, not everybody like me”

When it came to the family, it was noted that, there is a little bit of change from previously where the family didn’t regard them at all, but lately at least they receive “good morning, how are you...” so they felt the changes are coming gradually from the family side. When it came to participating in public programs they also felt left out. One recounted a recent happening when the disabled from the GFD were invited to the National theatre to a program with one minister (name withheld) and they arrived only to find out that the program was being held upstairs where those using wheelchairs could not go due to lack of disabled access to the building. They had to wait downstairs till the program ended.

“we will be there alright but we can’t take part”.

On the whole they felt that the discrimination is everywhere and with everybody in Ghana *“from the society in general to the family”.*

Group two: They spoke well about the relations of family members towards them. One talked about getting some form of financial assistance from her family members to raise her disabled child. But also admits that

“you cannot always rely on the family members who also have their own needs in a society like ours”

She had also lost her job as a result of needing time to take care of the child.

Group three: An interesting observation made in this group was that some of the members asked if the Act has been passed at all, because they have not heard or experienced any of the said provisions in the act. One said,

“my own bill, if not you today, asking or interviewing me, I don’t know that the bill is passed”.

According to them if it has been passed, it is not working and as one points out,

“we don’t know our fate as disabled persons, the government has not enlightened us through any medium, as disabled people all the time we have to bulldoze our way through...”.

The issue of politicians making promises just to seek for votes came up again in this group also, as one recounted over ten years back when the previous government wanted to win elections and come into power. According to them, they used the then Disability Bill, as a bait to win power. However after gaining power in 2000, they neglected the bill for a long time until 2006, their second term in office, when it was passed. But even after the passage, no significant changes have occurred. The question then was:

“so if the bill is passed why can’t they implement the bill”

At this point the researcher noticed a contradiction between the earlier claims that they did not know that the bill has been passed. However this contradiction was interpreted to symbolize their frustrations of not benefiting from the provisions in the Act and so to them, “they do not “see” that it has been passed”.

Group four: When it came to access to public places, some agreed that they can see changes with regard to some new buildings being constructed, but that the problem is with access to the old buildings. This draws ones attention to the ten year moratorium on access to public places and its progress.

To another woman, she doesn’t see any changes as it should be and also felt that there is apathy towards implementing the provisions in the act,

“it is like they should do it, or not do it...the government need to pay as much attention to the disability issue as it does with other issues”

Also with discrimination, they reported that, since the passage of the Act, educated people are less discriminatory than uneducated people. This even goes as far as their own family members as one woman complained bitterly about her family who do not treat her well which make her feel neglected.

The female speakers talked bitterly about how far the social perception on disability and the discrimination affects their marital life. A woman talked about this influence where people see it as odd for an able bodied person to marry a disabled. One reported that people feel they will be useless when it comes to taking care of the home and family. One shared a personal experience where the father of her child has abandoned them:

“because of this, most of us has been abandoned by the fathers of our children, and we are left to carry the burden of parenthood all alone...then we either have to beg on the streets or suffer to take care of the child”

5.1.2 EMPLOYMENT OF PERSONS WITH DISABILITY:

The provisions from this section states that the social welfare ministry shall help secure jobs for the disabled. There will also be training programs for the unemployed disabled, and certain tools and incentives will be provided for them to set up businesses. Also rehabilitation centres will be set up in all districts, among others.

The questions asked under this section was how they access the assistance from the ministry to secure jobs, what incentives are given to them to start their own businesses, what kind of trainings are available to them and if they know the location of some rehabilitation centres. Again the opinions of each group is presented below.

Group one: They had not heard of any assistance from the government to help them find employment or start a business. They asked if the reference was to the common fund because that was the only thing they knew of and even with that, it was a headache for them and has even caused some conflict among them. Here, accusations of unethical dealings by the common fund controllers as a way of causing division among the GFD group were levelled.

As one stated,

“it has brought divisions to the disabled society by the social welfare members and by the district members. They try to break your front so they can have their share. That is not good at all, very bad attitude”.

The complaint was that, the officials of the social welfare which is supposed to oversee the distribution of the common fund to its appropriate use, become greedy and want to keep some of the money in their own pockets. To cover up their tracks, they bring disunity to the GFD by favouring certain individuals of the disabled groups so as to break the unity among them through rivalry. This serious accusation comes up again in group three later on.

When it came to the training programs, there aren't visible efforts to develop the job skills of the disabled and they agreed that the ones available are through the effort of their federation but not government.

There are rehabilitation centres provided by the social welfare for the disabled in all ten regions. The one in Accra is located within the compound of the federation. However it was not a physical rehabilitation centre but a training centre for developing skills in dressmaking, shoemaking, etc. But after the training they are not given any capital or incentives to start their businesses.

One passionately said that the rehabilitation rather *“cripples and destroys the disabled”*. He does not see it as *“proper rehabilitation”*. He talks about his personal experience as a trainee in the centre. Years afterwards, he hasn't been able to do anything with the skills acquired. He is now making chalk at the chalk factory located at the GFD. He suggested that the effective way is to equip the trainee after the training to be able to start something on his or her own.

Also there isn't any effort by the social welfare to disseminate information about the rehabilitation centre to other disabled elsewhere, so most of them do not even get to know that such training programs exist.

One also felt that the kind of training given is in itself discriminatory and asks,

“why should only the disabled be trained as a shoemakers or with other “low level” skills” and these shoemaking skills are not even “up to standard”.

To top it all there are no proper materials for the masters to train the students with. They complained that none of their fellow trainees has been able to establish something on their own because of lack of money and also some parents are not willing to spend money on them:

“where is the money? It is because your parents don’t have money that they push you to the rehabilitation. Or they have no interest in you, not necessarily because they don’t have money”.

This observation also threw more insight regarding the disability culture where some parents just do not want to “waste” their money on a disabled child who they believe will not be of any use in the future, so send them off to the rehabilitation centre. Others also for the sake of reputation - not wanting their visitors to see their disabled child, send him or her to the rehabilitation centre. They reported that some of the people have been in the centre for over six years. The centre from this perspective looks like a formal place for parental neglect rather than a rehabilitative centre.

Group two: They had a more positive view with regard to assistance in finding working skills and jobs for the disabled by the social welfare and the federation, than group one. They said that there were places to learn a trade if the disabled so wishes, and that some of the trainees after completion were helped to find places to work, either in their own homes or elsewhere by being given some form of financial assistance.

But then from further probing it was discovered that the financial assistance to set up some businesses for themselves, came from some NGO’s but not from the government.

Group three: They have not experienced the help of government in finding jobs or equipping them with job skills except with the rLG¹ in cooperation with the government to train the physically challenged. Interestingly they commended the government for the efforts in providing the common fund to support the disabled. From the words of one,

“the government is trying his best for the common fund”

¹ A pilot program by rLG, a computer manufacturing company in Ghana, to help train 5000 disabled people, with computer skills.

However, there was consensus with group one concerning the distribution of the money after it has been approved by the government. Thus, the money gets disbursed to those who are supposed to distribute it but they in turn delay with releasing it to the disabled.

“why are they keeping the money... as you are asking me now, the money is with them whereby we are always struggling with them, why?..”

One suggested that there should be some kind of monitoring by the executive on the grassroots administrators to find out what they really do with the 2% common fund.

They complained that the traditional beliefs about disability have roots in the “apathy of government” in attending to the needs of disability. One asked

“how many times have you seen on your screens that parliament has sat thinking about the physically challenged in Ghana? Can you remember? Hmmm. But when they say that lets debate the cars that the parliamentarians should use...yea yea², housing allowance...yea yea... but how many times do they think about the physically challenged in parliament?”

This comment stems from the popular opinion on how people in administration care only about their own pockets to the detriment of the people who elected them into office. This also points to one of the variables of interest, thus, disability culture, which will be thoroughly examined later on.

Group four: they were impressed with the current administrations introduction of the rLG computer training program which they say is a step in the right direction. However they talked about how challenges faced in the society hinders their progress in education and thus, prevents them from getting good jobs to do.

One woman suggested that it should be made possible for less educated disabled people to find good jobs, because they always fall short when competing with well-educated abled persons for the same job.

² The response of parliament, to signal their agreement on an issue.

5.1.3 EDUCATION OF PERSONS WITH DISABILITY:

This section provides for facilities and special equipment in educational institutions that will cater for the disabled student. It also has provisions for free education for the disabled child as well as the setting up of special vocational, technical and teacher training institutions for the disabled to have some form of education.

The questions for this section were centred on the knowledge of the disabled people about provisions such as; free education and the special schools for the disabled. Below are the responses.

Group one: they reported of not knowing any school that had disabled facilities and made an example using an accessibility auditing conducted at University of Ghana, one of the top universities in Ghana, most of the places were not accessible to the disabled. A parent with a disabled child that lack basic disabled facilities will get fed up at a point when they always have to carry the child to and from school. “At a point they get tired and give up on you”. There was nothing like free education for the disabled so only a few disabled get to go to school. And even when they have their own money they cannot go to school because those schools are not accessible. To them:

“there is nothing free for the disabled”.

Group two: one woman who is a mother to a disabled child also denied any knowledge of a school for the disabled or free education. She has to pay school fees for her child to attend school.

They were of the view that it was rather the Ghana Federation of the Disabled that provides some form of help to them, but not much has been done by the government for them in terms of education.

Group three: they acknowledged the rehabilitation centre located in the GFD compound but were not impressed with the outcome of the training. Afterwards people still do not see them as well qualified to render services based on the skills acquired. One woman complained that, as a dressmaker, she could not benefit from her skills because people do not take her seriously

and even where the government could have helped some of the disabled dressmakers with the free school uniforms³ contract, it was rather given to able bodied people who already have established themselves.

Group four: They agreed that there weren't good conditions to favour the disabled when it comes to going to school, and as such it was equally difficult to find employment. One woman talked about how much she struggled to go to school but at a point had to give up because of the many obstacles on the way. Due to this many opportunities has passed her by and many things on her life has been destroyed.

"Sometimes you cannot even try going to search for a job because you do not have the right qualification...when you are asked how far you have gone in school you say, form two, form three. What kind of job can you get with such qualification?"

One suggested that there should be available some jobs that do not require much education so that the disabled who could not have much education can also get something to do to earn a decent living.

5.1.4 HEALTH CARE AND FACILITIES:

This sections provisions states that there shall be provision of free general and specialist medical care and some assistive devices for people with total disability. There will as well be periodic screening of children to detect, prevent and manage disability, among others.

The questions formulated for this section tried to find out if these periodic screenings do take place and if the disabled do receive some form of free health care as well as assistive devices.

Group one: They knew only about the national health insurance scheme, which of course does not give any special treatment to the disabled. They paid equal amounts with the able-

³ An initiative by the government to provide free school uniforms for primary school children, as encouragement for parents to enroll their children in school.

bodied people. Again they mentioned that even if you have the money to pay hospital bills, the hospital building is not accessible for the physically disabled to go into, and there aren't any sign language personnel to help the hearing impaired. There isn't any separate health screening for the disabled, apart from general health screenings. And even with those, when invited, they are limited to a specific number who should attend.

Group two: They pointed out that, they only had access to the health insurance for all Ghanaian citizens but no special facilities for the disabled. And even with having the health insurance card, there is sometimes unavailability of drugs from the designated dispensaries, so they must go to a private pharmacy to pay for the drugs.

However one of the women with the disabled daughter admitted to having received some help with an assistive device, a wheel chair to be specific, to make her child's movement easier.

Group three: they denied any knowledge of help from the government in terms of health care. The disabled are treated the same in terms of payment of medical bills or health insurance cards

“the physically challenged take care of his own health, pay for your own card, pay for your own medicine, everything, pay for it”

One woman also complained that the health insurance mostly covers consultation fees with the doctor, but when it comes to prescription drugs, most are not covered by the health insurance and sometimes those that are covered are also not available, so you end up having to use money to purchase from a private pharmacy.

Group four: they were of the view that most assistive devices received by disabled people were from NGO's and churches but not much from the government. One had to use one's own money to get assistive devices if they are not lucky to receive it freely from the churches or NGO's.

They also echoed the views of the other groups that there are no free health care services available for the disabled, but the mainstream health insurance scheme for every Ghanaian national.

5.1.5 OTHER ISSUES:

Apart from the issues that came up in relation to the four provisions, there were other opinions on certain topics that were relevant for the study, thus, will come in handy when discussing the independent variables.

Group one: (Government commitment): they felt that there was no commitment to the disability issue and that apparent interest in them is only for political interest where big promises are made but nothing happens in the end. One complained about how other recent policies are being implemented while the Disabled Act of 2006 is being ignored:

“How Many cars can a disabled enter in Ghana? When did this law come? 2006. What is preventing them from doing this? Up to law came, law came, even Single Spine⁴, they implement it and they are doing it. When did the single spine law come? They want to tell us that disable laws are not favourable like the other laws in Ghana? Are we not Ghanaians?”

Also they felt that none of the two successive administrations has helped much in the issues of disability after they win their elections. They acknowledged that the provisions of the act were good provisions that can help them but then since it is not working it is useless.

Group four: They also complained that the apparent interest in the disabled by politicians is just a means to amass votes but not to actually help them. However one acknowledged the efforts of the current administration citing the r LG project as an example.

⁴ A new pay structure implemented by the current administration, in 2011, to cater for inequalities in the salaries of government workers in Ghana.

5.2 THE SECOND CATEGORY OF QUESTIONS ASKED

This focused on finding out the factors affecting the implementation of the disability act. (It is important to note here that the researcher did not take a biased stance of concluding that implementation was a failure when asking about factors affecting implementation. It was to find out factors affecting implementation either positively or negatively, if any.

This set of questions was based on the five independent variables under study and targeted some implementation officials from the secretariat of the National Council on Persons with Disability. Two officials were interviewed. However, the same category of questions was administered to another official from the GFD who is himself a disabled. But since he is not an implementing official himself but a leader of the pressure group of the GFD, his views provides an important insight into the issue under study in a unique way. We get to see his opinion as a disabled person and also as an official of the GFD. Therefor the summary of his views will be displayed separately.

The summaries of the responses from the two implementation officials from the Secretariat of the NCPD on the various Independent variables are as follows:

5.2.1 DISABILITY CULTURE

This variable is centred on how the belief systems of the Ghanaian society could be affecting implementation. There were three questions under this variable and they asked for the personal opinions of the officials regarding the: influence of traditional beliefs on how the disabled are treated in the society; the vulnerability of the disabled people and the level of priority that the disabled situation must get.

First official from the secretariat: He acknowledges how the beliefs of people influence how they treat the disabled in the society even by their own family members:

“Parents will generally not invest to the same extent in a child with disability as they invest in their able bodied children. Why because we believe that because that child has a physical infirmity or has hearing impairment or whatever it is that child is not going to be a productive member of society.”

However he answered negatively to the issue of if this belief system affects the effectiveness of his job. To him it just makes the lives of the disabled difficult but not his job.

However if the statutes in the provisions are for the very citizens who have these negative perception towards the disabled, how is it possible to have them comply with the rules laid down in the Act concerning the disabled? Especially when the very people who make up the decision making body are the same citizens with prejudices? This is confirmed by the interviewee:

“But more fundamentally, when you talk about the provisions in the act, as making a more inclusive society, providing better access to persons with disability, for finance, or loans or education or whatever it is, you are dealing with the 80% of the people who in the main, make up the decision makers, who don't yet accept disability as a part of their mandate. So until we change their mindset, we cannot talk about mainstreaming disability so that it becomes a normal part of the discourse of various agencies when they are making their plans, developing their policies, etc.”

This statement then in a way counteracts his earlier claim that the prejudices do not affect his work negatively, because how do you get people to comply with the act if they have prejudices?

Second official from the secretariat: He also admitted to the presence of discrimination against the disabled due to traditional beliefs and ideas and acknowledges that it does affect the enforcement of the provisions in the Act, specifically referring to the first provisions regarding the Rights of persons with Disability. To him:

“a person's definition of disability determines how the person relates with the disabled”

And so if the person defines disability in a negative way then how can such a person have a positive attitude to the rights of persons with disability?

With both interviewees attesting to the influence of the prejudices in society against the disabled, it goes without saying to admit that disability culture in Ghana, has a great potential to influence implementation of the Act, as both the officials needed to enforce these laws belong to the same prejudiced society as well as those needed to comply with the law.

5.2.2 COMMITMENT

The questions asked to determine the level of commitment paid to the disability issue by the government were; if the officials think there is some form of supervision by the executive over the council and its secretariat, how promptly funds are allocated for the policy programs and also the commitment of government to the disability issue compared to other issues.

First official from the secretariat: he acknowledged that commitment in terms of supervision is present as there is a hierarchical form of accountability. The secretariat which handles the day to day activities of the council, reports to the council which in turn reports to the ministry of employment and social welfare, who finally channels issues to the executive. This hierarchical structure also gives insight into the level of autonomy that the implementers have when it comes to decision making. But this will be further explored under that variable and later discussed.

This commitment in supervision is however not the same when it comes to prioritizing issues and as he noted:

“regrettably social welfare has not been an area of very much importance where government is concerned so the vote that the ministry gets is a lot less than it should be and as an agency under the ministry, our vote is even less than it should be so there is a huge funding gap and one of the reasons on board is that I keep scratching my head on how to bridge that gap”.

So apart from dealing with prejudices in the society and its effect on commitment to the disability issue, these officials also have to battle with how less important social welfare is to the government which then diminishes the prominence of the disability issue further.

Second official from the secretariat: he could not say for sure what the commitment level of the administration is but provided information that, the secretariat's "*foundation has not been strongly laid*" and the reasons were "*lack of personnel and lack of funding*" and that the secretariat "*could have made more progress if funds were forthcoming*".

Can this suggest a lack of interest in what activities the secretariat engage in realizing the Act's goals. One will wonder why it should take that long (over 6 years) to staff an organization that is to deal with the plight of the vulnerable in society with personnel, and even to fund it. These issues will be later addressed in the discussion chapter.

5.2.3 POLICY ORIENTATION

The questions for this variable were on the consultations made during the formulation of the policy, the opinion of the officials as to if there exists enough funds to achieve the provisions in the Act and if they have encountered some contradictions between the provisions during implementation.

First official from the secretariat: According to him, there were some consultations with the Ghana Federation of the Disabled (GFD) as well as some other NGO's, to collaborate for lobbying during the formulation process of the Act.

On the other hand, with the issue regarding the act having realistic goals, he was doubtful.

"It will be nice, but let's be realistic here; we are in an economy that is largely owned by foreigners and for Ghanaians continuing to be poor people in a rich country. We have a per capita income of roughly 400 dollars a year... if you are earning 400 dollars a year how can you afford a 400 dollar wheel chair?"

How then can the government get money provide these assistive devices for all disabled people in Ghana? He went on to say:

"Or if you are referring to physical access to buildings and the 10 year moratorium, well we are in 2012, and the standards that we need to be able to guide people as to how to construct

these structures... those standards have not yet been established. We are still talking to people who have got that experience or knowledge and the Ghana standards board to establish what is good for this country and until we've done that how can we talk about compliance?"

How realistic then is the attainability of these goals in the Act, when standards have not even been set for the provisions. Looking at the 10 year moratorium on access to public places by 2016, three years more to go and the standard for these buildings have not even been set. How achievable then are these provisions?

The Act according to him had consistency so far but it still had to be ratified with the UN constitution on human rights of persons with disability. So there could arise some difficulties. This revelation in turn sheds a new light on how tangible or complete the Act is at the moment since it anticipates modification in terms of the UN convention on disability.

Second official from the secretariat: he also admits that various consultations were made with some disability group and the concerned ministries, like health ministry, education ministry, and so on when it came to formulating the policy. He personally had not witnessed any contradictions in the Act's provisions but admits that *"all human documents will have some shortfalls"*. Also he felt that it will take years to realize the provisions in the act.

These views reveals that the Act when appraised at face value, does not seem contradictory but standards in relation to the provisions, like , what shape should the buildings take?, what penalties to sanction to those who go contrary to the provisions, etc. have not been set. Most importantly the Act has not yet been ratified with the UN Charter on people with disability. This then depicts the Act as an unfinished piece of document and this could be affecting implementation.

5.2.4 IMPLEMENTATION STRUCTURE

The questions on this variable enquired if the secretariat possesses autonomy to carry out decisions on its own or if it needs approval on every decision from the state level and how that influences the implementation process.

First official from the secretariat: in terms of power he felt that the secretariat had relative autonomy to develop policy programs on its own but then the story was not the same when it came to allocation of funds to the programs.

“we have relative autonomy. But do we have financial autonomy? No. and to that extent also it may be said that we are vulnerable to interference. But the reality as I have experienced it so far is that, we have been given a pretty free hand within the parameters of the act to propose what we think is helpful for this nation”

At the Secretariat, the executive secretary reports to the council, the council is under the ministry of employment and social welfare and so the minister for employment and social welfare also gets feedback from the council and also in turn takes it to the cabinet for presidential review. This hierarchical structure may have influence on their free will to take certain actions and even delay in projects. An example given was that:

“we are not in charge of education, so if the act says education has to be made free for persons with disability, what we need to do is to work with the Ghana education service, sit down with them and say this is what the act requires, what is it that needs to be done by you and other players to make it a reality? We don't control GES, so we can't force them but we can put pressure on them as one government agency to another...”

Second official from the secretariat: he also confirmed that in terms of funding they found it a bit constraining to be under the ministry of social welfare because they had to rely on only a little part of the money given to the social welfare ministry. But that in term of power, *“they have a lot of power”*

But the question is power to do what? How do they use this power which they claim to have if nothing much has been done in their three years as an organization? And also this answer contradicts the quote by the first interviewee that they could not *“force”* any of the concerned ministries to adhere to the proceeds in the act? so where is the power? Where is the autonomy?

5.2.5 POLITICS

The questions regarding the variable of politics tried to find out if there existed any differences in relationships between the council and its secretariat and the two successive governments. There was an enquiry into if the change in government has affected the implementation negatively or positively and if the officials notice a change in the rate of implementation from the time the act was passed to the present.

First official from the secretariat: He saw the current government as performing much better than the previous in terms of commitment to the disability issue. None the less it could be deduced from a statement he made, that the interest in the disability issue could have started as a political strategy:

“well look at the realities, act is passed in 2006, up until the change in administration in 2009, nothing happened, zero happened, other than certain names I understand were proposed for the membership of the council, but whether it was because we were going into a political or election years or whatever it was, I don’t know. The reality is that nothing happened and the present administration for better or for worse, decided that this was a potential election issue and they made a promise that they will inaugurate the council...within 100 days of office will inaugurate the council and that is what they did, so since then the council has been on the ground trying to make things happen”

This means that the successive government did not “*abandon*” the disability issue of the previous administration but rather saw it as a political channel, took it and begun working on it. But then, what happened after the 100 days inauguration? Could it be that the political interest was over and so a shift in focus?

This observation will later be discussed against some views from the focus group discussions conducted with the disabled, on how politicians make promises only to win votes but afterwards neglect their promises when they get into power.

It is however important to note that the views from this first official disproves the assumption that successive governments abandon projects of past government to pursue new projects. A sense of cooperation between the “principal and agent” could be perceived from this interview, but then the question to ask is, does this stem from personal political affiliations?

And if so, can political affiliation affect the relationship between the “principal and his agents”? This will be further reviewed in the discussions.

Second official from the secretariat: he could not give his views on this variable because to him the council has not been in existence for long to experience the differences between the two successive governments and so could not evaluate the impact of the change in government on their job.

5.3 THE THIRD INTERVIEW WAS CONDUCTED WITH THE OFFICIAL FROM THE GHANA FEDERATION OF THE DISABLED

This interview was unique because the one interviewed was himself a disabled and as well an official of the GFD. It was therefore expedient to administer some relevant questions from both sections of the questionnaire to him. Some interesting observations were made both with regard to the extent of implementation as well as some factors affecting the implementation process. Most of his views will be used in the discussion section of this paper but a summary of some relevant points on the various independent variables are as follows:

5.3.1 POLICY ORIENTATION

He also acknowledged the influence of the unfinished nature of the Policy document and informs that the GFD is working in conjunction with a law firm to produce what they call the LI (legislative instrument) which will make the implementation of the act easier. He explains the use of the LI:

“The LI or what they call subsidiary legislation will actually give flesh to the act itself. The act is a skeletal provision but the legislative instrument is the one that will bring the details and the specifics... on the section of education, now where will the free education cover? At what level? ... At the moment, that is just a general provision. The same thing applies when

you look at the employment section, annual tax rebate for companies that employ disabled...what percentage? It's not motivating enough ...the LI will clarify these things. So that now, if somebody violates these things, he will know that the provision is violated..."

5.3.2 IMPLEMENTING STRUCTURE

He talked about the negative effects of the structure of the council on implementation by the secretariat and talked about how the GFD is advocating for a change in the structure of the council.

"The council s at now is an appendix of the ministry of employment and social welfare, so if budgetary allocations may come from the ministry, it is when the ministry has something left after its own major operations so we think that is not the best. What should happen is that the council should be made either a commission or an authority, which is independent of any other ministry so that it will have its own projects and logistics so it will also have the independence or autonomy to confront every ministry to ensure that they comply with the provision of the act."

5.3.3 DISABILITY CULTURE and COMMITMENT

He gave extensive insight into the realities of negative mindsets on disability and its existence in the Ghanaian society and as barbaric acts against the disabled in the olden days like killing them is not allowed in the world of formal laws, there exist other forms of inhumane treatments against them as disabled:

"I think so far as disability is concerned there is a lot of negative cultural perception. Even in the olden days, children with disability were literally liquidated... As laws appeared, that practice has been curtailed. But it is redesigned in another form. Instead of liquidating them, they don't cater for them, in other cases; they lock them up in rooms. There are still some communities and families where there are children or persons with disabilities, and the families and that community finds it as an affront for people to even know that such a person exists in that community..."

He went on to insist that these perceptions can be found among even the government officials themselves and so it is bound to affect their commitment to the issue.

“Who are the government officials? They come from the very society which sees disability negatively. Now just being appointed as a minister does not change your attitude that you’ve cultivated over the years, you will carry it with you. Even if it will change, it will take time... So to me the way government is lackadaisical about disability issues, is simply because government officials come from the society which they see disability negatively and therefore see persons with disability either as vectors of ill careers or victims of poetic justice or incapacitated people, that is how they see you”

Building from his view of the officials in terms of their beliefs and its influence on their commitment, he acknowledged that the level of commitment is still *“very low and mainly cosmetic”*.

5.4 OVERVIEW OF THE NATIONAL COUNCIL ON PERSONS WITH DISABILITY

Another interesting observation made during the interview with some officials threw more light on the establishment and functions of the NCPD which is worth looking into at this stage.

The council has been established successfully after some rounds of occurrences. According to one of the interviewees at the secretariat,

“for three years after the act was passed, nothing happened. The council was finally inaugurated three years after the act in 2009. It spent its first three months up to a year or so trying to find its feet... it was acting without an executive secretary, and when the acting executive secretary was appointed, apparently he didn’t have the right competencies or skills or whatever. It caused a problem and that led to basically a year’s loss...where because of certain things that happened, the council was subjected to 2 separate investigations, by BNI, by national security, by ministry of employment and social welfare”

One function of the council stated in the Act, is to coordinate activities of organisations of persons with disability, and international organizations and nongovernmental organizations that deal with disability, like the GFD. But it was gathered from the views of one of the officials at the GFD that the council,

“looks at itself as a government agency, therefore must be superior to the GFD so instead of collaborating with the federation, which has 7 member organs, which has regional and district branches and each member organ also has regional and district branches, it sort of appears to have an antagonistic posture, and that is where things have not worked”

This gives an evidence of disunity between the disabled group and the council itself. One other function of the council is to provide a national register of persons with disability, however nothing like that existed. The official also reported that after an assessment of the council by the GFD it was found to be a “total failure”,

“Even up to date the council has not got any strategic plan after four good years, it’s still in a draft stage, it has not been approved. They have not been holding board meetings, the whole of 2011, not a single meeting. Now if there are no board meetings, who will develop the policies for the secretariat to implement? There is no national register on persons with disability and on organizations. They are also supposed to do research, but on that area it is not known for that”

These findings regarding the council can serve as further insight into some of the characteristics of the implementation process affecting its progress. This will be visited later on in the discussions.

CHAPTER SIX

Discussion

Introduction: This chapter focuses on discussing the findings of the study by establishing the middle ground on the various views of the sample, concerning the research questions and independent variables. The discussion of the findings will be put in two parts:

1. Discussion of findings based on the research questions.
2. Discussion of findings based on the independent variables of the study.

6.1 DISCUSSION OF FINDINGS BASED ON THE RESEARCH QUESTIONS

The broad question asked was: How do stakeholders in the implementation of the disability act perceive the success of implementation to date?

The stakeholders in this study refers to the implementation officials at the secretariat of the National Council on Persons with Disability (NCPD), disabled people who are the beneficiaries of the Act and other disability pressure groups in Ghana like the Ghana Federation of the Disabled (GFD). The answer to this broader question will be derived from the answers provided by both the interviews and focused group discussions on the sub questions.

By the end of the discussion of each sub question, the overall view regarding the perception on the success of implementation of the Act will emerge which will then lead into the discussion of the factors affecting the implementation process, thus the IV's.

Each of the sub questions relating to this broader question will now be discussed in accordance to the findings:

i. How many provisions in the act has been attended to and implemented?

This question mostly targeted responses from the beneficiaries of the act (the disabled) themselves, because it was believed that they are in a better position to tell whether their needs are been met as stipulated in the Act or not.

The purpose of this question was to help throw light on the Dependent variable for the study (the extent of implementation of the disability Act of Ghana). Due to the density of the provisions in the Act, four out of the eight chapters in the Act was used as a yardstick in measuring the extent of implementation. So the question “how many provisions in the act has been attended to?” was limited to the four chapters in the act, namely:

- (1) Rights of persons with disability,
- (2) Employment of persons with disability,
- (3) Education of persons with disability, and
- (4) Health care and facilities

However, through the interviews and focused group discussions, it was obvious that even the other four chapters which were not included in the study were attributed negatively as the others.

NB: It is important note that, the researcher did not expect all the provisions in the act to have been totally implemented, but rather the focus was on how the implementation is progressing given that the Act had been passed for over 6 years.

The general impression was that none of the four main chapters has received any progressive attention.

On rights of persons with disability, where issues like the right to family life, access to public services and public places as well as discrimination against the disabled were assessed, it was found out that there is a consensus among all groups that their rights were not being promoted.

The ten year moratorium on access to public buildings was not at a good pace in anticipation for the 2016 timeframe. Most old public buildings had still not been renovated to suit the

needs of the disabled and even new constructions like the M1 Motorway⁵ were being constructed without considering the needs of the disabled. They still also faced discrimination from all places, from family members to strangers on the streets and even from people in authority.

These observations makes one wonder if there is any success at all with the Act, because if the basic fundamental human rights of the disabled are too difficult to be met, how then can the other more complex provisions be dealt with.

On employment of persons with disability, there seemed to be some effort by the government in training the disabled with some handicraft skills like dressmaking and shoemaking in the GFD compound. However there was a mixed feeling with regard to the training opportunities. Some complained that they were only being trained to do menial jobs⁶ when they could also be trained to do office work or other “white collared jobs”.

Also this same centre for employment also doubles as a rehabilitation centre but then the question is what kind of rehabilitation goes on there? Some of the people spoken to referred to it as rather a “crippling” factor in the lives of the disabled and also as “dumping” ground for parents to neglect their disabled children.

There was no evidence of a promotion of employment of persons with disability where the Act states how it will give annual tax rebate to employers of persons with disability. In all the only provision in the Act that seem to have had an effort at implementing is the rehabilitation centre where job skills are provided for the disabled.

On education of persons with disability, the picture was gloomier than ever. None of the provisions concerning free education for the disabled child, provision of disabled facilities in schools and so on had been addressed. All groups denied any opportunity for free education and some even went on to complain that even when they had their money to go to school or

⁵ A major road construction linking the Tetteh Quarshie overpass to Malam junction, two very prominent places of traffic flow. After its completion in 2011, the walkways for pedestrians were not suitable for disabled access.

⁶ Certain practical jobs in Ghana are considered to be low classed jobs

send their disabled child to school, they could not because it is difficult to find schools with the necessary disabled facilities.

The official at GFD reported that an accessibility audit conducted by the GFD at one of the top universities in the country observed that most of the places on campus lacked disabled access. This raises a comment that if the basic education is not accessible to the disabled child, the university can have all the disabled access and it will be pointless because that child will never get that far in education to attend that university.

On health care and facilities, disabled people do not have access to any form of free general and specialist medical care. They had to pay for their health treatment like other able bodied people. When it comes to the national health insurance scheme, they pay the same amount as everybody else. The assistive devices they have are mostly from donations from NGO's and from personal finances.

Putting all these issues on the various provisions together, one can say without doubt that implementation of the Act has not gone quite far in success. This then leads us to the next sub research question.

ii. Are there some characteristics of the implementation process affecting the success of the policy?

Some issues regarding the implementation process were identified as being probable causes for the slow pace of implementation.

The Council itself did not seem solid in terms of its foundations and the performance of its duties. For three years after the act was passed, the Council did not exist. It was finally inaugurated three years after the Act in 2009 but it still had no executive secretary to handle the day to day affairs of the council as stipulated by the Act. According to an official at the secretariat, an acting executive secretary was appointed but had "competency issues" which

led to a number of events and subsequent investigations by the Bureau of National Investigation, the National security and the Ministry of Employment and Social welfare. The new and current executive secretary was appointed by the next political administration after 100 days in office. But even after this structural adjustments it is reported by the official at the GFD that the council has still failed to perform its duties: the council is supposed to meet four times in every year but there was not a single board meeting by the council in 2011 and the duty of providing a national register for persons with disability has not been done and they did take advantage of the recent census in Ghana, to acquire a national register for the disabled.

This is the body whose objective is “to propose and evolve policies and strategies to enable persons with disability enter and participate in the mainstream of the national development process” (Peport on NCPD workshop on Mainstreaming Disability Issues in Ghana) through the performance of its stipulated duties. So how then can the Acts vision for the disabled be realized if these duties are not being performed?

What comes next into mind is if the kind of structure the council has and its level of autonomy has a role to play in its inability to perform its duties and the subsequent slow progress of the implementation itself.

In terms of power one official felt that the Secretariat had relative autonomy to develop policy programs on its own but then the story was not the same when it came to allocation of funds to the programs.

“to some extent we have relative autonomy. But do we have financial autonomy? No. and to that extent also it may be said that we are vulnerable to interference. But the reality as I have experienced it so far is that, we have been given a pretty free hand within the parameters of the act to propose what we think is helpful for this nation”

The council is under the Ministry of Employment and Social welfare so after the executive secretary reports to the council, the council also must report to the minister for employment and social welfare, who also reports to the cabinet for presidential review. The council therefore does not have much autonomy to carry out activities on its own and the main reason for this is funding. It was reported by one official that social welfare itself has not been an area of top priority to government in Ghana and so to have the disability council under the social welfare ministry puts it at more disadvantage. The council must make do with the small percentage it gets from the social welfare ministry after it has seen to its own projects.

The official from the GFD who did not seem too pleased with the performance of the council did sympathize with it concerning its level of autonomy and how that affects it,

“The council as at now is an appendix of the ministry of employment and social welfare, so if budgetary allocations may come from the ministry, if the ministry have something left after its own major operations so we think that is not the best. What should happen is that the council should be made either a commission or an authority, which is independent of any other ministry so that it will have its own projects and logistics so it will also have the independence or autonomy to confront every ministry to ensure that they comply with the provision of the act. But as it is now, its powers ends at the door step of the ministry of employment and social welfare so if at that level the ministry cannot push, then council cannot bypass them to compel the other ministries to carry out what the law requires. So that area too we are trying to say that government should give them some kind of autonomy and resource them well to work”.

The existing structure of the implementation process as a problem of implementation, seem to be a common consensus among the interviewed officials at both the secretariat and the GFD. However the questions went on further to find out what other factors in the environment could be undermining the pace of implementation of the Act.

iii. Is the implementation being affected by social and political factors?

The focus on this sub question was to find out if certain elements in the Ghanaian society can be attributed to the slow paced implementation. This considered the traditional belief systems of Ghanaian regarding the disabled as well as the known notion in Ghana of new political administrations abandoning the projects of the previous opposing political administration.

The belief system regarding the disabled in Ghana was identified as one of the major reasons for the delay in implementation. The picture painted was one of total neglect and disregard for the human rights and dignity of the disabled in the Ghanaian society, from family members to strangers and even to people in government. The disabled are regarded as negative omens and a “waste of time and resources” in the society so that, parents hide their disabled children

from the public and do not cater for them as they do their abled bodied children, some are even banned from entering certain towns and villages for fear of bringing misfortune.

The questions to ask then are; how is an Act which is supposed to cater for the rights of persons with disability achieve success in an environment like this one? How are the very people who shun the disabled supposed to comply with a law that favours the disabled? And how well will the commitment level of implementing officials as well as the governing administration be towards this issue, when these groups are made up of the very discriminative society? As the disabled official of the GFD puts it,

“Does it affect how the government handles disability issues? My dear, the answer is yes. Who are the government officials? They come from the very society which sees disability negatively. Now just being appointed as a minister does not change your attitude that you’ve cultivated over the years, you will carry it with you. Even if it will change, it will take time. I am just surprised that in other countries and cultures, disability issues are not the way they are here... So to me the way government is lackadaisical about disability issues, is simply because government officials come from the society which they see disability negatively and therefore see persons with disability either as vectors of ill careers or victims of poetic justice or incapacitated people, that is how they see you”.

One official at the Secretariat agrees to this issue of belief systems affecting everybody and thinks that it will take years to diminish these belief systems,

“Normally if you are talking about wholesale and large scale attitude of change, you have to allow for at least one generation if not several, you have to bring up the children with a different mentality from those of today, and then hopefully they also will carry on the work of bringing up the next generation. Is that a four year program? I don’t think so. We are looking at twenty, forty sixty years. But we have to start somewhere”.

There was no evidence that change in government had a role to play in the slow pace of the implementation. The notion of successive politicians abandoning projects of previous opposing administrative government did not seem to be the case here. The Act was passed in 2006 during the Kuffour administration of the NPP (National patriotic party) and when the Mills administration of the NDC (National democratic congress) took over, they went on to

inaugurate the council and elect a new executive secretary, both of which are currently in office.

There however seem to be a hint of political undercurrents in terms of loyalty and cooperation among the various interest groups, however subtle. During the interviews, one could sense some level of party loyalty among some participants. This was evident when there was a hint of preference to the previous administration's performance to the current one from one side of the bench and then on the other side, a hint of preference to the current administration to that of the former administration. Empirically it was hard to judge which administration had performed better than the other due to the fact that nothing much substantial has been achieved by any of the two administration.

Many conclusions could also not be drawn from the Principal-agent dynamic in implementation because data gathered suggests a different set of administrators of implementation to each of the two parties, thus, the administrative group of the council with the previous government after the series of investigations, were replaced with new members during the current administration. Therefore, loyalties will still lie between the council and its secretariat and the current government as they were appointed by that government. Therefore their relationship may have less or no significance on the slow pace of the implementation process.

Another tangible reason that could be attributed to the slow pace of implementation is the economic conditions in Ghana. Even though it wasn't in itself a variable under study, evidence from data collected suggests that it could be a crucial factor. Ghana as a developing country is seen as one of the poor countries in the world and even though recently there is the talk of Ghana becoming a middle income country, the state still relies on foreign aid for its many projects. The provisions in the Act, even though realistic and achievable, need a lot of funding to offset itself. Government will need money to provide the free assistive devices for all disabled persons, the free education and rehabilitative services, to mention a few. As of now the attainment of these ambitions seem a little illusive in the absence of foreign aid. Even as it stands social welfare under which the council operates receives less attention when it comes to budgetary allocations, how then can the aims of the Act be achieved with this kind of economic constrain?

This then leads us to critically look at the Act itself to find out how some of its characteristics could be a factor in the delay in implementation.

iv. Are there some characteristics of the provisions in the Act which are affecting its implementation?

As far as clear provisions go, the Act seems to be clear in what it aims to achieve. There seem to be no provisions contradicting each other and officials interviewed attested to this. The problem however is with the clarity in the standards that are supposed to be met. For example, the 10 year moratorium on public buildings states that all public buildings must be accessible to the disabled by 2016, however the proper standards to be followed by builders on how to construct those structures does not exist. How then can builders do the right thing when there are no standards to follow?

It was also found out that a legislative instrument is needed for other areas in the Act which will give legal binding to it. At the end of each section of the Act, there is a caution to those who go contrary to its provisions; however there exists no legal binding yet to issue sanctions to these people. The LI is supposed to cater for this but as at now it does not exist. How then can we talk of implementation success?

Another shortfall of the Act is with its need to be ratified with the UN Charter on rights of persons with disability. This has not yet been done and so there still could be some contradictions in the Acts provision when it is finally ratified. However when that will be, nobody knows.

Why after all these years, has these issues not been dealt with by the two concurrent administrations when in office? Why is there almost a lack of urgency and commitment placed on the disability issue as against other recent policies? Could all these have roots in the background of society's mind-set on the disabled person? So that even though people consciously appear to be concerned, in the unconscious mind, even top officials, the disabled are still unproductive and so much effort should not be "wasted on them"? how long does it

take to gather a committee to set a Legislative Instrument for the Act, how long will it take to ratify the Act with the UN Convention? Why the seeming lack of attention?

6.4 DISCUSSION OF RESEARCH FINDINGS BASED ON THE INDEPENDENT VARIABLES

The independent variables for this study will be specifically discussed now in relation to the findings outlined in the previous chapter. Even though the research questions has been discussed, the choice to discuss also the individual independent variables is to narrow down to focus on the issues of interest of these research and to reconcile them with the theories chosen for the study. This is to help determine which of the independent variables stipulated by the researcher actually applied to the implementation process of the Ghana Disability Act.

i. POLITICS

According to Howlett et al. (2009), change in governments can have an influence on implementation. This IV was proposed to investigate if the change in government involving two different political parties in 2008 in Ghana, within the six years of the passage of the Act could have affected its implementation.

The political angle of Van Meter and Van Horn's stipulation of how the changing socio-economic and political context can affect implementation success was used to explain one side of this independent variable. This was proposed based on the popular opinion in Ghana about the tendency of new political governments to refuse to continue projects initiated by their predecessor political governments to pursue their own new projects.

However it was found out that the former political administration that passed the Act in 2006 did not start any particular projects with regard to the Act's implementation till they left office. Also, the Council that was supposed to develop the policy programs for its Secretariat to implement was not inaugurated until 2009, and that was by the new political administration. This disproves the popular opinion of abandonment of projects by new political administrations in Ghana as a factor affecting the Act's implementation.

The other side of this variable that was investigated was based on the Principal-agent theory of the Third Generation on how the relationship between governments and their bureaucracies affected implementation. To test this, the researcher tried to gather data on the relationship that existed between the two successive governments and the NCPD and also to find out how they worked together to achieve the aims of the Act, in order to draw comparisons.

The findings of this study however could not determine the influence of this variable. This is because even though the Act had existed under two different governments, there was no NCDP existing during the previous government therefore no relationships could be determined and neither could any achievements be identified. The NCPD and its Secretariat had only been in existence with the current government who inaugurated it. Having implementation officials selected by the same ruling government is bound to be a favourable condition for that government especially in the Ghanaian context where it is common knowledge that governments tend to favour people with the same political sentiments as them when selecting officials. Comparisons between the two governments based on the relationships that existed between them and the implementers and their subsequent achievements could therefore not be made.

ii. COMMITMENT

It was hypothesized by the researcher that the level of commitment given to a policy by the top officials will be indicated by the amount of resources allocated to the said policy, the level of urgency placed on the policy by the top officials, the supervisory role they play, as well as the effort that has been put into setting up legitimate implementation structures. The researcher tried to find out if there are conscious efforts at implementing the provisions in the policy with much focus on the 10 year moratorium on access to public places.

The findings based on the four chosen sections of the Act against the stipulated indicators of commitment stated above, depicts a picture of little or no commitment. There wasn't much attention paid to the resource needs for the success of the Act, in that, the council receives very little funding from government. This situation has roots in placing the council under the Ministry of social welfare which in itself receives less interest from the government. Not much has been achieved with regard to the provisions of the Act and even the standards for

the buildings regarding the 10 year moratorium on access to public places has not been set, 4years to the deadline. This is but one example of the lack of urgency given to the disability issue by the top officials.

What is commendable however is the effort to set up the NCPD and its Secretariat to run the affairs of implementation. However this is even seen by some of the people interviewed as merely cosmetic and politically motivated since three years after its inauguration, nothing tangible has been accomplished. In all, based on the findings it can be concluded that there is not much commitment by the government towards the disability issue.

iii. POLICY ORIENTATION

The aim was to find out if the Acts provisions are realistic and attainable. This was based on Goran Hyden's view on how unrealistic goals which are made without calculations of the costs of achieving them, can affect implementation success. At face value, the act provisions do not contradict each other and the goals of the provisions seem clear. However there are many issues that needs to be addressed in relation to the Act, and these could be one of the major reasons why the implementation is not progressive.

First of all the Act needs reconciliation with the UN Charter on disability which has not yet been done. Another issue is with the provision of a Legislative Instrument which will give legal backing to the Act to facilitate compliance, something which has also not been provided six year after the Act's passage. Even the standards that will determine the length and breadth of certain required actions, like the standards to follow by contractors when building public structures does not exist. How then can one even talk of compliance and implementation success?

These issues should have been dealt with during the formulation process of the Act before its passage but was not done and so it is causing a delay in the achievement of the Acts goals. This echoes the assertion that "decisions made at the design or formulation stage have a considerable impact on how implementation proceeds" (Grindle, 1980). Even if these considerations failed to appear in the formulation stage, it could still have been dealt with during this past six years; for as Hyden puts it "incomplete knowledge may be alright

upstream, that is, at the point of policy formulation, but becomes a serious liability if not corrected in the implementation or downstream stage” (Hyden, 2006).

There is also an assertion that, governments in developing countries sometimes tend to formulate ‘broad, sweeping policies’ which their bureaucracies often lack the capacity to implement. (Smith, 1973). Ghana as a developing nation cannot be said as a financially sound country and this makes one take a second look at the some of the provisions in the Act. In a society plagued with many financial constraints, having adequate resources to execute some of the provisions in the Act is a bit questionable. As interjected by one of the interviewees,

“if you are earning 400 dollars a year how can you afford a 400 dollar wheel chair? And have money for food, transport clothing, shelter, your children’s school fees and so on? So unless and until our average income goes up and therefore government also by its taxation and so on is able to put money into welfare services, health services, etcetera, unless that happens, how are we going to make sure that over in Kukrantumi, the new born baby who has a deformed leg is able to access corrective surgery and so on and so forth to enable them to walk again?”

Providing free assistive devices, free education and training, free medical services to the totally disabled (especially in a country where its main stream health care system is lacking in so many ways), and so on, needs a lot of financial backing. It will take a very long time and some economic improvements to achieve some of these provisions in reality.

iv. DISABILITY CULTURE

This was based on how the Ghanaian society views disabled people, thus, their perception and attitude towards disability and how that could be affecting implementation. It is important to find out if policy actors hold certain traditional and superstitious opinion on disability and if it is influencing their level of commitment to the implementation of the programs.

The findings from both the focused group discussions and the interviews project the Ghanaian society as an entity rooted in thick superstitious beliefs and prejudices towards disability which generates discriminatory attitudes in the people.

One crucial example of this negative attitude is found in a news article that reported a protest surrounding the newly elected government's ministerial appointments. For the first time in history of Ghana, a disabled person, Dr. Henry Seidu Dannaa, was chosen as a Minister designate for Chieftaincy and Traditional affairs, only to be met with protest from the traditional heads and chiefs for his replacement. Their reason being that; "their traditions do not allow any direct contact with a physically challenged person". (citifmonline.com, 2013)

This is one of the variables that seem to be a running theme throughout the issues relating to the delay in implementation, from getting people to comply to the Acts provisions to having committed implementation officials working selflessly to help recognize the rights of the disabled which has been denied them for so long. As quoted earlier from one of the interviewees, the very officials, from politicians to the bureaucrats who are in charge of making the Act realize its goals come from the same discriminatory society and so have cultivated the same negative prejudices towards the disabled, they will therefore have some unconscious apathy towards the issue and this could be a reason for the lack of commitment on their part. Some other recent bills that have been passed like the single spine is receiving a lot of attention, how then can the disability Act which has been passed for over six years, still be in a relatively dormant state? The answer to this could be found in one interviewee's words:

"you are dealing with the 80% of the people who in the main, make up the decision makers, who don't yet accept disability as a part of their mandate. So until we change their mind-sets, we cannot talk about mainstreaming disability so that it becomes a normal part of the discourse of various agencies when they are making their plans, developing their policies..."

This among other similar views from the sample provides evidence that the perceptions and beliefs of the Ghanaian society on disability are hindering the progress of implementation, both from the corners of those who must ensure compliance and those who must comply.

v. IMPLEMENTATION STRUCTURE

A feature of the implementation process that maximizes its success is decentralization and the level of autonomy of the implementation organ. (Haggard & McCubbins, 2000). One section of the act makes provision on the establishment of a national council for the disabled with its secretariat which is to develop policies and handle the day to day implementation processes respectively. The goal was to find out how implementation is being affected either positively or negatively by the structure the council has.

The council and its secretariat seemed to have a disadvantaged position in terms of hierarchy of authority. Even though they could develop policy programs on their own, they needed to report to the Ministry of social welfare and employment, which in turn reports to the cabinet, before presidential approval. This therefore is a feature of delay due to all the chain of bureaucratic measures that need to be followed.

One major area where this affects the implementation is with getting access to funds to initiate policy programs more so aggravated by the less interest placed on social welfare when it comes to budgetary allocations. Another issue is that due to the less power the council has, it cannot impose what needs to be done on the various interest parties. For example, as one official from the council puts it;

“we are not in charge of education, so is the Act says education has to be made free for persons with disability, what we need to do is to work with the Ghana education service (GES), sit down with them and say this is what the act requires, what is it that needs to be done by you and other players to make it reality? We don’t control GES, so we can’t force them”

If the council is made to have more control over the various organizations which need to comply with the provisions in the Act, it will make the development of policy programs and the gradual compliance with the Acts provisions possible.

The official from the GFD, who was not too pleased with the performance of the council also however recognized the disadvantageous position of the NCPD and its Secretariat in the realization of the Acts goals and gives a suggestion that:

“What should happen is that the council should be made either a commission or an authority, which is independent of any other ministry so that it will have its own projects and logistics so it will also have the independence or autonomy to confront every ministry to ensure that they

comply with the provision of the act. But as it is now, its powers end at the door step of the Ministry of employment and social welfare so if at that level they cannot push, then council cannot bypass them to compel the other ministries to carry out what the law requires.”

As at now the body charged with the implementation does not possess the powers and necessary funding at their disposal to make the implementation run smoothly. There is the need for its autonomy and financial needs to be met for implementation success.

6.3 WHICH VARIATION OF THE DEPENDENT VARIABLE IS TRUE?

The dependent variable (DV), the extent of implementation of the Disability Act of Ghana, at the beginning of the study was expected to vary in terms of either “progressive implementation”- where the provisions in the four out of eight chapters in the act is being consciously carried out, or “delayed implementation”- where the provisions in the four chapters are not being consciously carried out. From the findings and discussions chapters above, it is clear to state without doubt that there is delayed implementation with regard to the Ghana Disability Act. The variables that were identified to be the major factors in this delay are, the implementation structure of the NCPD and its Secretariat, the disability culture of the Ghanaian society which was also a factor in the level of commitment placed on the issue, and issues with policy orientation.

The next concluding chapter will focus on the theoretical implications of the findings as well as other technical issues with a final summary of the whole study.

CHAPTER SEVEN

Conclusion

7.1. Summary of the study

The study entitled “Putting decision into action: the Disability Act of Ghana, six years down the line” was undertaken to investigate into the progress of the implementation process of the Ghana Act 715, the disability Act of Ghana, after six years of its passage.

The study objectives were:

- To find out how far implementation has gone with regard to the provisions in the act.
- To provide a source of data on the Ghana Disability Act and its implementation; which can be used as reference, for future research.
- To help throw more light on the nature of policy implementation in general in Ghana.

The broad research question asked was: How do stakeholders in the implementation of the disability act perceive the success of implementation to date?

And the sub questions were:

- i. How many provisions in the act has been attended to and implemented?
- ii. Are there some characteristics of the implementation process affecting the success of the policy?
- iii. Is the implementation being affected by social and political factors?
- iv. Are there some characteristics of the provisions in the Act which are affecting its implementation?

Three theories were employed to guide the study and to help explain the phenomenon under study. These were:

- The Implementation model (Van Meter & Van Horn, 1957)
- Principal Agent theory (Third generation)
- Goran Hyden’s Policy Deficit (Hyden, 2006)

The dependent variable “extent of implementation of the disability Act” was expected to vary in terms of either “progressive implementation”- where the provisions in the selected four out of eight chapters in the Act are being consciously carried out, or “delayed implementation”- where the provisions in the four chapters are not being consciously carried out.

In narrowing the focus of the study, five independent variables were identified to guide the study in discovering the factors affecting the implementation process. They were:

- Disability culture - based on how the Ghanaian society view disabled people, thus, their perception and attitude towards disability.
- Commitment – which assessed; the efforts at implementing the various provisions in the policy.
- Policy orientation – which assessed; the characteristics of the Disability Act that could be affecting implementation, that is, how clear its goals and directions are.
- Implementation structure – which focuses on decentralization and level of autonomy, thus, how implementation is being affected, either positively or negatively, by the structure the implementation body has.
- Politics – which assessed; how change in government could be affecting the implementation of the Act.

Using the qualitative research method of case study, officials from the Secretariat of the National Council on Persons with Disability (NCPD), as well as some disabled members of the Ghana Federation of the Disabled (GFD) were sampled for the study using the purposive and the convenient sampling techniques. The study was based in the Accra Metropolis in the Greater Accra region of Ghana. Semi-structured questionnaires were used as a guide for interviews and focused group discussions with the participants.

7.2 Summary of the analysis of findings

The analysis of the findings was placed into two different categories.

The first category of analysis was on the extent of implementation of the Disability Act, which was expected to vary in terms of Progressive Implementation or Delayed Implementation. The answer to this was derived from the views of the focused group discussions with the disabled members of the Ghana Federation of the Disabled. It was measured against four out of the eight sections of provisions of the Act; thus,

- (1) Rights of persons with disability.
- (2) Employment of persons with disability.
- (3) Education of persons with disability.
- (4) Health care and facilities.

It was found out that there was delayed implementation of the Act since its passage in 2006. The disabled felt that their rights were still being trampled on by the citizens and that not much attention is given to them. The educational provisions in the Act are not being fulfilled and some of the efforts made to provide some form of training for them have not really yielded much result. An example is with the rehabilitation centre in the compound of the GFD, which according to some participants has become a “dumping ground” for parents to neglect their disabled children. The story was the same with the other two provisions of health care services and employment for the disabled.

The analysis of these views from the four focused group discussions conducted indicated delayed implementation.

The second category of analysis done was on the factors affecting the implementation process and the views from the interviews with two officials from the Secretariat of the NCPD were used to examine this. This analysis was done against the five identified Independent variables of the study.

Disability culture was found to be a major factor affecting the implementation process. The perceptions and traditional beliefs of the Ghanaian society on the issue of disability and what it represents was a barrier to the achievements of the provisions in the Act. The people who

are supposed to comply with the provisions as well as the people who are supposed to enforce these provisions have deeply rooted negative beliefs that hinder favourable treatment of the disabled. This has caused apathy and less interest in the plight of the disabled.

Commitment is seemingly present in the supervisory role played by the top officials to the NCPD. This however stops with supervision as there is no urgency placed on the need to develop policy programs to push the implementation forward. Also is there lack of interest in providing funding to aid in the programs of the NCPD and its Secretariat. One of the reasons stated for this lack of commitment echoes the destructive nature of the belief systems.

With Policy orientation, even though some consultations were done during the formulation stage of the Act, it still needs reconciliation with other elements which should have been addressed and this was affecting the enforcement of its provisions. For over six years after its passage, the Act is yet to be reconciled with the UN Charter on Human Rights. It also needs a Legislative instrument that will define the lines of compliance to the Acts provisions and sanctions to defaulters. This has rendered some of the Act's provisions ambiguous without stipulated boundaries which make the realization of its goals difficult.

The implementation structure of the implementation body stifles the progress of the implementation as the NCPD and its Secretariat lacks the autonomy to carry out certain decisions on its own and the power to enforce compliance with the Acts provisions from the various departments of interest, as well as lack financial autonomy to generate funds for its projects. This was identified by both the officials from the Secretariat as well as the disabled official of the GFD as being a major setback in the implementation.

The variable of politics was analyzed in terms of how the experience regarding the two changes of government has had on the implementation process. The influence of this variable on the implementation process was non-existent. Not much significant difference could be found between the achievements and progress made with the government that was in power during the passage of the Act and the government that was in power during this study.

It was also noted that the assumption that new governments abandon unfinished projects of their predecessor government to initiate their "own" new projects did not apply in this

situation because even though there wasn't any significant progress, the Act's implementation has not been completely abandoned.

NB: These findings of the study holds some implications for the theories adopted at the beginning of this research as well as for other past implementation studies and policy implementation in general. This is addressed next.

7.3. Implications of the study in relation to theories

Even though five Independent variables were assessed, some were found to be more important for the process of implementation of the Ghana disability Act and in essence some theories are more compatible with the implementation process of the Disability Act than others.

A. The Van Meter and Van Horn Implementation Model

This was compatible with this study as some of their stated variables for successful implementation were confirmed by this study.

The study identified Disability culture as one of the most influential variables in the implementation process of the Ghana Disability Act. This prejudicial and discriminatory attitude runs through the circles of people in administration to the very citizens who are expected to comply with the Act's statutes. This observation affirms the compatibility of Van Meter and Van Horn's identification of the social environment as a factor to successful implementation. The social environment in terms of societal norms and entrenched values as well as the attitude of the people in the society must not be contradictory to the overall vision of the policy.

However the belief systems and attitudes of people in the Ghanaian society regarding disability, stifles the smooth running of affairs of the Disability Act. The idea of seeing investment in the disabled person as a "waste of resources" and seeing the mere presence of a disabled as a bad omen does not only influence the response of the society towards the Act but also the commitment levels of the officials running affairs in the country.

It will take a very big paradigm shift in the mind-sets of people in the society for implementation to be successful and the hypothesis that “implementation will be most successful where only marginal change is required and goal consensus is high” (Van Meter & Van Horn, 1957), helps put the challenge posed by the societal constraints on the implementation into a clearer perspective.

The importance of the theory’s variable of “disposition of implementers” (defined as their cognition of the policy, the direction of their response and the intensity of that response) on implementation success was also proven in this study. The pace of implementation was being affected by the value placed on the achievement of the Act’s goals by the top officials, their involvement in implementation which was based on the supervisory roles they play and the intensity of their involvement based on how readily they make resources available to the street-level implementers. This lack of commitment was seen as being caused by the entrenched belief systems regarding disability. The dynamic of how the study’s variable of disability culture has an influence on the variable of commitment level of implementers confirms also the view of Van Meter and Van Horn about the interrelation of variables in implementation.

On the other hand the theory’s identification of the changing political conditions as a factor affecting implementation could not be confirmed by this study as there was no noted significant difference between the progress of the Act at the time of the passed government and at the time of the current government during the study. This does not disprove the statement of Van Meter and Van Horn, but it just does not apply in this particular case.

B. The principal agent theory

This stipulates that, “administrative discretion is affected by the changing social, economic, technological and political context of implementation” (Hutter & Manning, 1990). The changing political context as a variable for this theory, was mainly adopted to examine how change in government affects implementation. That is, whether the relationship between the previous government (principal) and the implementers (agents) and the relationship between the current government (principal) and the implementers (agents), causes a variation in

implementation (whether positively, negatively) or if it is the same . This could not be proven by this study since as already stated; there was no significant difference between the progresses of implementation between the two governments.

C. Goran Hyden's Policy Deficit

The variable of policy orientation was examined with Hyden's Policy Deficit theory which emphasizes the importance of careful calculations of costs and means of achieving set goals and how African policy making lack this vital feature. And also as asserted by Smith (1973), governments in developing countries sometimes tend to formulate 'broad, sweeping policies' which their bureaucracies often lack the capacity to implement. This therefore ends up in problems during implementation.

And as found by this study, even though there is evidence of consultations during the formulation process of the Act, certain crucial consultations and structuring that should have been done during that time were put aside and even six years after, these consultations and structuring are yet to be made. There were no efforts made to ratify the provisions in the Act with the UN charter on Human Rights, which when eventually done could cause some contradictions with the Act. Also the Legislative Instrument which will state the boundaries of the Act and provide sanctions for defaulters does not exist.

These should have been considered before the Act was passed and if not then, it could have still been addressed in the past six years but yet nothing. This will make one wonder if passing the Act at all was just a political move which has outlived its "drama" and so cast aside with no committed interest in its success. In the words of Hyden, "a political decision is made first, typically under dramatized circumstances, to produce a sense of urgency...the costs of attaining it becomes a secondary matter" (Hyden, 2006).

In all, the variables of Disability culture, Commitment and Policy orientation were found to be the ones affecting the implementation process of the Act greatly. The implementation structure of the implementing process was also causing some difficulties with access to funds to aid policy programs and to ensure compliance from the concerned departments such as,

education ministry, health ministry, employment ministry, and so on. The variable that was found to be less important with regard to this study was politics. There was no significant difference observed between the two successive governments' implementation success to confirm the influence of the change of government on implementation.

7.4. Implications to other studies

There could be found some correlations of findings of other studies to this study's findings, while in other cases there were some slight differences.

In terms of Disability culture, the assumption that "although the passing of this bill is an important step, changes in both the physical and social structure of the country must occur before its aims can be actualized" (Reynolds, 2010) was proven beyond measure in this study as the social perception and beliefs regarding the disabled was found as a major factor in undermining the success of the implementation. This study findings on disability culture were similar to Reynolds' study on "Disability Culture in West Africa: Qualitative Research Indicating Barriers and Progress in the Greater Accra Region of Ghana" which also found out that people acknowledged some causes of disability to be spiritual and there were some views of disability being contagious which leads to people not wanting to be around the disabled. Others pointed also to feeling pity and disregard for the disabled. This definitely affirms the need for a change of mind set and attitude in the social environment of Ghana, for the Act to be successfully implemented.

In the study by Aforo (2011), on the effective implementation of small town water supply projects in Ghana, clarity of objectives and design were found to be facilitating the success of the implementation however poor resource capabilities and utilization was found as the factor causing the major delay in projects. In the case of this study, the Legislative Instrument that is supposed to clarify the provisions and objectives in the act does not exist and so undermines implementation progress.

Also even though the issue of resources was also present in this current research, the story was not about poor utilization but rather a lack of access to and control over resources by the council and its secretariat that was undermining the implementation progress. This is similar

to the findings of Adjei (1996) who also found inadequate funds as an inhibiting factor in the implementation of the Ghana Privatization policy.

The absence of proper decentralization was observed by Kipo, 2011 as one factor causing drawbacks in the implementation of the National Health Insurance Scheme. Thus, the decentralized unit in the Sawa District lacked the capacity to issue ID Cards at the local level and also the health care facilities lacked the capacity to initiate the various health insurance forms and treatment notes on their own. This feature corresponds with the lack of autonomy by the council and its secretariat which has an effect on resource distribution and having the power to compel all interest parties to comply with the Acts provisions.

OTHER ISSUES

There could also be found similarities between some previous study findings and some other issues arising from this study which were not part of the variables of interest but worth mentioning. One of such is the importance of education and information on policies to beneficiaries, implementers and other interest parties.

Kipo (2011), in addition found that lack of public education for beneficiaries on the National Health Insurance Scheme's services were affecting implementation. Adjei (1996) also found a similar influence on the Privatization policy where lack of information on the State Owned Enterprises (SOE's) for the implementers, prevented the Divestiture committee from getting informed knowledge on the SOE's to facilitate their preparation for divestiture. This establishes the fact that strong levels of communication are needed to sensitize beneficiaries concerning a policy which can facilitate its successful implementation.

In relation to this study, it was found out that many people did not even know of the existence of the disability act, including some disabled people. Referring to one quote from a disabled subject:

"my own bill, if not you today, asking or interviewing me, I don't know that the bill is passed".

If the public including the disabled are not aware of the existence of such a document, how do we talk about compliance and realization of goals? Some of the questions that kept repeating itself throughout the study were: how does the disabled who are not part of the GFD get access to their share of the common fund? Do they even know that some financial support is

supposed to be disbursed to them? How many disabled people know about the rehabilitation centre in the compound of the GFD? As one subject interjects;

“we don’t know our fate as disabled persons, the government has not enlightened us through any medium, as disabled people all the time we have to bulldoze our way through...”

Even though the importance of public education and information was not a variable under study, it came up in many of the responses of the subjects and so is identified, in relation to previous studies, as one of the important elements crucial in implementation.

7.5. External Validity and generalization

As stated earlier in the methodology chapter, the types of validity relevant to research are: internal validity which deals with the extent to which the study measures what is to measure through the establishment of a causal relationship; construct validity which deals with having appropriate indicators for a construct under study; and external validity which deals with the extent to which findings of a research can be generalized. Issues relating to the internal validity, and construct validity of this study has been addressed in the methodology chapter. However it was decided by the researcher to address the issues relating to external validity and generalization of the study after the Findings and Discussion chapters.

External validity is the extent to which a study’s findings can be generalized. The smaller sample size of the participants and the lack of equal representation of all types of disability reduce the generalizability of the findings.

However the issue of external validity is still possible in this research because regardless of the number of subjects used, the kinds of disability represented, and the location of the study, this phenomenon under study cuts across the whole of Ghana and it is the same disabled people that experience these issues.

There exists one single Council for the whole of Ghana and this is where answers to the implementation process were sought. The views gathered from these officials apply to other regions in Ghana as it is the same implementing officials handling the process throughout Ghana. Also having only conducted the FGD’s with disabled people in Accra does not make

the results invalid beyond Accra because the issues addressed were based on the provisions of the Act which applies to disability in Ghana in general.

It is important to note however that Statistical generalization is of course not possible in qualitative research but analytical generalization is possible depending on how well the researcher is able to relate his findings to existing theories, most often to the theoretical propositions at the beginning of the study. This has been dealt with in the early parts of this chapter. Generalization of this study findings and of the variables found to be affecting implementation of the Act cannot however be done beyond the borders of Ghana.

7.6. Limitations

With every research come certain challenges that cause limitations for the study. There were both practical and technical limitations for this study.

Practically, the slightly sensitive nature of the issues made it difficult to get participants for the study. First, getting officials to interview at the Secretariat of the NCPD was very difficult and it took many weeks and many phone calls to finally get interviewees. Even then it was still difficult as one official who has previously declined the interview, agreed later to take part but only to decline getting his views recorded. The researcher had to write down what was said instead and it was difficult to get all his views down as the researcher was not skilled in short hand.

Secondly, finding willing participants for the FGD's was equally difficult. However in this case, it wasn't mainly because of the political sensitivity of the issue but rather, most of the disabled people approached were not interested in "wasting their time" to answer many questions on the disability issue all the time, when nothing is really done about it.

This response by the identified sample for the study delayed the study considerably and caused a lot of stress for the researcher.

The density of the eight sections of the Act was also difficult to examine due to time constraints and so only four out of the eight sections of the Act were examined in this research

Technically, there were not many studies conducted on disability in Ghana and even in other parts of the world to help enrich the review of previous studies and so there were less material to rely on when it came to identification of the common variables that affects implementation of disability laws in general and in Ghana to be specific.

Also one of the practical challenges of finding willing participants also caused a technical challenge on the study. Not finding enough people to take part in the study limited the number of people in each of the four FGD's conducted and also limited the number of officials interviewed. This smaller sample size did not completely destroy external validity but all the same reduced the strength of the generalizability because large sample means more generalizability and fewer samples means less generalizability.

7.7. Recommendations for future research

Due to some of the challenges faced in this research, it is recommended that future replicators of this study send their introductory letters to their respective samples much earlier than the projected start of the study to give much room for the delays.

Also it will be a good idea to examine the implementation of the Act from the departments responsible for certain sections of the Act, for example, to contact officials at the Ministry of Health on issues regarding the section on health provisions, and so on.

The other four sections of the Act could be tackled by some replicators in other to give a complete picture of the progress of the whole Act document.

7.8. Last words

The issue of the negative perceptions of the Ghanaian society regarding the disabled in society has been discovered to be affecting the realization of the recognition of the rights and privileges that the disabled in the society are to be enjoying. For the disabled to finally be given their rightful due in the society, it will take a complete change of attitude and beliefs towards disability. Much education of the public through the media, schools and workshops must be actively conducted to help sensitize people with the truth that a person with disability

is just like any ordinary person who does not necessarily need differential treatment but be treated with equal dignity and respect like any other citizen of the country.

However this education alone in reality will not have a dramatic change on the whole society at once and help achieve all the aims of the Act by 2016 but it could be a start. Quoting from one official, who shares the same dream,

“Acting from it as a matter of habit will not happen overnight. So we have a long way to go. Normally if you are talking about wholesale and large-scale change of attitude, you have to allow for at least one generation if not several. You have to bring up the children with a different mentality from those of today, and then hopefully they also will carry on the work of bringing up the next generation. Is that a four year program? I don’t think so. We are looking at twenty, forty, sixty years. But we have to start somewhere”.

If this is vigorously encouraged, the new generation of Ghanaians will grow up with a whole different mentality regarding disability and this could go a long way to help finally curb these destructive and dehumanizing traditional beliefs.

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APPENDICES

INTERVIEW AND F.G. DISCUSSIONS QUESTION GUIDE

SECTION ONE: THE EXTENT OF IMPLEMENTATION OF THE DISABILITY ACT

Rights of persons with disability

1. How do you see exploitation and discrimination against the disabled now?
2. Do you have access to public places where you wish to go?
3. How do you find public services rendered to you?
4. Do you feel deprived of the right to family life, or right to participate in social, political or recreational activities?

Employment of persons with disability

1. Does the government through some public employment agencies provide assistance for the disabled to find employment? How do people access it?
2. Does the government provide certain incentives for the disabled engaged in business as well as their employers?
3. Are there training programs for the unemployed person with disability to provide them with job skills? How do they access it?
4. Do you know of a rehabilitation centre in any district in Greater Accra or another region?

Education of persons with disability

1. Is there a Ministry of Education designated school with the necessary facilities for educating the disabled?
2. Is education free for the disabled? AND are there special schools for the disabled who cannot attend regular schools?
3. How many (do you know of a) public (technical, vocational and teacher) training institutions have been designated so far to have sign language and Braille reading and writing as part of their curricular?

Health care and facilities

1. Do you have access to free health care? (medical or rehabilitative, free assistive devices)
2. Are there organized periodic screening for children in detecting, preventing or managing disability? Are there such centres in some districts?

SECTION TWO: FACTORS AFFECTING IMPLEMENTATION OF THE ACT

Commitment and skills

- ❖ Does the government supervise programs of implementation of the act?
- ❖ How promptly are funds acquired for the carrying out of the policy programs?

- ❖ How familiar are you with the provisions in the act?
- ❖ Which other legitimate implementation structures has been established by the government to carry out the act?
- ❖ What is the level of commitment to the disability issue compared to other issues?
- ❖ Do you know personally a disabled person? AND Have you had previous experience with disabled people prior to your appointment?
- ❖ What measures are there to obligate parents to school their disabled children, institutions to admit the disabled to regular school? How is it checked? Is it effective?
- ❖ Was there a criterion for selecting implementing officials?

Policy orientation

- ❖ What consultations were made during the formulation of the act?
- ❖ Are there funds to set all these provisions in motion? (health, education, employment, rights)
- ❖ Have you noticed any contradictions between some of the provisions in the act during implementation?

Disability culture

- ❖ Should the disability situation be a matter of top priority in comparison to the other issues in the country like road accidents, maternal mortality, the economic situation, etc?
- ❖ Do you think that the traditional beliefs people have on disability influences how the disabled are handled in the society? AND does it affect your work? How?
- ❖ Are the disabled the most vulnerable people in the society who need the most attention than any other group of people?

Implementation structure

- ❖ Does this body possess carry out certain decisions on its own or do you always have to seek for approval from the state autonomy to level?
- ❖ Does this influence implementation in any way?

Politics

- ❖ Is there a noticeable difference in the rate of implementation from when the act was first passed and now? Reasons?
- ❖ In your opinion has change in administration affected the implementation whether positively or negatively or is it the same?