Graduate School

Power and Disability in the Global South:

A Case Study of Ghana's Disability Rights Movement

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Abstract

In recent years, disability rights has emerged as an increasingly important political issue in Ghana, primarily due to the mobilization of an organized and formidable national disability rights movement. In 2006 Ghana's Persons with Disability (PWD) Act was signed into law, marking the promulgation of the most comprehensive piece of disability rights legislation in the country's history. The objective of this study was to determine the causal forces behind the galvanization of Ghana's disability rights (DR) movement and the passage of the 2006 PWD Act, to determine how recent changes have affected the strategies of the movement, and to explore how the movement has built connective structures and created an "oppositional consciousness" among disabled persons in the country.

This study shows that Ghana's DR movement has solidified as the result of the confluence of both endogenous and exogenous forces, and that a coalition of disabled peoples' organizations (DPOs) known as the Ghana Federation of the Disabled has been instrumental in unifying the DR movement and has played a key role in influencing the government to pass the 2006 PWD Act. It is also shown how DPOs, through the organization of activities, meetings, and projects for economic empowerment at the district level, create free spaces that facilitate the diffusion of a DR frame, build collective identities, and foster change in social attitudes. In addition, this study reveals that the movement operates in a bivalent manner politically, meaning the movement seeks to effect changes both in state political opportunity structures and traditional authority opportunity structures. A case is made for a bivalent political opportunity structure model to be used in future studies of disability rights movements in a comparable context to more accurately account for variations in movement outcomes, particularly at the subnational level.

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1. Introduction

As part of the UN Decade of the Disabled, the United Nations World Program of Action Concerning the Disabled inaugurated in 1982 formally recognizes the goals of the "full participation of disabled persons in social life and development, and of equality" which includes "opportunities equal to those of the whole population and an equal share in the improvement in living conditions resulting from social and economic development", irrespective of a country's level of development (UN Enable). Yet, to this day, disabled persons score substantially lower in human development indicators than the national average in most developing countries. Additionally, disabled persons are often subjected to a wide array of social injustices, among which include various forms of social marginalization and the denial of basic human rights. The World Bank (2009a) estimates that 20 percent of the poorest in the world are also disabled. Thus, addressing disability issues can be seen as an axial component to equitable development and poverty reduction initiatives. Moreover, the extension of necessary civil rights and protections to disabled persons is essential to generate an equitable democratic society that displays a wide repertoire of inclusive practices, readily embraces diversity, and effectively accommodates different modes of functionality.

Initiatives based on medical and humanitarian-charity models of disability conceptualize disabled persons as lacking agency, compound marginalization rather than empower, accentuate the stigmatization of impairment, and obfuscate the social power relations that produce disablement. These models of disability ignore the fact that disability is socially constructed and reproduced in a context of political and social inequity. Movements based upon a politico-social model of disability posit that society itself acts to produce disability and aggravate impairment, see the denial of equal rights as an issue of social justice, and seek to empower disabled persons to self-advocate, participate, and demand equitable treatment. However, due to the variegated nature of the disability experience, it is difficult to build solidarity and construct collective frameworks for action. Additionally, there is usually very little 'supply-side' political incentive on behalf of political elites to champion for the rights of the disabled due to the social and economic marginalization of disabled persons. In reference to the developing world, issues of poverty can make the political mobilization of the disabled even more unlikely.

The emergence of a transnational disability rights (DR) movement, with roots going back to the 1980s, led to the passage of the United Nations Convention on the Rights of Persons with Disability (UNCRPD) that came into force in 2008. Though much has yet to be done, the international call for disability rights has gained increasing attention. In recent years, disability rights has emerged as an important political issue in Ghana, largely due to the galvanization of an organized and formidable national disability rights movement. Most recently, a victory has been won with the passage of Ghana's Persons with Disability (PWD) Act in 2006, which has been described as milestone legislation that extends key civil rights to disabled citizens. The PWD Act addresses the need to eliminate employment and housing

discrimination, provide equal educational opportunities for disabled children, and to mitigate barriers limiting accessibility to social and community services and outlines provisions and establishes state institutions to pursue these objectives. However, this victory has presented a new set of challenges for the DR movement in Ghana and illustrates the continuation of a struggle that has been decades long.

2. Research Objective

The objective of this thesis is to: 1.) explore the ways in which the movement has constructed frameworks for collective action and has built connective structures out of associational spaces; 2.) determine the causal forces behind the mobilization of the disability rights movement and the passage of the 2006 PWD Act; and 3.) analyze how political opportunity structures, specifically related to state capacity and institutions of traditional authority, have changed and impacted the strategies of the movement. This research adds to the current body of literature pertaining to social movements in the developing world, generally, and DR movements in the Global South, specifically, in addition to providing an empirical case for comparative study.

3. Theoretical Framework

Contextualizing Theories

Gramsci's (1971) theory of cultural hegemony and Foucault's (1977) conceptualization of modern power will be introduced and discussed as means to locate DR movements on the modern intellectual-political landscape and to chart the cartography of—and reflexively critique—the ideological underpinnings of disability rights counter-movements. To contextualize and enhance the depth of the analysis, other germane concepts will be introduced and discussed, most importantly being the concept of the Social Model of disability, a concept commonly accredited to Oliver (1990) and subsequently utilized and expounded upon by other scholars in the field of disability studies.

Central Analytical Framework

The central analytical framework used to fulfill the research objective includes the use of Political Process Theory, specifically McAdam's (1996) conceptualization of political opportunity structures, and Polletta's (1999) conceptualization of free spaces, which could loosely be described as a social movement cultural networking theory.

McAdam's (1996: 27) political opportunity structure model includes:

1. The relative openness or closure of the institutionalized political system

2. The stability or instability of that broad set of elite alignments that typically undergird a polity
3. The presence or absence of elite allies
4. The state's capacity and propensity for repression[1]

Polletta's conceptualization of 'free spaces' provides the framework to qualitatively analyze social movement networks, specifically in reference to how they create "oppositional consciousness."[2] She states that: "network intersections are critical to generating mobilizing identities, not just because weak-tied individuals provide access to previously unavailable material and informational resources, but because their social distance endows them with the authority to contest existing relations of status and deference among the aggrieved population" (Polletta 1999: 3).

4. Methodology

4.1 Epistemological Framework: Critical Realism

Roy Bhaskar, in his seminal work outlining the realist theory of science, asserts that, "things exist and act independently of our descriptions, but we can only know them under particular descriptions" (1975: 250). In other words, there is an objective reality but our understanding of it will always be imperfect and mediated by semantics and discursive practices. However, this does not preclude the pursuit of knowledge or truth. Reality serves as an objective reference point to gauge truth claims, judge between explanations of phenomena and interpretations of events, and refine our understanding of the world (Sayer 2000: 62). Thus, knowledge is influenced by the social construal and construction of reality but is not socially fabricated *ex nihilo* or completely self-referential.

4.2 Methods

In order to gain a more holistic understanding of the case, a three-and-a-half-week field study was conducted in Accra in March of 2011. The field study included nine semi-structured and three informal interviews, participant observation, and obtaining organizational material provided by representatives from the organizations. Initial contact was made with a representative from the Ghana Federation of the Disabled. Contact was then made with leaders of member organizations who supplied referrals for additional informants.

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[1] The state's capacity to effectively implement neoteric policy will be used as a substitute for number four of this model. Kitschelt (1986) & Amenta et al. (1994) provide precedent for conceptualizing state capacity in this way as a political opportunity structure.

[2] Mansbridge & Morris 2001

4.3 Interviews

A semi-structured interviewing technique was chosen to allow room to improvise, build rapport, and clarify responses while still centering the interview on overarching questions. The interviews involved a mixture of 'open questions' and 'theory-driven' questions[3]. Open questions allowed informants to present their subjective perceptions freely, while theory driven questions provided the structure for informants to express their views in contrast (or complement) to theoretical assumptions (Flick 2006: 159). The data obtained from the interviews were coded and analyzed. When feasible, the interviews were recorded. The objective of the research project was disclosed to all informants before the interview was conducted.

The sample included twelve informants, three female and nine male. Eight are disabled persons, and four are non-disabled. Of disabled informants, five have mobility impairments, one is blind, one is deaf, and one has a neurological condition. Of non-disabled informants, one is the mother of a child with cognitive impairment. The sampling method used was theoretical sampling that included some snowballing. This strategy involves "select[ing] cases or case groups according to concrete criteria concerning their content instead of using abstract methodological criteria" (Flick 2006: 128). Thus, this approach is defined by deliberate, gradual sampling aided by a predetermined theoretical framework. In complement to this sampling strategy, informants were chosen in accordance with the principle of 'similarity and dissimilarity.' Blee and Taylor (2002: 100) describe the objective of this selection approach as "to see how the interpretations or accounts of similarly situated respondents compare, as well as to ascertain how those respondents with very different characteristics or in different circumstances differ."

The criteria for informant selection were: 1.) the individual had to be involved in an organization germane to the disability rights movement; 2.) the individual had to occupy a leadership role in some capacity; and 3.) the individual had to represent a perspective that would grant a fuller understanding of the movement as a whole. Individuals from disabled peoples' organizations (DPOs), a government official, a traditional elite, and a representative from an international aid agency were selected in order to obtain a greater breadth of perspectives and bring variegated data to bear on the central research questions. Additionally, as providing a platform for disabled informants to voice their perspective is a necessary component for research conducted within the framework of the social model of disability (Barnes & Mercer 1997), the sample included disabled persons from a spectrum of impairment groups.

4.4 Event Observation

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[3] See appendix A for interview guide

For the event observation, a theory-driven approach was adopted. Lichterman (2002) describes that the impetus for theory-driven participant observation is to determine the ways in which "institutional forces, social and cultural structures, shape action in […] particular field sites" (123). I attended district level meetings of the Ghana Society for the Physically Disabled, a prominent organizational member of the Ghana Federation of the Disabled. During the events, I systematically recorded things such as the structure of the meetings, the ways in which group members interacted with one another, the topics of discussion, the language used, and the symbols invoked using field notes.

4.5 Limitations

In light of the variety and number of individuals and institutions that are involved in Ghana's DR movement, the sample used is not fully representative. Though the sample contains a sufficient degree of variation, it falls short of the criteria of 'maximal variation' and does not include the full "range of variation and differentiation in the field" (Flick 2006: 130). The reason for this was a matter of field logistics, time restrictions, and access. In reference to event observation, the interpretive nature and space-time boundedness of this method may undermine its validity and reliability for purposes of research (Adler & Adler 1994: 381; Flick 2006: 224). Thus, event observation is used primarily as a complementary, synergistic method. Also, this study does not presume to provide in-depth comprehensive ethnographic insight into Ghana's DR movement; rather, it was designed to provide an overarching and contemporary view of the movement for the purposes of analyzing the forces behind recent policy changes and assessing how the movement organizes itself.

4.6 Reflexivity

Readers are encouraged to analyze the information presented in this thesis critically and reflexively, and to bear in mind that despite attempts at objectivity, the construal of facts and events always contains an element of subjectivity. The author of this thesis is a person with a congenital physical impairment (psuedoachondroplastic dwarfism) from the United States, and the analysis in this paper is filtered through a particular life experience. Also, it should be emphasized that this study was conducted entirely in Accra, and therefore, contains a degree of urban bias (see Chambers 1981). The sample does not contain informants from rural districts; however, many of the informants are either from smaller cities in Ghana or are in regular contact with leaders and members from rural districts.

5. Hegemony and Modern Power: Gramsci and Foucault

5.1 Hegemony

Classical Marxism holds that a society's "[economic] base determines the form of consciousness" (Femia 1975: 38). Karl Marx held that in modern capitalist societies, the power relations that result from capitalism's impact on the material-society nexus produce

class-consciousness. This class-consciousness acts to ensure an amendable workforce, alienate the working class from the means of production, and strengthen the social arrangements that keep the capitalist economy operating efficiently. This account construes social consciousness as wholly a function of the economic arrangement of society. In his writings, the Italian Marxist Antonio Gramsci[4] criticizes this position as insufficient. He represents the relationship between base and consciousness as less deterministic, arguing that "the economic base sets […] the range of possible outcomes, but free political and ideological activity is ultimately decisive in determining which alternative prevails" (Ibid: 38). In other words, Gramsci (1971) introduces political and intellectual culture as occupying a space of relative autonomy from the base and depicts the creation of social consciousness as a contingent, rather than a monolithic, process. In Gramsci's assessment, intellectuals and institutions operating in civil society play an indispensable role in shaping worldviews and legitimizing incumbent regimes and the existing social order by obtaining *cultural hegemony*.

In contrast to coercion, which denotes rule by force, hegemony can be defined as "rule by consent" and includes the "diffusion and popularization of [a] worldview" (Bates 1975: 352). Thus, hegemony is achieved when a group is able to effectively dominate the discursive space of civil society and elicit widespread consent through the fabrication of a collective social consciousness (Femia 1975: 32). Gramsci argued that the working class is not passively quiescent in the face of capitalist exploitation because of state coercion, nor are they robbed of the volition to resist. Instead, they willingly contribute to the reproduction of the capitalist system, embracing their own subordination by internalizing the dominant discourse of the day, thus, tacitly endorsing it and reinforcing the cultural hegemony of ruling groups. Thus, Gramsci reintroduces agency back into Marxian analytics and underscores the possibility of a politics of resistance. To crystallize these points, a Gramscian analysis, then, includes examining the way in which (relatively) free agents in civil society interact with each other and the state to "shape, directly or indirectly, the cognitive and affective structures whereby men [sic] perceive and evaluate problematic social reality" (Femia 1975: 31).

Cultural hegemony is important concept to understand the nature of DR movements. As Harraway (1990: 146) argues: "the universalized natural body is the gold standard of hegemonic social discourse." DR movements are counterhegemonic in that they challenge modern, hegemonic notions of (dis)ability, ideal body type, and what constitutes a just social order.

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[4] Gramsci himself was a disabled person who was short statured and "hunchbacked"

5.2 Modern Power

In Foucault's (1972) book *The Archeology of Knowledge,* he outlines a methodology to meta-analyze knowledge production. Among his insights is the proposition that the way in which something is talked about inherently limits what can be known about it (Ibid: 182-183). Thus, Foucault brings discourse to the fore of the analytics of knowledge and ideas and their relationship to power. These discourses of truth claims interlink and create what Foucault terms *regimes du savoir,* or knowledge regimes, which in effect, privilege certain understandings over others, legitimizing certain modes of inquiry and discounting others. In his writings, Foucault develops the concept of *knowledge-power* and its relationship to modern forms of discipline and control.

In contrast to archaic forms of physical discipline, modern discipline operates through productive, discursive power that elicits subservience through internalization and self-censure In Foucault's writings on modern forms of discipline, he explains how institutions, such as the prison, the clinic, and the asylum, are used to leverage modern power and personalize discipline in embodied ways to produce self-modulation and ensure conformity to the established social schema (Foucault 1977). With a colorful use of action verbs, Foucault explains that modern discipline "compares, differentiates, hierarchizes, homogenizes, excludes. In short, it *normalizes*" (Foucault 1977: 183).

Modern power contrasts with archaic power in key ways. First of all, modern power does not produce obedience by the threat of physical force; rather it does so by representing, defining, construing, and constructing reality (Foucault 1982). Thus, it is productive in the sense that it involves producing intersubjective understandings of truth and how people perceive the world and their place in it. Secondly, modern power is not organized hierarchically, nor does it emanate concentrically from a central locus. Instead, it operates in a diffusive, spontaneous, and fluid manner within a complex web of interconnected, enmeshed loci. Foucault describes modern power as simultaneously "totalizing'' and "individualizing", that is, one comes to internalize the externally imputed reality of their selfhood and to willingly embrace the niche within the whole that it prescribes (Foucault 1982: 781).

6. Ableist Ideology and the Modern Construction of (Dis)ability

As Soper (2005: 6) incisively expresses as a response to essentialist understandings of human embodiment, "the body must be viewed as the worked-up effect of a 'productive' power and its cultural inscriptions." Despite claims to the contrary, the rational, scientific discourse of body is not free from politics and ideology nor is it a value neutral zone. Thus, the purpose of this section is to outline, and reflexively critique, the ideological contours of modern, ableist notions of disability and hegemonic notions of ideal body type and functioning.

6.1 Nature-Culture Model of Dignity and Social Esteem

A prevailing theme in Enlightenment political, social, and moral philosophy was the construction and rationalization of a social order around conceptions of the 'Common Man'. In Immanuel Kant's philosophical writings on morality, he develops a rationalist moral philosophy based on a dualistic ontology comprised of "a *natural* world of objects that are governed by natural laws" and "a *supernatural* world of subjects who are governed by the moral law within them" (Stent 1998: 578)[5]. Kant, and many Enlightenment thinkers that were his contemporaries, theorized that persons are constituted by a 'higher' nature and a 'baser' nature that are in a conflictive relationship. From this perspective, moral agency exists in transcending and mastering nature and subjecting oneself to the maxims of reason. To be close to nature is to lack moral agency. Nussbaum (2003) describes that the impact of this dualistic understanding of personhood establishes a cleavage between dignity and the "animality" of our humanity, positioning them as opposing concepts. Moreover, social contract theories produced during the Enlightenment were based on the idea that Society was established as a reciprocal contract specifically enacted to escape the chaos and anarchy of nature[6]. Thus, to affirm the social contract and be a 'full' member of Society, one is obliged to contribute to Society in prescribed ways. Kant built this sense of reciprocity into his moral philosophy by making appeals to concepts such as 'contractual obligations' and 'duty.'[7]

Feminist scholars such as Soper (2005) and Ortner (2006) describe how viewing bodies along a 'nature-culture' continuum generates discrimination and oppression. Sex, physical impairment, or physiological differences construed to signify 'race' locate some bodies as closer to nature and thus more 'primitive' than others. Though notions of a nature-culture continuum are not unique to the Enlightenment, many thinkers during the period developed moral and social philosophies around this concept, tacitly linking moral worth with embodiment. Seibers (2006) highlights the discourse of human dignity during the Enlightenment was imbued with "eighteenth-century ideals of rational cognition, physical health, and technical ability". Possessing the physical, psychosocial, and mental capacities to unmoor oneself from nature and contribute to society in the prescribed manner is a prerequisite for 'full' personhood. Consequently, philosophical notions of human dignity that arose during the Enlightenment presupposed a specific physiological and psychological constitution. Those with certain bodies and abilities have more moral worth than others. This hierarchal notion of dignity depreciates the value of individuals who deviate from the hegemonic norm of 'superior' embodiment or ability. Additionally, this skewed notion of personhood belies the reality of human variety, the gradual decline constitutive of the human life cycle, and the vulnerability that fundamentally accompanies the physical corporality of

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[5] Emphasis in the original
[6] e.g. John Locke & Thomas Hobbes
[7] Groundwork for the Metaphysics of Morals

all biological life. Impairment is not a deviation from humanness; rather, it is an expression of what it is to be human.

6.2 Medicalization

Foucault (1972, 1973) details how clinics and hospitals contributed to subjecting the human body to modern knowledge-power and extending normalization to include certain types of functionality and body aesthetics. These sites thrust the human body before the "observing gaze" of medicine (Ibid: xix), and that gaze constructed "the differentiated form of the individual" (Foucault 1973: 170). Foucault argues that in contrast to pre-modern notions of the body which were fluid, modern medicine constituted "a welding of the disease onto the individual" (1973: xviii). The bodies of cadavers were splayed open on the dissection tables of medical institutions. Medical students observed procedures in large surgical theatres. Bodies were catalogued, labeled, and measured, and comprehensive taxonomies of bodily and functional deviance were constructed using the logic of medical parlance. The medical discourse situated physicians and medical specialists as "the sovereign, direct questioner, the observing eye, the touching finger, the organ that deciphers the signs, the point at which previously formulated descriptions are integrated" (Foucault 1972: 53). This process of 'medicalization' was not the result of deliberate attempts by individual medical professionals to expand power but issued from the confluence and synergy of "a whole group of relations" and "perceptual codes of the human body" (Foucault 1972: 53). Oliver (1990: 47) argues that as a result of individualization and the medical objectification of the human body, disability came to be perceived as an "individual pathology", a 'problem' belonging to the realm of medical science.

6.3 Normalization of Body Type and Functioning

The work of disability studies scholars, such as Bogdan (1988), Davis (1995), and Thomson (1997), catalogue the rise of the discourse of 'normality' and its cultural implications with regards to disabled persons. The rise of the modern state precipitated the emergence of the statistical and administrative scientific disciplines to analyze quantitative data to assist states to develop policy (Wallerstein et al. 1996: 17; Davis 1995). Populations were surveyed and data was collected and compiled for the purposes for scientific research and to inform initiatives undertaken by state bureaucracies. Discourses within the modern state created the concept of 'normality' and applied it to human populations. Though used widely today the terms 'norm', 'normality, and 'normalcy' were not introduced into the English language until the middle of the 19th Century (Davis 1995: 24). In essence, statistics and scientific discourse 'totalized' by constructing an archetypal norm and 'individualized' by differentiating between individuals using the statistically constructed norm as criterion (Foucault 1982). The discourse of normality, though dressed in the 'objective' terms of 'science', is imbued with implicit moral-social prescriptions.

Thomson (1997) argues that normalization created a strong linkage between "bodily configurations and cultural capital" (1997: 8). The concept of "normality" has been used to categorize people as "normates" or abnormal and as criteria to award social esteem accordingly. This creates a hierarchical organization of society that tacitly grants privilege to those who are desirably positioned according to the discourse normality. She also discusses how normalization creates 'enfreakment' wherein individuals with certain impairments are socially presented as freaks and objectified and denigrated as an object of disgust. Individuals with stark deviations from hegemonic body norms came to symbolize an embodied 'other'. Bogdon recounts how freak shows during the 19th and 20th centuries oftentimes worked closely with the scientific community and used contemporary scientific parlance to construct an individual's status as a legitimate 'freak' (Bogdan 1988: 29).

6.4 Social Darwinism and the Ideology of Eugenics

As Davis (1999: 504) posits: "the introduction of the concept of normality […] created an imperative to be normal, as the eugenics movement provided the enshrining bell curve […] as the umbrella under whose demanding peak we should all stand". The theory of evolution advanced by Charles Darwin (1809-1882) had a significant impact on modern society that extended well beyond the natural sciences. Wallerstein et al (1996: 29) elucidate that the human and social sciences during the 19th and 20th century fell prey to the "irresistible meta-construct of evolution, with a great deal of emphasis on the concept of the survival of the fittest." As Kevles (1999: 435) explicates Social Darwinism gained wide acceptance within the scientific community and resonated with (hegemonic) popular culture eventually giving way to the fabrication of an ideological framework filled with "metaphors of fitness, competition, and rationalizations of inequality". Beginning under colonial scientific regimes, discourses of normalization, nationalism, and racism were developed and integrated in substantively new and intricate ways (Sivasundruam 2010; Loomba; Vaughn 1991; Davis 1999; Larson 2010). During the colonial period, scientific approaches to differentiate between and categorize different human groups such as phrenology and anthropometry proliferated and were widely accepted as 'objective science'. Sivasunduram (2010: 122) argues that after it became common sense to differentiate between human groups based upon ethnocentric, arbitrary criteria it was a "short step to the belief that different human groups are differently endowed and so fit for different roles in human society". Mitchell & Snyder (2003: 843) argue that ableism and racism are intricately linked and conceptualize "disability and race as mutual projects of human exclusion, based upon scientific management systems, successively developed within modernity" (Mitchell & Snyder 2003: 843).

Influenced by, though misappropriating, the ideas of Charles Darwin, British Scientist Francis Galton (1822-1911) "analyzed the pedigrees of eminent men" (Larson 2010: 170) and developed a system of 'better breeding' for human populations as a means to biologically catalyze social progress, thus becoming the father of modern day eugenics. Galton hypothesized that social problems, such as criminality, indigence, and other forms of 'anti-social behavior', were the result of the proliferation of 'inferior' genetic stock and could be

ameliorated with good social breeding practices (Pfeiffer 1994; Galton & Galton 1998; Kevles 1999; Larson 2010).

Over time, the ideas of Galton gained widespread acceptance in the scientific community and were eventually adopted by states and crafted into state eugenic policies. In many Western countries, eugenics regimes led to the enactment of forced sterilization programs and laws restricting marriage and immigration, in order to prevent the contamination of 'superior genetic stock' by those considered to be 'defective' and 'inferior' (Kevles 1999; Pfeiffer 1999; Davis 1999; Barrett & Kurzman 2004; Mitchell & Snyder 2004). Eugenics policies were enacted in many Western countries, and eugenics regimes made inroads into other regions such as South America (Stepan 1991) and South Africa (Dubow 1995).

Mitchell & Snyder (2003) catalogue the rise of the *Eugenic Atlantic* and describe the Eugenics Movement as "one of the foremost ideological movements of the European and North America *fin-de-siècle*" (845), arguing that the creation of a transnational eugenics science regime "provided a fertile field of multinational cooperative engagement at the ideological level of biological aesthetics" (Mitchell & Snyder 2003: 845). Barrett & Kurzman (2004) conducted a study of the international eugenics movement using social movement theory and found that "the eugenics movement was highly attuned to international political opportunity and global culture" (516). Eugenicists effectively networked with international governing organizations (IGOs) and international nongovernment organizations (INGOs) and developed an influential and politically powerful transnational episteme that resonated with contemporary ideologies of national statehood and prescriptions for projects of nation-centered socio-economic engineering (Barrett & Kurzman 2004: 496).

Though hardliners within the Eugenics Movement strove to influence national policy making, soft-liners favored a culturally discursive approach. Wertz et al. (2002: 44) elucidate: "most people today think of eugenics as a coercive social program enforced by the state for the good of society [; however,] many prominent in the Eugenics Movement of the nineteenth and early twentieth centuries favored an individual, voluntary eugenics." In many countries, eugenic science regimes targeted popular culture to enhance the consciousness of their cause. For example, eugenic societies in the United States utilized exhibitions around the country and organized 'Fitter Family Contests' as a means of etching what constitutes as the 'paragon of good genetics' onto the consciousness of the public and gain support (Pfeiffer 1994; Brave & Sylva 2007). The infamy of the atrocities committed under the Third Reich's fascist regime marked a turning point for the movement. Because of its association with fascism and hyper nationalism, the eugenics movement and organizations that advocated state-led eugenics programs fell out of international favor (Barrett & Kurzman 2004). This shift in global culture forced the eugenics movement to embrace a more "subterranean strategy", and many "eugenicists continued their work under the cover of non-eugenic disciplines and organizations, such as the birth-control and population-control movements" (Barrett & Kurzman 2004: 514). In the 1950s and 1960s, scientific journals devoted to eugenics changed

their publication names, and eugenic science regimes sought to repackage and reframe their activities to make them more palatable to the general public (Ibid).

There are empirical indications that attitudes constitutive of the ideology of eugenics are still prevalent. Wertz & Fletcher (2002) conducted large-scale international survey on ethics and genetics and discovered: "substantial minorities (26% in the US and 45% outside the US) thought that choosing to have a child with a disability was not fair to society […] it appears that in much of the world, women who carry a child with a known "defect" to term will face social blame" (34). These statistics highlight that in many countries, a sizable portion of the population hold to a particular worldview and social philosophy that devalues persons with impairment. From the standpoint of social movement theory, the eugenics movement and the ideology of ability constitute a countermovement to DR movements.

7. The Social Model of Disability

The Medical Model of disability conceptualizes disability as a personal defect or an inherent deficiency that is to be dealt with on individual terms, specifically through the utilization of medical intervention to assist one to approximate 'normality', and if that is not possible, to assist one to cope with impairment and the psychological impact caused by a state of 'abnormality'. Initially developed in the work of scholars such as Finklestein (1980), Oliver (1983, 1990) and Barnes (1991), the central premise of the Social Model is that disability is not the result of a person's medical or genetic condition, rather it is socially constructed, specifically through ideologies, cultural discourses, exclusionary institutional arrangements, disparate micro-power relations, and the production of a disabling physical and social environment. In short, disability is caused by a group of social relations and thus contingent. As a critique of the medical mode, Oliver (1990: 5) states: "in attempting to make concrete that which is not and can never be, they present disability as a static state and violate its situational and experiential components."

An important analytical tool in the Social Model analytical perspective is the impairment-disability dichotomy. Shuttleworth & Kasnitz (2008: 141) offer this operational definition of both terms: "an impairment is a negatively construed, cultural perception of a bodily, cognitive, or behavioral anomaly in terms of function or some other enthnopsychological or ethnophysiological status […] a disability is then a negative social response to a perceived impairment." Though 'impairment' and 'disability' can be interconnected in complex ways, disaggregating the two concepts addresses the epistemic reductionism that is based on universalized conceptions of body and functioning and the fallacy that impairment necessitates disability. In this way, the Social Model opens up intellectual space for a critical disability analytics. In the words of Thomas (2004: 23): "disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society."

In his book *The Politics of Disability*, Oliver (1990) asserts: "definitions of disability, as with definitions of other social problems, are related both to economic and social structures and to the central values of particular societies" (1990: xii). Oliver argues that disability is the product of ideology and discursive practices and the social arrangements that they spawn (1990: 58). The argument that disability is contextual, rather than universal, is strengthened by the fact that there is a high level of inter-cultural variability in reference to the social reception and substantive impact of impairment. A perceived impairment that causes disability in one culture may not produce disability in another. A vast body of anthropological work has shown that responses to differences in body type and physiological and psychosocial functioning is highly dependent on cultural context (see Ingstad & Whyte 1995; Shuttleworth & Kasnitz 2005).

Proponents of the social model argue that individual models of disability ignore the fact that disability is socially constructed and reproduced in a context of political and social inequity and that focusing on medical intervention as the remedy to disability is misguided and obfuscates the true causal forces behind disablement. To frame the stance of the Social Model in positive terms; in an inclusive, accessible, and accommodating society that deems persons with impairment of equal value and worth as non-impaired persons, impairment ceases to equate to disability.

7.1 A Critique of the Social Model

Critiques of the social model come from both postmodernist and realist disability studies scholars. Post-modernist disability scholars, such as Corker (1999, 2001), argue that the social model is based on masculinist ontological assumptions, essentializes impairment, and distorts and discounts the actual lived experience of disabled persons by seeking to fit them into theoretical structures. Some realist scholars, such as Danermark & Gellerstedt (2004) and Shakespeare (2006), criticize the social model on the grounds that it creates a false binary between the medical and social aspects of disablement, reductively overlooks the substantive effects of impairment, and fails to account for the complex interaction of the gamut of factors that produce disability. In light of these criticisms, Shakespeare argues for what he terms an "interactional approach" to disability, defining disability as:

> The outcome of the interaction between individuals and contextual factors—which includes impairment, personality, individual attitudes, environment, policy, and culture […] it is always the combination of a certain set of physical and mental attributes, in a particular physical environment, within a specified social relationship, played out within a broader cultural and political context, which combines to create the experience of disability for any individual or group of individuals. (Shakespeare 2006: 58)

To offer a critique of this approach, first of all the Social Model is already an interationist model; however, Shakespeare's interactionist model reemphasizes the primacy of individual factors such as personality and attitude, which increases the likelihood of bias, conjecture, or

the reproduction of stereotypes in the analysis of disablement. A model that seeks to account for every possible causal or synergistic factor that contributes to disablement risks minimizing and obfuscating meso and macro-level factors with its call for hyper-specificity, reviving the faulty assumptions implicit in the medical (individual) model of disability, and dismantling grounds for solidarity around a disability identity. From a methodological standpoint, Shakespeare's (2006) interactionist (ultra-contextual) model of disability can feasibly be applied at the micro-level; however, its applicability is limited at the meso and macro levels, particularly for the study of national DR movements.

8. Disability and Social Justice

Theoretical writings that directly address the social justice aspects of disability are generally in short supply. Sen (2004) asserts that mainstream theories of justice largely fail to provide answers to questions surrounding the disability issue, which undermines their utility as a plumb line by which to gauge the fairness of social arrangements. Though Sen holds that theories of distributive justice go the furthest to outline what amounts to social justice for the disabled, he critiques the Rawlsian stance that justice is dependent on the equitable distribution of "primary goods." Sen (1997, 2004) argues for a more nuanced position that accounts for a diversity of circumstances and differences between individuals, which he terms the "capability approach." Instead of using the allocation of "primary goods," as the paramount criteria for social justice, as Rawls (1971) suggests, Sen argues that "capabilities," or substantive freedoms, ought to be the criteria by which questions of distributive justice are evaluated. In Sen's assessment, justice for the disabled extends beyond the equalization of opportunities, and includes a redistribution of resources to compensate for relative disadvantages that result from the diversity of human life situations to achieve parity in capabilities (2004: 4-6). To summarize, justice for disabled persons should be evaluated in terms of capabilities, which negates the claim that equity in income or "primary goods" constitutes social justice. Unequal distribution of resources is justified if it produces an equalization of capabilities among persons and benefits the least advantaged.

Nussbuam (2004) fleshes out Sen's "capability approach" by creating a list of specific capabilities to operationalize a feminist theory of justice. She argues that social contract theories are flawed in that they are predicated on reciprocity between parties, which presupposes certain types of physical or mental faculties. Her argument is that individuals have claims to certain things regardless of whether they have the ability to reciprocate. Even the healthiest, most able-bodied, and seemingly genetically advantaged among us is susceptible to periods of growth and decline and health and illness that are constitutive of the human life cycle; thus, no one meets the unattainable criteria of self-sufficient ablebodiedness and autonomy throughout the duration of one's life course. In Nussbaum's (2004: 50-53) assessment, it follows that because humans are vulnerable and share, to varying extents, a categorical need for care, care ought to be counted among the list of capabilities that is provided for in a comprehensive theory of justice, to ensure justice both for caregivers and recipients of care. Other scholars also advocate for the use of the capabilities approach as a

means to measure the impact of disability and guide disability policy (see Baylies 2002; Mitra 2006).

Fraser (2003: 8) argues that reducing social justice to mere economic parity is fallacious, and states: "justice today requires *both* redistribution *and* recognition, as neither alone is sufficient." Fraser bases her claim on the fact that injustices can also exist as a result of "status injuries" that may include economy but are not reducible to it (Ibid: 11-15). Thus, she coins the term "bivalent collectivity" to incorporate a dualistic view of status. For the purpose of evaluating social justice, she advocates the concept of "parity of participation" that includes both recognition and redistribution to ensure that individuals from minority groups are able to lead a fulfilling life and participate in society on equal terms without being ostracized by hegemonic culture.

9. The Politics of Emotions

9.1 Stigmatization and Liminality

The concepts of *stigma* and *liminality* are two useful concepts to more clearly define the negative social attitudes that undergird the treatment of disabled persons in many contexts and provide the framework for a critical analysis of disparate power relations. Goffman (1963), in his work *Stigma,* develops the concept of social stigmatization and outlines how it structures the response to perceived social outsiders.

> While the stranger is present before us, evidence can arise of his [sic] possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind […] He [sic] is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attitude is a stigma, especially when its discrediting effect is very extensive. (Goffman 1963: 2-3)

Meyer et. al (1988) present the anthropological concept of liminality as a tool to understand (and ultimately confront) social attitudes that marginalize disabled persons:

> Liminal people, as the word denotes, are at the threshold. They are marginal to society—poised perhaps to enter, but still outside its boundaries […] the solution is to sequester them, interacting with them only within the protective armor provided by ritual formalism. (Meyer et al. 1988: 237)

9.2 Social Attitudes and the Politics of Emotions

Human emotions like fear, disgust, and anxiety, though they manifest physiologically, are deeply rooted in socially constructed, intersubjective understandings of the world. Nussbaum (2004) argues that individuals are socialized into responding to certain stimuli in certain ways

in order to reinforce cultural norms. Nussbaum specifically analyzes how emotions of disgust act as a socially influenced, psychological defense mechanism used to separate oneself from the *other* and maintain a desired sense of personhood that conforms to hegemonic norms. Soldatic (2007) builds upon this framework and argues that the 'moral economy' of emotions impact the social response to disabled persons and can act to reproduce social marginalization. She elucidates that disgust "acts as an agent of social, political and economic control, and is pivotal in giving moral justification to the socialization of impairment", and adds that "our social desire to contain those bodies that are viewed as moral sites of contamination acts to elevate perceptions of the self and reinforces social imaginings of able-bodiedness" (Soldatic 2007: 9). In other words, socializing individuals into specific emotional responses to stigmatized or liminalized individuals makes deprecatory treatment of them seem natural and impulsive and thus unexamined. As an example, Meyer et al. (1988: 237) discuss how socialization of response to disabled persons starts at an early age by describing a scenario when a child encounters a disabled person while with their parent: "they have their hands slapped down when they point […] or have their arms yanked when they stare, and they find out rudely that not even questions are permissible. In this manner, they learn that physical impairment is not only bad, it is literally unspeakable."

Soldatic argues that the realm of emotions is a legitimate analytical ground for disability studies. Emotional responses are intricately linked to social values and institutional architecture. The implication of this line of reasoning is important, especially for the analysis of new social movements that have both 'redistribution' and 'recognition' as objectives. First of all, the micro-power relations of the interpersonal response to disability can coalesce with the discursive production of ideology and social values, producing a feedback system that can act to strengthen exclusionary institutional arrangements. Secondly, emotional responses to disabled persons are not 'innate' or 'natural' nor are they intransigent. Rather, they reflect a tacit assent to, and reproduction of, underlying hegemonic power relations. Thus, the socialization of these emotional responses should be viewed critically and reflexively as embedded in and constitutive of a wider politico-cultural context. Changes in this context, either positive or negative, can alter the trajectory of the feedback effect. In a very real sense, the success of DR movements, substantively and symbolically, is linked to changes in the politics of emotions. Thus, DR movements are politico-cultural in nature.

10. Social Movement Theory

10.1 Relative Deprivation and Resource Mobilization

A social movement paradigm that gained popularity in the 1960s was Relative Deprivation Theory (RDT). RDT draws heavily on social psychology, theorizing that discontent arises when a group considers itself disadvantaged in relation to a real or imagined reference group—thus the term relative deprivation. From this perspective, perceived structural disadvantage catalyzes social movements, when the status quo is seen as reproducing inequality and there is a "high perceived probability that the discrepancy will not be reduced"

(Morrison 1971: 678). More cogently, groups mobilize when they perceive themselves as victims of injustice. Collective action results through a process of escalation. A group's frustrated hopes and aspirations produce collective action when they concretize into "legitimate expectations that are perceived as blocked" (Morrison 1971: 677).

However, using a RDT analytical framework for the study of social movements is problematic. First of all, perceptions of deprivation are a tenuous basis for a consistent theory of social movements, for deprivation, whether it is relative or absolute, does not necessarily correlate with subjective perceptions of deprivation. The psychological state of felt deprivation may vary considerably between individuals and over time. Secondly, the experience of deprivation among individuals, in and of itself, is not enough to build collective identities or the types of networks that social movements rely on. Lastly, the causal mechanism for escalation is ambiguous and imprecise. The work of Olson (1965) paved the way for the development of Resource Mobilization Theory by applying rational choice theory to the analysis of collective action. Those working within the Resource Mobilization approach have emphasized the importance of the internal dynamics of social movement organizations, detailed how resources flow within social movement organizational fields, and have established that relational networks are essential to a movement's ability to recruit new participants and sustain collective action over extended periods of time (see Oberschall 1973; McCarthy & Zald 1973; McCarthy & Zald 1975; Jenkins & Perrow 1977; Jenkins 1983; Klandermans & Oegema 1987).

10.2 Political Process Theory

Eisinger (1973) was among the first to explicitly analyze the effects of *political opportunities* on protest prolificacy. Using data from 43 U.S. cities, Eisinger sought to determine why African American communities in some urban areas participated in protest during the civil rights era while others did not. He concluded that protest activities followed a 'curvilinear' relationship with political opportunities embedded within municipal government. Less protest occurred in highly repressive or highly inclusive political contexts, and more protest occurred in areas where the political system included a mixture of barriers and opportunities. Other scholars began to build upon this initial framework and create a comprehensive theory of Political Opportunity Structures, also known as Political Process Theory. Charles Tilly (1978), in his work *From Mobilization to Revolution,* used a historical-analytical approach and theorized how this process works at the national level, finding that changes in political opportunity structures hold considerable weight in explaining the rise of national social movements and their tactics. Tilly argues that with consolidation of state power in the form of nation states, collective action began to increasingly scale upwards, expanding concentrically from local sites of contention to national arenas. In essence, the rise of modern states, "centralized the targets of collective action [and] provided a fulcrum on which claims could be mounted against nonstate antagonists through the mediation of the state" (Tarrow 1998: 63).

Political Process Theory (PPT) began to mature with a growing body of in-depth case studies, such as McAdam's (1982, 1988) study of the civil rights movement in the United States, Tarrow's (1989) study of political protest in Italy during the 1960s and 1970s, and Costain's (1992) study of the US women's rights movement. Tarrow (1998: 19) underscores a core tenant of the PPT: "people engage in contentious politics when patterns of political opportunities and constraints change and then, by strategically employing a repertoire of collective action, create new opportunities, which are used by others in widening cycles of contention." It has been established that social movements seek out political allies, seek to exploit political opportunities, and attempt to shore up and exert political leverage through organization, protest, and activism (Tilly 1978; McAdams 1982; Costain 1992; Tarrow 1989, 1998; Meyer & Tarrow 1998; Meyer 2004). Increasingly, international political opportunity structures and transnational advocacy networks have gained academic attention as explanatory factors in the proliferation of international social movements, in the rise of domestic movements, and in recent changes in the strategies and modes of organization of indigenous movements (Jenkins and Schock 1992; Keck & Sukkink 1998; Tarrow 2005; Bob 2002, 2006; Della Porta 2006). To improve the efficacy of PPT in the context of a case study, many scholars have advocated for combining PPT models with cultural analytical tools and explicitly outlining the nature of context-dependent political opportunities within a given case and differentiating between opportunities that are structural and those that are agentic (McAdams et al. 1996; Tarrow 1998; Koopmans 1999; Meyer 2004).

10.3 Culture, Identity and Framing

Jaswinder et al. (1999) criticize Political Process Theory on the basis that it is based on a "structural bias," is state-centric, and fails to account for movements with identity recognition and projection at their core. This critique has emerged in light of the growing body of literature on collective identity, "new social movements," and cultural approaches to movement analysis. Goffman's (1977) work on cognitive frames and Geertz's (1978) work on interpretive anthropology and the primacy of symbolism in cultural analysis served as the starting point for the rise of cultural approaches. Additionally, the concept of new social movements was developed by a number of scholars who analyzed movements that sought to advance cultural identities, non-traditional ideologies, and causes that are not political in the formal sense (Melucci 1989; Touraine 1977, 1981; Castells 1978, 1983; Laclau & Mouffe 1985). In contrast to "old social movements" that endeavor to gain substantive material and political concession, new social movements "more than simply oppose deprivation: they also reinvigorate issues of culture, ideology, ethics, and ways of life" (Peet & Hartwick 2009: 287).

In reference to the cultural analysis of social movements, framing has emerged as an important theoretical tool. Benford & Snow (2000: 614) describe framing as "an active, processional phenomenon that implies agency and contention at the level of reality construction". It has been detailed how social movements construct and utilize cultural framing to create collective identities, mobilize members, gain public support, and win

concessions and how movements and counter-movements enter into "framing wars" to gain the upper-hand in defining the meaning of issues and events (see Snow et al., 1986; Snow & Benford 1988; Benford & Snow 2000). In reference to political engagement, Tarrow (1998: 21) asserts that movement frames play a crucial role in mobilization, acting to "justify, dignify, and animate collective action" (Tarrow 1998: 21).

10.4 Disability Rights Movements

Bob (2006) argues that national states are particularly important in reference to the furtherance of new human rights claims, disability rights being counted among emerging claims. The body of literature specifically detailing the rise and dynamics of national disability rights movements is sparse, and of that that is in existence, most is anecdotal and historical and lacks the consistent application of an analytical framework. Hayashi & Okuhira (2001) studied the rise of the DR movement in Japan, asserting "the history of the modern disability rights movement in Japan [...] has been the driving force for change in social norms and policies" (Hayashi & Okuhira 2001: 876). However, no attempt is made to systematically analyze causality. Also using Japan as a backdrop, Reiko & Okuhira (2008) conducted interviews among disabled informants and found the existence of a disabled collective identity among disabled informants and the leveraging of networking to shift policy towards a more user-led approach to rehabilitation service provision.

 Symeonidou (2009) conducted a study of Cyprus's DR movement and found that a high degree of impairment-based division fragmented the movement and led to impairment-based factions building clientistic relations with political leaders and operating on a medical model rationality. Heyer (2002) recounts the galvanization of the disability rights movement in Germany and highlights key victories won by the movement which included "a constitutional equality amendment in 1997 and antidiscrimination legislation in 2002" (723). She attributes the rise of the movement to the diffusion of a disability rights frame that emerged from the United States, and details how it has been appropriated in culturally specific ways. She describes the cross-cultural frame diffusion process as "a complex process of adaptation and cultural transformation that involves constructing locally legitimate approaches" (Ibid: 723). Newell (1996) and Cooper (1999) discuss the DR movement in Australia and both underscore that the discontinuation of Disabled Peoples' International Australia acted to reduce the momentum of the movement and attenuate a united DR front. Newell argues that, to a large extent, organizations representing disabled people have been increasingly coopted by corporate interests. Cooper posits that the movement is "alive" but is considerably more decentralized. Vanhala (2009) discusses the DR movement in Canada and noted the usefulness of resource mobilization theory in analyzing gains received by organizations. She notes the "division of labor" among organizations and the propensity for DPOs to utilize litigation to advance interests. Using interview data obtained from persons with various impairment types who have been involved in the US disability rights movement, Groch (2001) uses the concept of "free spaces" and discusses the divergent routes that the rise of an "oppositional consciousness" has taken among different impairment groups. Using qualitative

factor analysis, Putnam (2005) develops a model for a "political disability identity" that includes six discrete factors that provide an operational basis for assessing the existence of a disability identity.

There are also two studies that deal with feminist movements that yield applicable insight for the study of DR movements. McCammon et al (2001: 51) emphasized the nexus between the political climate and changes in "gendered opportunity structures" in their analysis of the women's suffrage movement in the United States, concluding that "changing gender relations altered expectations about women's participation in the polity, and these changes in gender expectations increased the willingness of political decision-makers to support suffrage". True and Mintrom (2001) conducted a meta-analysis, using over 150 cases and a timeframe of approximately 25 years, to assess the causal forces behind the promulgation of women's rights and gender-equality policies by national states across the globe, concluding that: "more than national dynamics and characteristics and even the international and intergovernmental pressures, […] the transnational networking of nonstate actors has been the primary force driving the diffusion of gender-mainstreaming bureaucracies" (True and Mintrom 2001: 50). These studies show that changes in social attitudes and cultural structures can act as a catalyzing force to increase supply-side political incentive for political change and that transnational advocacy networks can act as a driving force for the diffusion of progressive policy.

11. Disability in the Global South

11.1 Global Overview of Disability

Article 31 of the UN Convention on the Rights of Persons with Disability specifically addresses the need for the collection of disability statistics. However, as it stands, international disability statistics are unreliable making inter-country comparison problematic (Mont 2007). This is particularly true in the South where the sampling approaches and methods utilized to collect national disability statistics are often inadequate or inconsistent. In addition to this, even methods widely accepted by the international community are open to criticism in that they rely heavily on a bio-medical framework in their assessment of disability. Nonetheless, for the purposes of providing an overarching view of global disability, these statistics suffice. According to estimates by the World Health Organization 1 billion people, 15 percent of the global population, have some type of disability and between 2 to 4 percent of those with a disability experience significant limitations in their daily functioning (WHO 2011). A substantial amount of data obtained from both developed and developing countries indicates that disabled persons are more likely to be unemployed, earn less than their nondisabled counterparts in comparable occupational positions, have lower levels of educational attainment, face significant barriers in healthcare access, and live in poverty (WHO &WB 2011). In the context of many developing countries, where rates of absolute poverty are higher and livelihoods are less secure, the impact of these inequities are more formidable.

11.2 Poverty-Disability Linkages

The age structure of disability prevalence is skewed towards higher age ranges in developed countries and lower age ranges in developing countries (Elwin 1999; WHO 2011). This is explained in part by longer life expectancies, the lower incidence of childhood acquired impairment, and higher incidence of late onset impairment in developed countries. In comparison to developed countries, a greater amount of impairment in the developing world is the result of preventable causes. Conflict, high-risk work environments, communicable diseases, malnutrition, and poor obstetric practices are common sources of impairment in many lesser-developed countries. Poverty makes one substantially more vulnerable to incurring impairment from any of these sources and can significantly aggravate an existing impairment. Many of these causes are indicative of the global inequities that constitute the North-South divide. This complicates theorizing disability in developing countries and creates, as Meekosha (2008: 12) puts it, an "intellectual and political tension between pride, celebration and prevention."

In 2002 the former President of the World Bank, Paul Wolfowitz, asserted that without concerted efforts to improve the living standards and opportunities of disabled persons "it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education" (WB 2009a). Data from around the world corroborates this assertion. For example, household survey data from Namibia, Zambia, Malawi, and Zimbabwe indicate that between 24 to 39 percent of school aged children with a disability have never attended school, as compared to 9 to 18 percent of nondisabled children (WHO 2011). To offer another example, a study conducted in India by the World Bank found that the rate of disabled children not enrolled in school was five times that of the national average (WB 2009b). The World Health Organization estimates that 22 percent of the world's poorest are also disabled, indicating that disabled persons are shockingly overrepresented among those in extreme poverty (WHO 2011: 28). Yeo (2005: 8) describes that the linkage between poverty and disability in developing countries constitutes a "vicious circle" which joins these two concepts in a more intricate fashion in the Global South as compared to Northern contexts. Moore and Yeo (2003) outline the disabling processes associated with impairment that can create a feedback loop with poverty:

- Exclusion from formal/informal education and employment
- Limited social contacts
- Low expectations from community and of self
- Exclusion from political/legal processes
- Exclusion from even basic healthcare
- Lowest priority for any limited resources e.g. food/clean water/inheritance/land
- Lack of support for high costs directly associated with impairment

Furthermore, an individual may experience cumulative marginalization (intersectionality) on the basis of gender, ethnicity, impairment, and location that is not reducible to a single category. Data obtained from developing countries indicates that rates of disability are higher in rural areas and generally higher among women than men (Elwin 1999; WHO/WB 2011). The World Health Organization estimates that in sub-Saharan Africa the percentage of women between the ages of 15 and 60 that have a moderate to severe disability is approximately 5 percent higher than that of men (2011: 30). Women receive marginalization on the basis of both impairment and gender and are more likely to live in poverty, which further strengthens the cumulative causation of the vicious cycle of social exclusion.

The consensus in contemporary, mainstream disability-development literature is that: 1.) disability related inequity is a crosscutting issue that is embedded in political, economic, and cultural processes and thus requires continued, transformative engagement on multiple fronts, and 2.) disability issues cannot be adequately addressed without targeted, sustained poverty reduction initiatives and a reconceptualization of poverty-disability linkages (Elwan 1999; Moore and Yeo 2003; Yeo 2005; Grech 2006; Braithwaite & Mont 2008; Kett et al 2009; Lord et. al 2010).

11.3 The Contemporary Political Economy of Disability

Though 82 percent of disabled persons in the world live in developing countries, non-OECD countries account for only 20 percent of the global expenditures on health (WHO 2007). Service and medical equipment provision to disabled persons is a multi-billion dollar industry with high-profit potential in wealthy nations, which incentivizes corporations to expand service and equipment provision and obtain the political leverage to facilitate growth. Insurance companies, pharmaceutical corporations, and health-service providing TNCs hold considerable and increasing sway over disability policies throughout the world due to the intensification of the current mode of globalization and late-capitalism (Albrecht & Bury 2001; Solditac & Biyanwila 2006). However, spending on health and rehabilitation services in absolute terms is limited in poor countries, which in turn produces marginalization in reference to the global health/rehabilitation-industrial complex.

First of all, those with limited resources cannot afford the types of services, treatments, or assistive devices offered by North based health corporations, and state health resources in developing countries are often exhausted merely providing basic care and preventive services. Furthermore, efforts to 'roll back' the state in the name of the neoliberal ideals of free market, negative economic liberty, and fiscal austerity lead to cutting back on service provision for disabled persons and reduce the state's capacity to provide a wide range of social services (Grech 2006). Secondly, the colonial legacy in many developing countries has created a malformed health service provision infrastructure that due to material concerns and institutional path dependency is difficult to mend (Potter et al. 2008: 73). Thirdly, the current phase of hyper-capitalism has intensified the degree to which intellectual and financial capital is spent devising treatments and services for Northern consumers while the concerns of those

in the South are relegated to the periphery of health research and development regimes (Mathews & Tellez 2008: 565; Albrect & Bury 2001).

11.4 Post-Colonial Relations

When theorizing disability in the South, one must also be cognizant of the ways colonization and consequent post-colonial power relations have directly or indirectly produced or aggravated impairment or constructed the conditions for a disabling social order (Solditac & Biyanwila 2006; Meekosha 2008). First of all, in many places colonization included the seizure of indigenous lands, the forced transition from subsistence agriculture to exportable cash crops, and the exploitation of indigenous labor by the metropolitan powers (Potter et al., 2008). This transition from small-scale community centered production to large-scale labor intensive production enhances the degree to which disabled persons are alienated from the productive institutions of society (Oliver 1990; Gleeson 1999).

Secondly, under colonial regimes, Western missionaries and charity organizations provided rehabilitation services for disabled people. Ingstad (2001: 778) elucidates: "the colonial powers brought with them the principle that assistance to people with disabilities should come through fund-raising and private donations and organized by specifically committed groups or private persons." This entrenched the norm that disabled persons are to be dependent on the largess of charity regimes, a concept known as the "humanitarian-charity" model of disability that is still prevalent around the world often reinforced by Western humanitarian aid organizations (Ingstad 2001; Grech 2009; Kett et. al 2009).

Thirdly, colonization served as the mechanism to export the medical model of disability to the South; however, due to the uneven capitalist development that was constitutive of colonization, the diffusion of biomedical understandings of disability in the global South has been inchoate. For example, biomedicine did not reach Africa until the 1930s and in some places as late as the 1960s (Baer et al. 2003: 331). This led to the intermittent and sporadic diffusion of biomedicine that was primarily limited to urban areas. Medical and traditional understandings of impairment often exist in simultaneity and overlap between diverse assortments of conceptualizations is not uncommon. In effect, this has created a wide array of hybrid models of disability that vary across populations and are context specific (Ingstad & Whyte 1995; Ingstad 2001: 774-777; Baer et al. 2003: 329-337).

12. The International Disability Rights Movement

Transnational social movement theorists, such as Keck & Sikkink (1998) and Tarrow (1995), assert that the proliferation of transnational advocacy networks has occurred primarily as the result of both: 1.) a "cultural shift" during the 60s that caused activists to increasingly look beyond the borders of their respective national states and seek to advance their causes on new global fronts; and 2.) technological advances that made travel more affordable and communication more convenient and effective (Keck & Sukkink 1998).

The seeds of the international disability rights movement were sown during the wave of civil rights movements that occurred during the 1960s and 1970s. In the 1970s, disability rights movements gained momentum in North America and the United Kingdom through the activities of organizations such as the Center for Independent Living in Berkley, California, and the Union of the Physically Impaired Against Segregation in the UK (Shakespeare 1993). The global diffusion disability rights ideas and activism caused movements to spread to other regions in the 1980s and 1990s (Ingstad 2001; Hurst 2003; Lord 2009). During this period, DPOs began to network beyond domestic contexts and start exerting influence on international rehabilitation service providing NGOs in the interest of the cause of global disability rights (Lord 2009: 84). Consequently, the international galvanization of DPOs resulted in changes in international governance regimes.

One of the first treaties envisaged to construct a body of disability rights international law was the United Nations Declaration on the Rights of Mentally Retarded Persons enacted in 1971; however, many leaders in the international DR movement rejected the declaration on the grounds that it issued from a medical model perspective (Ingstad 2001; Lord 2009). A turning point occurred when The United Nations declared the 1980s the UN Decade of Disabled Persons. During this period the UN established the World Program of Action Concerning Disabled Persons (WPA) in 1983. Many of the administrative branches of the United Nations began enacting policies to take into account the concerns of persons with disability into organizational operations and devise approaches for community-based rehabilitation (Ingstad 2001; Quinn et al 2002). During the 1980s, the UN established the UN Standard Rules on the Equalization of Opportunities of Persons with Disability and The Principles for the Protection for Persons with Mental Illness. In 1987, DPOs began campaigning against the WHO's International Classification of Impairment Disability and Handicap (ICIDH) which defines disability in terms of "normal" functioning due to the fact that this definition served as a barrier to the international DR movement (Hurst 2003: 574).

In 1990 President George Bush signed the Americans with Disability Act, one of the first comprehensive civil rights acts in the world specifically designed to codify the rights of disabled persons. Throughout the 1990s, other countries also began promulgating national DR legislation as part of the growing global synergy of the international DR movement (Ingstad 2001). In 1993, Mental Disability Rights International was established to promote the rights of those with cognitive and psychosocial impairments, enhancing the breadth of the disability rights front by providing INGO representation for persons with cognitive and psychosocial impairments.

The transnational collaboration and partnership of DPOs heightened in the 2000s, and networks such as The Global Partnership on Disability and Development (GPDD), established in 2000, proliferated. In the early 2000s, a coalition of disabled peoples' organizations, known as the International Disability Caucus, in combination with other social entrepreneurs and diplomats, contributed to the drafting of an international disability rights framework as a precursor to a UN Convention (Lord 2009). In December of 2006 the United

Nations enacted the United Nations Convention on the Rights of Persons with Disability (UNCRPD), marking a significant victory for DR activists worldwide. It constituted the first internationally recognized, legally binding document that specifically delineates and protects the rights of disabled persons. The convention was signed by 82 UN member states, the Optional Protocol by 44. The CRPD officially came into effect on the 3 of May 2008.

The office of the UNCRPD and the office of the UN High Commissioner for Human Rights (OHCHR) oversee initiatives to advance disability rights globally and monitor compliance with the provisions of the treaty (Lord et. al 2010: 7). Though in principle there is a greater acceptance of the social model of disability in the international community, disability rights still holds a marginal position in human rights monitoring and enforcement regimes, in part due to a lack of 'gatekeeper' international allies (Lord 2009) and due to a continuation of ableist bias that still pervades international development work (Kett et al. 2009). Notwithstanding these arguments, over recent decades, the international opportunity structures for DR movements have proliferated, and a DR transnational advocacy network has emerged. Though it lacks the resources, influence, and power of conventional human rights networks, it has gained prominence in recent years.

13. Disability and Development in Ghana

13.1 Development Overview

Ghana is a country located along the West African coast in between the Ivory Coast and Togo. It was a British colony until its independence in 1957 when it became the first country in colonial sub-Saharan Africa to obtain sovereignty. In 2008, the population of Ghana was estimated to be over 23.8 million (World Bank 2010a). The capital city, Accra, is also the country's largest city with approximately 2.2 million residents. Accra is followed by Kumasi, Ghana's second largest city and the traditional capital of the Ashanti Empire. Most citizens live in the southern portion of the country. The northern territories in the Sahel are the least densely populated due to a lack of arable land and public services. As of the 2000 census, the majority of residents live in rural areas. However, statistics indicate a growing trend towards urbanization. In the period between 1960 and 2000, the share of Ghana's urban population rose from 23 to 43 percent.[8]

According to 2009 World Bank figures, Ghana's GDP was approximately $26.1 billion and the per capita GNI was $1,190 (World Bank 2009). However, the United Nation's 2009 Human Development Report ranks Ghana 130th in the world for human development, and figures indicate that 30 percent of the population lives on less than $1.25 a day (UNDP 2010). Poverty rates are disproportionately higher in the northern regions of the country. For example, in 2006, the Upper West region had an extreme poverty incidence rate that was

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[8] Retrieved from the Ghana Statistical Services website

approximately 8 times higher than that of the Central, Ashanti, Western or Greater Accra Regions. (IMF 2009: 16). Other indicators, such as education and access to health services, illustrate stark interregional development disparity.

In the mid-1980s, the country initiated the Economy Recovery Program (ERP) which included a series of structural adjustment reforms recommended by the IMF and the World Bank as a strategy to stabilize the economy and recover from a severe national economic crisis (Tettey et al. 2003). The program included a series of market reforms to deregulate and liberalize the Ghanaian economy. However, the positive impact of the program occurred primarily at the macroeconomic scale, and critics claimed that the market-based reforms accentuated barriers to human and social development, failed to substantively reduce poverty, and weakened state capacity (Konadu-Agyemang 2000; Tetty et al. 2003). Konadu-Agyemang (2000) argues that structural adjustment policies implemented in 1983 produced growth according to macroeconomic indicators but accentuated inequalities at the interregional and interhousehold level. He asserts: "cuts in government funding for health services and education have not only left hospitals and school, especially those in rural or 'hardship regions,' understaffed, but also made them unaffordable" (Konadu-Agyemang 2004: 480). In response to citizen disaffection, the government initiated the Program of Action to Mitigate the Social Costs of Adjustment to address the human impact of the uneven development caused by the ERP (Tettey et al. 2003). However, with continued pressure from International Financial Institutions, the government continued to pursue neo-liberal reforms throughout the 1990s.

Despite this fact, the state has pursued a number of programs to reduce the inequities that often accompany capitalist development and to promote social welfare. For example, in 1996 the state initiated the Free Universal Compulsory Basic Education Program, a policy the state has aggressively pursued in recent years. Between 2006 and 2008, educational spending in proportion to GDP averaged a staggering 9 percent, which evidences the government's commitment to education (ISODEC-UNICEF 2010). In 2010, over 526,000 students received government subsidized school uniforms and 670,000 students benefited from the government's school feeding program (Government of Ghana 2011: 15). In 2006, the Millennium Challenge Corporation awarded a 5-year, $547 million development grant to the government of Ghana in support of government-led initiatives for rural and agricultural development[9]. To further operationalize the concept of good governance, the World Government Index assesses governance on six dimensions: 1.) Voice and Accountability; 2.) Political Stability and Lack of Violence; 3.) Government Effectiveness; 4.) Regulatory Quality; 5.) Rule of Law; and 6.) Control of Corruption. In reference to governance data collected between 1996 and 2009, Ghana is a consistent leader among states in Sub-Saharan Africa (WB 2009c). From 2006 onwards, Ghana has ranked among the top 40 percent of countries in world for Voice and Accountability (Ibid). Additionally, according to

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[9] Retrieved from the Millennium Challenge Corporation website

Transparency International's Corruption Perception Index Report in 2010, Ghana ranked 61st in the world, which indicates a marked improvement in corruption control. This has occurred in part through public-private partnerships such as the Ghana Anti-Corruption Coalition (GACC) established in 2000. Nonetheless, there remains a clear disjuncture between the government's intentions and its ability to substantively deliver state services and implement policies, particularly as it comes to the nation's disability policy.

13.2 Overview of Disability in Ghana

Using the functional approach to measure disability created by the UN's Washington Group on Disability Statistics, between 10 to 12 percent of a country's total population is disabled (WB 2010). Thus, using 2009 population estimates, the disabled population in Ghana is approximately between 2.38 to 2.85 million. And of those, over half live in extreme poverty.[10] According to 2003 estimates provided by the Ghana Statistical Service, visual impairments account for approximately 53 percent of all impairments, mobility impairments and hearing/speech impairments represent 27 and 11 percent of recorded impairments respectively (UNDP 2007: 185). The UNDP (2007: 129) estimates that the rate of unemployment among persons with disability is 11 percent higher than the national average. Of those persons with disability that are employed, the conditions of work are considerably less advantageous than the general population, as disabled persons are more likely to work lower paying jobs outside of the formal sector of employment. In addition, informants from the DPOs expressed that issues of accessibility are major barrier to disabled persons. Inadequate urban infrastructure presents challenges for blind persons and persons with mobility impairment to navigate an urban environment. The informant from the Ghana Association of the Blind (GAB) stated that though the situation is improving, the lack of written material in brail and limited access to adaptive computer technology makes it difficult for blind persons to access important information.[11] The informant from the Ghana National Association of the Deaf (GNAD) expressed that the limited use of sign language creates communication barriers for deaf persons.[12] Accessibility is even more of a challenge for persons in rural areas with underdeveloped institutional and physical infrastructure.

13.3 Official Development Assistance and Disability

Metts & Metts (2000) conducted a study in the 1990s to determine the amount of Official Development Assistance (ODA) in Ghana that explicitly sought to include and empower disabled persons in their programs. They concluded that of the donors studied, "none took affirmative steps to include disabled people in their mainstream programs and projects" (Ibid:

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[10] Calculated using the World Bank estimates that 20% of the world's poorest are disabled and the UNDP's estimates that the rate of extreme poverty in Ghana is 30%.
[11] Interview with rep. from GAB
[12] Interview with rep. from GNAD

475). They also found that a paltry 0.1282% of total ODA to Ghana was spent explicitly to assist disabled persons during the time frame of the study. Notwithstanding the fact that these figures are a decade old, this study indicates that in contemporary history the amount of ODA directed towards disabled persons has been comparatively sparse.

Informants from DPOs stated that many development aid organizations have yet to fully mainstream the needs of disabled persons into their projects. Additionally, informants expressed that many of the development aid projects that target disabled persons fail to take into account the nuance of ground-level exigencies. One informant expressed that major donors favor funding projects dealing with "social protection and advocacy" and are reluctant to fund projects that directly focus on the economic empowerment of disabled persons. He asserted that this creates a "lopsided picture" of what the ground level reality is for disabled persons.[13] Many of the representatives from the DPOs indicated that it is difficult to obtain the backing of major donors for organizational projects and that as a consequence funding is often sporadic.

13.4 Socio-Cultural Attitudes

A study conducted by Slikker (2009) in the Eastern, Central, Volta, and Greater Accra regions indicated that 1.) a significant portion of society views disabled persons negatively and favors segregation and 2.) there is an overlap between a cosmological and medical model conceptualization that undergirds some of these negative attitudes. Informants consistently identified the cosmological model of disability, a model documented in the literature describing cultural practices in Ghana, as source of stigmatization. This model posits that physical, cognitive, or psychosocial impairment is the result of supernatural forces administrating divine justice on those who are in some way—either directly or indirectly—culpable for a moral failing or a violation of a cultural code (Nukunya 1992; Salm, & Falola 2002; Slikker 2009). In this perspective, disability is viewed as a 'curse' or a form of 'divine retribution'. Stigmatization arising from these beliefs is particularly strong for those who have epilepsy or certain cognitive or psychosocial impairments. A representative from the Parents Association for Children with Intellectual Disabilities asserted that in some areas, mothers of children with cognitive impairments are ostracized by their communities, as they are perceived as "bewitching their children."[14]

The prevalence of the cosmological model of disability was confirmed in Slikker's (2009) study with 38 percent of respondents indicating that disability may result from "witchcraft, juju, and (generational) curses" (Ibid: viii). The data showed a strong correlation between education and ascription to the cosmological model (CM), as 53.3 percent of respondents with low educational attainment affirmed the CM; while those with medium or high

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[13] Interview with rep. from GAB
[14] Interview with rep. from PACID

educational attainment affirmed the CM at 30.9 and 23.2 percent respectively (Ibid: 34). Informants confirmed that stigmatization arising from the cosmological model of disability was strongest in rural areas and in areas where illiteracy rates are high.

However, attitudes that correspond with the medical model of disability and its prescription for social segregation are also evident. In Slikker's (2009) study, 53 percent of those surveyed expressed the opinion that persons with sensory impairment belong in a specialized rehabilitation institution, 38 percent of the sample expressed similar views in reference to persons with "intellectual" impairment, and 32 percent towards those with physical impairments. This indicates that it would be erroneous to attribute the source of the social stigmatization of disabled persons in Ghana solely to cultural metaphysical belief systems.

Overwhelmingly every informant identified socio-cultural attitudes as a preeminent barrier facing disabled persons in Ghana. One informant expressed: "many people [in Ghana] don't regard people with disabilities as human beings."[15] Informants expressed that negative social attitudes towards disabled persons act to limit opportunities for employment, income generation, and education; lead to exclusion in family and community networks; restrict opportunities for marriage; and in some cases, lead to overt forms of abuse. However, these negative attitudes vary from person to person and include a complex mixture of the stigmatization and social liminalization of disabled persons. The statement of one informant illustrates this fact:

The greatest obstacle [for disabled persons in Ghana] would be social and cultural attitudes. This is where people tend to stereotype. Then you have people who are overprotective. You have people who are prejudicial because of your disability [...] And then you have people who are you know, a little afraid, afraid of your disability actually. So, they tend to avoid you, because they don't want to have anything to do with you.[16]

In addition to this, attitudes towards disabled persons in Ghana are filtered through community-centered notions of personhood. Ingstad (2001: 776) elaborates: "in many developing countries, the concept of personhood depends more on social identity and the fulfillment of family obligations than on individual ability." To illustrate this fact quantitatively, once again using Slikkers (2009) study, 23 percent of the sample expressed that they would be "unhappy with a PWD as a brother or sister in law" due to the fact that a person with a disability marrying into a family is often viewed as a disgrace (Slikker 2009: X). This data evidences the fact that negative attitudes are often embedded within family and community networks and extend beyond interpersonal interaction. Therefore, changing negative social attitudes in Ghana necessitates engaging communities and changing the

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[15]Interview with rep. from the GSPD Greater Accra District
[16]Interview with rep. from GAB

politics of emotions in a structural sense rather than merely focusing on individual adaptation or attitudinal response.

14. Analysis: Networks and Free Spaces

When presenting her conceptualization of free spaces, Polletta (1999) outlines a taxonomy of the social movement types based on network ties. She categorises associational ties as "transmovement, indigenous, and prefigurative." In her explanation of "prefigurative movements" she states: "explicitly political and oppositional (although their definition of "politics" may encompass issues usually dismissed as cultural, personal, or private), they are formed in order to prefigure the society the movement is seeking to build by modelling relationships that differ from those characterizing mainstream society" (Polletta 1999: 11). She adds that these movements include ties that are constituted by: "symmetry, that is, reciprocity in power, influence, and attention" (Polletta 1999: 11). The DR movement in Ghana corresponds with Polletta's classification of a prefigurative movement.

14.1 The Ghana Federation of the Disabled

The Ghana Federation of the Disabled (GFD) is a coalition of disabled peoples' organizations that was founded in 1987. The Federation includes a roster of organizations that represent a broad spectrum of impairment types. Its members include the Ghana Association of the Blind (GAB), the Parents Association of Children with Intellectual Disability (PACID), the Ghana National Association of the Deaf (GNAD), the Ghana Association of Persons Living with Albinism (GAPA), the Ghana Society for the Physically Disabled (GSPD), and Share Care Ghana (an organization for those with neurological conditions). All of these organizations have national headquarters in Accra. The office of the executive director of the Ghana Federation of the Disabled operates on a rotating basis among member organizations, and organizational bylaws vest ultimate power in the Delegates Assembly. The Executive Board includes a Gender Officer to ensure that issues of gender are represented. The Federation is represented through its member organizations in all ten of the country's administrative districts, and at the local level in the overwhelming majority of the country's district assemblies. Thus, the geographical infiltration of the Federation is substantial.

The Federation was established as a means to aggregate the interests of the various impairment based DPOs and to present a united disability front for the purposes of national political advocacy. In addition to this, the Federation undertakes specific initiatives to advocate for the rights of disabled women and children. The Federation also collaborates with regional disability networks, such as the Volta Disability Network, and is a member of the National Disability Network, which is a broad coalition of CSOs operating in Ghana that are, directly or tangentially, involved with issues affecting disabled persons. The Federation represents the front-line of the disability rights movement in Ghana, and politically is the most powerful disability coalition in Ghana.

The mission statement of the Ghana Federation of the Disabled reads:

To be an effective and efficient organization to create awareness about the capacities and capabilities of Persons with Disabilities and to promote the equalization of opportunities of Persons with Disabilities through advocacy, lobbying, and collaboration with other relevant agencies.[17]

The organizations of the Federation are membership based and leaders are elected by democratic vote. In terms of membership, the largest organizations are the Ghana Association of the Blind, the Ghana Society for the Physically Disabled, and the Ghana National Association of the Deaf. These three organizations have district chapters throughout Ghana. Founded in 1963, the Ghana Association of the Blind is the oldest DPO in the Federation. The Ghana National Association of the Deaf was founded in 1968, and the Ghana Association of the Disabled was formed in 1980. Of the organizations in the Federation, these three collaborate most intensively. All of these organizations have their national offices in the same complex on the grounds of the Accra Rehabilitation Center in the Asylum Downs area of Accra, the same location where the national offices of the GFD are located.

The Accra Rehabilitation Center offers a number of services, such as vocational training, and is home to a number of organizations that deal with issues pertinent to disability and social welfare. Arguably it is the geographical locus of the national DR movement. The grounds of the Accra Rehabilitation Center are owned by the government of Ghana, a fact that dates back to the tenure of Ghana's first president, Kwame Nkrumah. President Nkrumah declared the center state property as part of an initiative to increase state involvement in the provision of rehabilitation services to disabled persons. Organizations dealing with disability were encouraged to locate their offices there, and the early stages of Ghana's disability rights movement can be traced back to this period. The Ghana Association of the Blind was among the first organizations to locate its offices in the complex in 1963. As other DPOs were established, they located their national offices in the same complex as a means to facilitate partnership and share information. This produced an appreciable amount of crosspollination and collaboration between leaders in the impairment based DPOs and created an atmosphere of organizational familiarity that served as a foundation for solidarity.

14.2 DPO Projects

Organizations within the Federation often have their own advocacy campaigns and undertake individual projects to serve the needs of their members at the local level. Overwhelmingly these projects center on building the capacities of disabled persons and creating opportunities for income generation. For example, the Ghana Association of the Blind often establishes communal farms in its various rural districts as a means to teach members agricultural skills

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[17] Retrieved from the GFD organization website

and to generate income for their families. The organization also procures computers equipped with adaptive software and conducts computer-learning programs for members. The Parents Association for Children with Intellectual Disability teaches adults with cognitive impairment craft based vocational skills, such as basket weaving. The Ghana Society for the Physically Disabled has developed microcredit initiatives and vocational training and apprenticeship programs in many of its member districts.

These capacity building and income generation projects create associational space that facilitates economic empowerment, builds solidarity among members, and catalyzes the transformation of social attitudes with displays of competency and ingenuity. For example, in 2004 the Ghana Society for the Physically Disabled opened a chalk factory with contributions from the Dutch embassy and the LDS church. The GSPD asserts that the factory is used both as a means to generate jobs for disabled persons and as an advocacy tool to demonstrate that "young persons with disabilities clearly prefer to work than to beg on the street".[18] With initial funding from the UK Department for International Development (DFID) and additional funds from the AngloGoldAshanti (AGA) Corporation, the Adansi North District Branch of the GSPD has maintained a pig farm in the Ashanti Region. The project has allowed disabled persons to "rub shoulders with non-disabled farmers" and demonstrate animal husbandry and agricultural skills.[19] There are myriad examples among the GFD member organizations of initiatives being simultaneously used to generate income and to directly challenge negative stereotypes and empower disabled persons within social networks.

An informant from the Ghana Association of the Blind cogently expressed the importance of income generating opportunities and their impact on the empowerment of disabled persons within community structures:

Advocacy cannot be complete if you don't have economic empowerment. I mean you can't expect total inclusion if I'm only saying "I can do it. I can do it" and I don't do it. There must be some practical demonstration [...] In our society, for example, before you can have a voice in decision-making, a voice in the family, a voice at home, you must be able to contribute to the welfare of your family. If you don't put anything in the pot, you don't have a say about what should be cooked [...] but if you are a breadwinner, if you bring home something, then you can be a part of that decision.[20]

14.3 District Activities and Meetings

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[18] The GSPD Newsletter, Sept. 2009, pg. 12
[19] The GSPD Newsletter, Sept. 2009, pg. 11
[20] Interview with rep. from GAB

Polletta (1999: 25) elucidates on the importance of meetings in forging a sense of community in prefigurative movements: "physical gathering places may build on […] ties by demonstrating the co-presence of others, thus showing people that issues they thought taboo can be discussed, and strengthening collective identity by providing tangible evidence of the existence of a group." The district level activities of the DPOs support this hypothesis, as they constitute the lifeblood of the organizations of the Federation.

In addition to spearheading income generation activities, member organizations often award educational scholarships, undertake outreach initiatives to ensure disabled children are enrolled in school, hold workshops and forums, organize protests and demonstrations, and hold member meetings at the district, regional, and national level, district meetings being the most frequent. Additionally, some of the organizations include a women's wing and a youth wing, which create opportunities for additional activities and socialization. Disability sports leagues are an important aspect of the organizational culture of the Ghana Society for the Physically Disabled. One informant expressed that organizational activities, particularly involvement in disability sports, relay a symbolic message to onlookers. He stated "it shows everyone that we get along, that we love each other, and that we're not ashamed of who we are."[21]

Among the organizations with a strong district presence, district meetings are usually held once a month and provide members with opportunities to strategize, vote on issues, and socialize. Members of the GFD DPO organizations often invite disabled persons in the community to meetings as a recruitment strategy.[22] Also, district meetings and activities are free spaces that facilitate the resocialization of disabled persons, directly challenge the notion that impairment is something to be ashamed of, and embolden members to actively pursue betterment. One informant, a member of the GSPD with a mobility impairment, recounted his personal life experience as an example of this. Prior to joining the GSPD, he was economically vulnerable and did not own a wheelchair. He was forced to crawl on the ground. He was introduced to the GSPD in 1995 and received a tailoring apprenticeship and joined a GSPD sports league in the same year. He is now in a leadership position in the GSPD Greater Accra Metropolitan Assembly, an accomplished entrepreneur, and is among the top disabled athletes in Africa, consistently winning awards for his performance.[23]

The impact of the day-to-day associational aspects of district level activities on collective identity formation was observed first-hand during meetings that I attended in the Greater Accra Metropolitan Assembly and the Teshie-Nungua district of the GSPD. During these meetings members discussed organizational elections and membership dues, an upcoming opportunity to participate in a performing arts group for disabled persons, the results obtained

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[21] Interview with rep. from the GSPD Greater Accra Metropolitan Assembly
[22] Interview with rep. from the Teshie-Nungua District
[23] Interview with rep. from the GSPD Great Accra Metropolitan Assembly

by a chapter sanctioned delegation who went to meet with the Greater Accra House of Chiefs to address issues of customary law and its impact on disabled persons, personal stories and concerns, and how resources from the District Assembly Common Fund should be spent. If intragroup discussion became overtly argumentative, the chairperson of the chapter would say "together" and the members would reply "we stand" in unison (the organizational motto of the GSPD), and discussion and debate would ensue in a more diplomatic mode. When members discussed strategies to use the resources from the District Assemblies Common Fund, most members urged that it be spent in ways to further the interests of disabled persons generally, such as pooling money together for coops, rather than allocating funds in the form of individual remittances.

14.4 Identity, Framing, and Motivation

Though district meetings are usually held by impairment based DPOs, collective identity invocation, to a large extent, corresponds with a trans-impairment disability identity (see Putnam 2005). Unity among the DPOs at various levels is facilitated through common membership in the Ghana Federation of the Disabled. The organizational motto of the Ghana Federation of the Disabled is "Strength in Unity." Informants confirmed that networking across impairment types is common, and encouraged, in the Districts where the GFD is represented. In areas where persons do not have access to DPO meetings that correspond with their impairment type, they may attend the district meetings of another impairment based DPO in the Federation. From a resource mobilization standpoint, it seems that trans-impairment unity is a rational choice in an environment where competition for resources is strong. Additionally, from a cultural standpoint, the invocation of a disability identity among DPO members is nested within a cultural context that is structured by communitarian, rather than individualistic, values.

Snow & Benford (1988) explain that framing can be "diagnostic, prescriptive, or motivational", and that sub frames are often contained within master frames. Informants from the DPOs framed their struggle in terms of 'human rights', 'dignity', 'inclusion', 'mainstreaming', 'equality', 'unity', 'barrier removal', and 'attitude change'. These concepts were prevalent themes in virtually all of the interviews conducted with informants from the DPOs, and these specific terms were consistently mentioned. The use of phrases and concepts within this linguistic vein is standard operational parlance of the International DR movement and is utilized in documents such as the World Action Program for Persons with Disability and the United Nations Convention on the Rights of Persons with Disability. Ostensibly, the master frame invoked by leaders in the DR movement is a human rights-based frame. The language of human rights and solidarity is woven into the formal and informal rhetoric of the organizations of the Federation.

When asked about personal motivation, all of the DPO representatives interviewed expressed an emotional connection with and strong commitment to the work they do as a result of personal life experiences. One informant expressed:

It is my understanding that it is not possible for somebody else to experience what I experience that can experience what my fellow disabled [friends] experience. I know exactly what they go through. You understand [...] so trying to get my people and myself fully included in society, integrated, is, I can say, the major motivation.[24]

Though many informants expressed solidarity around a shared sense of injustice, informants from DPOs also detailed positive experiences that forged a sense of inner commitment to the movement, cited the positive emotions affiliated in networking with other members of the disability community, and acknowledged the sense of fulfillment that is obtained by seeing positive change.

14.5 Peripheral Issues within the GFD

Informants from both the PACID and Share Care Ghana expressed concerns that the Federation has failed to take a more active role in advocating for issues important to their specific constituencies. In the case of the PACID, that involves raising awareness about the needs of persons with intellectual disability and their families, sensitizing the public about the correct treatment of persons with intellectual disability, and establishing systems of community based care. In the case of Share Care Ghana, that involves focusing more directly on community based rehabilitation and member health needs. The informant from Share Care Ghana had this to say:

Our goal is to have the government take up this whole issue of community based home care. That is one of our goals. And, as I said, it's particular to us [...] The other organizations don't talk about that. It's peculiar to us.[25]

When asked if the GFD has taken up this issue in its advocacy initiatives, she said:

Not really. But we keep hammering on it. We've made leaflets and a manual and presented it to them. So we keep telling them that they should talk about this issue. So far, they haven't said much.[26]

Responses from these care centered DPOs may indicate an organizational agenda in the Federation that peripherilizes issues of care in relation to other issues.

14.6 Modes of Contention

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[24] Interview with rep. from GFD
[25] Interview with rep. from Share Care Ghana
[26] Interview with rep. from Share Care Ghana

The DR movement has organized protest as a strategy to exert political pressure on elites. Prior to the passage of the 2006 PWD Act, members of the DR movement organized a street demonstration to ensure that important provisions were not stricken from the Act.[27] There are examples of the movement utilizing civil disobedience as a method to protest discriminatory treatment. One informant describes one such situation that had occurred within the last year:

I remember where there was a deaf lady summoned to court. The court summons read 'Auntie Mum'. Mum in Akan means a dumb person. So she was summoned to court. She refused to go because she said that wasn't her name. The magistrate ordered her to come to court anyways. She was advised by our leaders not to go. And the bailiff came and handcuffed her and dragged her to court. This sparked a lot of anger and protest. But, at the end of the day, she had been released and the magistrate gave an apology. That incident for example, raised a lot of awareness.[28]

There are also examples of persons with disability seeking to raise public awareness of disability issues through individual acts of demonstration. One example is a man named Emmanuel Ofusu Yeboah born with a congenital impairment that left his left leg unusable. He was donated a bicycle from the Challenged Athletes Foundation in the United States. In 2001, he embarked on a ten day, four hundred mile bicycle ride across Ghana to campaign for disability rights (ABC 2005). He went on to compete in triathlons for disabled athletes in the United States, and in 2005 he was awarded ESPN's Arthur Ashe Courage Award and was publically recognized by the President of Ghana for his accomplishments.

Though the DR Movement sometimes uses overt forms of resistance, information provided by informants seems to indicate that most movement participants rely on strategies of resistance that are "infrapolitical" (see Scott 1997) in nature.

15. Political Process Theory

15.1 Openness of the Political System

Ghana is a constitutional democracy that is divided into 10 administrative regions and 170 District Assemblies. The country's existing constitution came into force in January of 1993, marking the beginning of the Fourth Republic. Prior to Ghana's elections in 1992, the ban on party politics that Lt. Jerry Rawlings of the PNDC had implemented was lifted to allow competitive elections. This was the beginning of a number of changes that incrementally opened Ghana's political system. In the 1992 elections, Jerry Rawlings was elected to power,

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[27] Interview with rep. from the GSPD national office
[28] Interview with rep. from GAB

and in 1993, the Constitution of the Fourth Republic of Ghana was ratified, marking a significant turning point in Ghana's contemporary political history. The Constitution expressly outlined an institutional arrangement to enhance democratic governance, increase political contestation, and promote responsive and accountable governance. President Jerry Rawlings was once again reelected to power in the 1996 elections, which were considered relatively free and fair by the international community. In 2000, the democratically elected John Kufuor of the New Patriotic Party beat out John Atta Mills of the NDC who had served as Vice President under the Rawlings administration and was the expected successor of President Rawlings. The elections in 2000 marked a milestone in Ghana's national history, some claiming them to be the "most important [elections] since independence" (Ayee 2001: 25). They marked the first democratic transition of power in the nation's history, symbolizing the resiliency and stability of the Fourth Republic of Ghana. Though Ghana has had protracted periods of instability and volatile regime change, the Fourth Republic of Ghana has been remarkably stable.

The national elections in 2000 were followed by successful elections in 2004 and also in 2008 when the current President John Atta Mills of the NDC was elected to power. Though Ghana is a multiparty democracy, given that the country is divided into single-member districts, the country has two major national parties: the New Patriotic Party (NPP) and the National Democratic Congress (NDC). Despite bans on party politics, coup d'états, and government restructurings, the dominance of two prevailing political traditions dates back to the inception of the First Republic of Ghana with the primary cleavage revolving around the 'Danquah-Busia-elitists' (currently the liberal-statist NPP) and the 'Nkrumahist-populists' (currently the social-democratic NDC) (Oelbaum 2004: 261). There is evidence that Ghana's political parties are becoming increasingly institutionalized, and elections under the Fourth Republic have been described as "genuine contests carried out under stabilized rules" (Morrison 2004: 439). Though ethnic cleavages exist, ethnicity in Ghana has not been politicized to the same extent as in other countries in sub-Saharan Africa such as Cote d'Ivoire, Nigeria, or Rwanda. Although, parties court ethnic bases and leverage ethnic networks when advantageous, party politics are not overwhelmingly ethnically based (Oelbaum 2004; Morrison 2004). The galvanization of ethnic loyalties for political purposes in Ghana has historically been "variable and episodic" rather than deep-seated and impassioned (Lentz & Nugent 2000). Thus, in recent years, the fault lines of political contestation have been, to a large extent, political-ideological and political-economic.

The impact of this fact is noteworthy in reference to this case study. The political system in Ghana significantly opened up with the lift of restrictions on party politics prior to the national elections in 1992 and the subsequent ratification of the Constitution of the Fourth Republic of Ghana in 1993. Stark ethnic cleavages and the politicization of ethnicity are not pervasive elements of political culture in Ghana, which has facilitated a greater degree of democratic stability and strengthened the public realm. The absence of high-level ethno-politics coupled with the institutionalization of competitive democratic contestation created room for the politicization of emergent social issues.

In this atmosphere, free civic association has been strengthened. Olsen elucidates the impact of pluralism on the structure of a polity: "pluralism tends to create a mood favorable to pressure groups [...] primarily because it emphasizes the spontaneity, the liberty, and voluntary quality of private association in contrast with the compulsory, coercive character of the state" (Olson 1965: 112). The DR movement benefitted from an environment where new issues could become politically salient and where intensifying political contestation incentivized taking up emerging issues in order to gain electoral support. Additionally, in 1989 the government divided the country into District Assemblies as part of a decentralization initiative. This allowed the DR movement to mobilize politically at a smaller scale and sync decentralized DPO organization with the decentralized organization of the state.

15.1.1 Agent Led Openings

Besides an incremental opening of political opportunity structures that has resulted due to wider, structural changes in Ghana's political system, there are number of specific changes that have been more directly agent driven. The Constitution of the Fourth Republic ratified in 1993 included a disability nondiscrimination clause (Article 29, Sec. 4), impairment specific accommodations for legal proceedings (Article 29, Sec. 5), affirmative action in hiring practices for persons with disabilities (Article 29, Sec. 7), and a recommendation for the further promulgation of legislation to legally define and protect the rights of persons with disabilities (Article 29, Sec. 8). In 2000, the Presidential Cabinet issued a white paper outlining a National Disability Policy and catalyzed the political atmosphere for the formation of comprehensive disability legislation. The government has increasingly made attempts to mainstream disability issues in national development policies. The Ghana Poverty Reduction Strategy Paper I (GPRS I) 2003-2005 and the Ghana Poverty Reduction Strategy Paper II (GPRS II) 2006-2009 included provisions for disabled persons. A major victory occurred with the passage of Ghana's Persons with Disability Act in 2006, which was enacted to comprehensively outline a legal framework of rights for disabled persons in Ghana and in 2007 the government signed the United Nations Declaration on the Rights of Persons with Disability.

The 2006 PWD Act outlined the creation of the National Council for Persons with Disability (NCPD) as a means to grant disabled persons a mediator among the executive departments of the government and to formally integrate the concerns of disabled persons into the internal structure of the of the executive branch. The NCPD became officially operational in 2009. In reference to legislative access, representatives from DPOs have been asked to work with ministers on parliamentary select committees such as committees on social inclusion and social and state enterprises.[29] Additionally, in 2005 DR movement was given a national advocacy platform to celebrate the International Day of Persons with Disability on December

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[29] Interview with rep. from the GFD national office

5, and more recently, the 23rd of June was declared the National Day of Disability to commemorate the signing of the 2006 PWD Act.

15.2 State Architecture and Elite Alignments

There is a substantial body of literature detailing late colonialism and its impact on creating a cleavage between traditional and state authorities in countries throughout sub-Saharan Africa and on producing capacity and legitimacy problems for African states (Ayitte 1992; Mamdani 1996; Berman 1998; Englebert 2000; Kohli 2004). Englebert (2000: 72) posits that throughout sub-Saharan Africa, "underlying systems of power based on patronage, nepotism, regionalism, and other parallel structures" influences state institutions. Mamdani (1996) argues that this parallel configuration of power has led to the creation of "bifurcated" states throughout much of sub-Saharan Africa which presents an inherent obstacle for a state's capacity to implement policy and creates split allegiances in national polities.

To place the bifurcated nature of socio-political power in Ghana in context, an examination of Ghana's colonial history holds explanatory weight. As Kolhi (2004: 16) asserts, "institutions are social patterns that gel only over time; and once gelled, they often endure beyond the forces that brought them into being." Ghana stands as a testament to this argument. The Portuguese first landed on the Gold Coast in 1470, establishing a trading post on the coast approximately a decade later. Other European powers, including the Danes, Dutch, and British, established a presence along the coast in subsequent decades. By 1902, the British had conquered the Asante region and declared a protectorate over the Northern Territories beyond it (McLaughlin & Owusu-Ansah 1994). Not long after the British consolidated authority in the Gold Coast, they instituted a policy of indirect rule to govern colonial territories, a strategy that the British first developed by "trial and error" in the colony of Natal in 1871 (Mamdani 1996: 62).

Mamdani (1996: 76-77) describes indirect rule as a "form of decentralization that was more cultural than it was territorial" envisaged to construct "institutional forms of control anchored in historical and cultural legitimacy." This system of governance was developed to increase the ground-level efficiency of the colonial administration and to keep the operating costs of colonial extraction at a minimum. Power was vested in native institutions substantively, through the delegation of administrative authority, and symbolically, through the strategic and selective invocation of traditional customs. Mamdani explains that this occurred "through a policy that combined a recognition of existing facts with creative modification and even outright fabrication" (Ibid: 77). In Ghana, colonial administrators codified chieftaincy councils, granting them authority to declare customary law and to distribute funds from the native treasury (Firmin-Sellers 2000: 259).

The first president of Ghana, Kwame Nkrumah, strove to weaken the power of native institutions and consolidate state authority. He had a particularly conflictive relationship with the rulers of the Asante, the most powerful chieftaincy in Ghana. The King of the Asante

boycotted the nation's independence ceremonies in 1957 and decried Nkrumah' inauguration to presidency (Englebert 2000: 18). Despite attempts by President Nkrumah to weaken the power base of native institutions and strengthen the power of the central government, native institutions and chiefs maneuvered and held on to power (Englebert 2000: 102). Customary law was eventually incorporated into the body of Ghanaian statutory law, which "endorse[s] the continued legitimacy of customary claims to land and office" (Berry 2001: xxvii). When disputes involving customary law are arbitrated in court "accounts of 'traditional history' are admissible as evidence" (Ibid). As it stands today, the authority of the chieftaincy is explicitly protected under Chapter 22 of Ghana's 1993 Constitution. At the local (district) level the authority of traditional authorities in a substantive and symbolic sense is most pronounced, particularly in rural areas.

15.3 Elite Allies

Due to the advocacy initiatives of the GFD, the movement has built enduring relationships with many parliamentarians and leaders of the GFD member organizations have gained appreciable access to a cross-section of the country's legislators and political leaders. As was mentioned in the previous section, representatives from DPOs have been asked to sit on parliamentary select committees and constitutional review committees at various times. However, currently there are no disabled national parliamentarians. A representative from the UNDP identities this fact as an explanation for slow progress in the implementation of the 2006 PWD Act:

Going back to the issue of champions, maybe there are not that many champions in government. And I tell you; the best champions are the disabled [persons] themselves. When there are disabled persons in government it changes [things].[30]

To address this, the GFD has placed affirmative action in the allocation of national parliament seats on its advocacy agenda to guarantee that a specified number of seats are reserved for women and persons with disabilities.[31] Ostensibly, this would serve to expand the DR movement's roster of elite allies and enhance regime access and would mark a positive change in the political opportunity structure.

The Ghana Federation of the Disabled found an ally in the Center for Democratic Development (CDD) a research and policy think-tank, one of the country's most prestigious civil society organizations which has been consistently awarded competitive grants from international donors and is esteemed for its research projects and initiatives to promote democratic development in Ghana. In collaboration with the GFD, it has taken up disability

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[30] Interview with rep. from the UNDP
[31] GFD newsletter, November 2010, 5th Edition

issues as part of its policy analysis and advocacy initiatives, and at the time this research project was conducted, the chairman of the CDD was a disabled person.[32]

Leaders within GFD's member organizations have allied with other influential members of Ghanaian society. For example, in recent years the roster of board members for The Ghana Society of the Blind have included prominent business leaders, a high justice in the International Court of Justice, and a paramount chief.[33] Chief Ofori Panin a paramount chief (Okyenhene) in the Eastern Region, is widely considered an ally of the disability rights movement and has provided financial support to various projects undertaken by disabled persons and donated wheelchairs to persons with mobility impairments. Additionally, DPOs in various districts throughout Ghana have allied with local chiefs.

However, some of the movement's most important allies have been extra national. One such organization that has been an enduring ally of the movement in recent years is the Volunteer Service Oversees (VSO), an organization operating out of the United Kingdom that has taken up disability issues in many of its aid programs. The organization has a regional office in Ghana and has assisted various organizations within the GFD and regional disability networks with capacity building initiatives, in some cases providing technical staff to work directly in select DPOs on a volunteer basis for two-year terms. Other non-state international allies include Sight Savers, Census International, and the Sen Foundation.

The movement has also benefitted from the support of bilateral aid agencies. In recent years, the Danish International Development Agency (DANIDA) has embarked on a joint capacity building project with the Ghana Federation of the Disabled to strengthen national DPOs. At the time of this research project, DANIDA was the primary donor to the Federation and its three largest member organizations the GSPD, GAB, and GNAD. Part of DANIDA's capacity building initiative was to link national impairment based DPOs in Denmark with national impairment based DPOs in Ghana to share best practices. The United Nations Development Program (UNDP) has also helped the movement by partnering with organizations in a number of advocacy initiatives, and to an extent, represents an ally among multilateral aid agencies working in the country.

DPOs from around the world have been among the DR Movement's most important allies. From a resource mobilization perspective, this DPO to DPO support is a key to explaining the structure of the movement. McCarthy & Zald (1977: 1225) argue: "regardless of the resources available to potential beneficiary adherents, the larger the amount of resources available to conscience adherents the more likely the development of SMOs and SMIs that respond to the preferences for change."[34] Comparatively, there has been a high-level of

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[32] Interview with rep. from the GFD
[33] Interview with rep. from GAB
[34] Social Movement Organization (SMO) & Social Movement Industry (SMI)

assistance provided by Scandinavian based DPOs such as the Norwegian Association of the Disabled (NAD), Swedish Organization of Disabled International Aid Association (SHIA), DHF in Denmark, and other impairment based DPOs in Scandinavian countries. Bilateral DPO aid dates back to the 1980s, a seminal period in the rise of the global disability rights movement. For example, in 1984 the NAD assisted the Ghana Society of the Physically Disabled to build a vocational training center in Jachie, a significant morale boost for a then fledging DPO.[35] These organizations contributed funds to DPOs in Ghana, assisted with capacity building initiatives, and facilitated frame diffusion to assist DPOs to make advocacy initiatives directed towards the national polity, policymakers, and regime elites more incisive.

15.4 State Capacity

Fukuyama elucidates that state strength involves, "the ability to formulate and carry out policies and enact laws; to administrate effectively and with a minimum of bureaucracy; to control gaff, corruption, and bribery; to maintain a high level of transparency and accountability in government institutions; and […] to enforce laws" (2004: 12). However, the conditions for state capacity constitute more than merely a professional bureaucracy, a sound logistical infrastructure, and adequate operating funds. State capacity includes organizational leadership, institutional norms, and a perception of legitimacy among the polity (Fukuyama 2004; Englebert 2000). From the perspective of a institutional-historical approach to state strength, Atul Kohli asserts that, "among the deeper determinants of a state's political capacities are state ideology and organization […] and the manner in which state power is grafted onto the social structure" (2004: 21).

Using in-depth case studies of state institutions in developing countries Kohli (2004) establishes a taxonomy of 'ideal types' of developing states, among which include *cohesive-capitalis*t, *multi-party fragmented*, and *neopatrimonial* states. He describes neopatrimonial states as those "with weakly centralized and barely legitimate authority structures, personalistic leaders unconstrained by norms or institutions, and bureaucracies of poor quality" (Kohli 2004: 9). Neopatrimonlism acts as a centrifugal force on state power. It leads to the hemorrhaging of state resources and produces perceptions of illegitimacy, both of which undermine state capacity. Though the Ghanaian state is not prototypically neopatrimonial, it does exhibit some neopatrimonial characteristics (Englebert 2000; Tettey et al., 2003). Despite the fact corruption control in Ghana has been improving, there are signs that state institutions in Ghana are still prone to establish clientistic relationships and suffer from the illegitimacy and corruption that they spawn (Tettey et al. 2003). Moreover, state capacity issues can best be viewed as related to the central government's problems with effectively implementing decentralization reforms, structuring rural-urban linkages, and harmonizing local and national authority structures (Ayee 1997; Owusu 2008, 2009;

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[35] The GSPD newsletter

Crawford 2008, 2009). The effects of these capacity issues impact the state's ability to implement disability reforms.

15.4.1 The National Council on Persons with Disability

Henry Seidu Danaa, a leader in the Ghanaian disability community and a prominent lawyer, expressed this view of the 2006 PWD Act: "legislation without education is mere hallucination. When we pass a law and the population is unaware of it what purpose does it serve?"[36] Across the board, leaders from the various DPOs affirmed that a lack of public awareness about the Act constitutes a significant problem with its effective implementation. Many informants identified that this lack of awareness is due, in part, to the weakness of the National Council on Persons with Disability.

The National Council on Persons with Disability was given its mandate under Section 41 of the 2006 PWD Act, and Section 42 (1) states that the responsibility of the NCPD is, "to propose and evolve policies and strategies to enable persons with disability to enter and participate in the mainstream of the national development process." The NCPD is a subsidiary organizational branch of the Ministry of Employment and Social Welfare. Despite its mandate in 2006, the NCPD was not officially operational until 2009. After its inception, the United Nations Development Program provided the NCPD with technical assistance and initial operating funds, in addition to assisting the Council to implement a strategic plan. Additionally, the UNDP provided funds for select staff members to travel to Denmark to work with DPOs and state actors involved with disability policy in Denmark as a tactic to strengthen the NCPD's organizational capacity and facilitate the transference of 'best practices'.[37] As it stands, the NCPD's capacity to administrate state policy on the ground level is limited.

15.4.2 Funding

Most directly, the government's limited capacity to implement disability policy can be attributed to funding and logistical concerns. A representative from the UNDP intimated that state organizations commissioned with implementing disability policy are disadvantaged in regards to access to state resources:

The only thing is funding. The funds. And then with the tall list of priorities, issues of disability are [down] on the list. So what I'm saying is that the government is interested in supporting persons with disability and the disability rights movement. The Council for

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[36] Interview with Dr. Henry Seidu Danaa in the GFD newsletter, Nov. 2010, 5th Ed., pg. 5
[37] Interview with rep. from the UNDP

example. But, from where I sit, the priority is not persons with disability, immediately. There's health, there's education, that were talking about, so.[38]

Though the salaries for employees of the NCPD have been approved by parliament, state resources allocated to the organization are otherwise limited. An employee of the NCPD also asserted that the Council lacks the adequate office space to operate at maximum efficiency. As it stands, the Council lacks the resources to develop the institutional infrastructure specified in the act, such as disability employment assistive services throughout the country.

However, attributing the State's limited capacity to implement the provisions of the 2006 PWD Act to a lack of funds is simplistic. State priorities, and the consequent allocation of funding, are rooted in state architecture and ideology, a classic political-economy argument. As Oliver (1990: 24) argues the "ideology underpinning (a) distribution process" is especially pertinent when it comes to the share of resources disabled persons receive, and when resources are scarce the effects of the ideology behind redistribution is most pronounced. Despite this, the movement has made headway and continues to put pressure on the state to allocate funds to advance the rights of disabled persons.

15.4.3 Organizational Leadership

The consensus among informants from the DPOs indicates a high level of willingness to collaborate with the NCPD. Some within the movement have questioned if the Chairman of the NCPD, Andrew Okaikoi, was appointed as a result of his family ties with the Minister of Information at that time.[39] One informant expressed views that imply perceptions of illegitimacy:

This government came and just put new people in and inaugurated [the NCPD]. And as far as I'm concerned not all the people are sensitive to disability issues, like the chairman. And that's a personal view. The Chairman himself. He has no background in disability issues.

The same informant expressed this view as an explanation of the prolonged absence of a legislative instrument to make the 2006 PWD more uniformly enforceable:

I also think that even though the Executive Chairman is a person with a disability that doesn't necessarily mean he knows what to do. Yeah, so he is probably not, what's the word, he doesn't know how to push this through. It's not, as far as I can see, so much a priority for him, even though he is the National Council Chairman.[40]

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[38] Interview with rep. from the UNDP
[39] Interview with the NCPD Chairman in the GSPD newsletter, Sept. 2009, pg. 3
[40] Interview with an anonymous DPO rep.

One informant implicated "personality problems between the Chairman and the Executive Secretary" as a factor producing organizational capacity entropy in the NCPD.[41] Notwithstanding this supposition, most informants from the DPOs, the informant from the UNDP, and the informant from the NCPD itself attributed suboptimal leadership in the NCPD to the fact that it is a newly formed department that is still in a formative stage.

15.4.4 Legislative Instrument

Informants from the DPOs categorically emphasized that the implementation of the 2006 PWD Act has been limited due its legislative ambiguity, meaning it fails to explicitly outline provisions in a legally actionable manner. For example, informants cited that the Act grants state tax incentives to private corporations that employ persons with disability, but it fails to specify the percentage and the substantive mechanism of bestowal. Informants from the DPOs asserted the creation and implementation of a "legislative instrument" to administratively vivify the 2006 PWD is on the top of their advocacy agenda.[42] When asked about this, a representative from the Council asserted that a legislative instrument has been created and should be up for a parliamentary vote before the end of the year.[43]

15.4.5 The District Assemblies Common Fund and Assistance to Disabled Persons

In 1988, Ghana was divided into District Assemblies under the provisions of PNDC Law 207 as a means to decentralize state power, enhance local governance, and promote rural development. The devolution of state power to the District Assemblies was reaffirmed in Local Government Act of 1993. However, the substantive mechanisms of and guidelines for the executive power of the District Assemblies remained ambiguous. The Local Government Service Act was passed in 2004 as an attempt to proceed with the reforms to further decentralization.

The Local Government Act of 1993 mandates that the allocation of "not less than five percent of the total revenues of Ghana to the District Assemblies for development; and the amount shall be paid into District Assemblies Common Fund in quarterly installments".[44] Officials at the District Assemblies level are given the authority to distribute funds in accordance with the guidelines provided by state law. In recent years, as part of the country's disability policy the national government mandated that two percent of the District Assemblies Common Fund be dispersed to assist disabled persons. However, in many of the Districts the distribution of this two percent has occurred in an inconsistent, clientistic manner, or in some cases not at all.

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[41] Interview with an anonymous DPO rep.
[42] Multiple interviews with DPO reps.
[43] Interview with rep. from the NCDP
[44] Chapter 20, Section 252 (2), constitution of the Republic of Ghana, 1993

This was due, in part, to the lack of clear guidelines and monitoring channels for dispersal.[45] The Ghana Federation of the Disabled, in tandem with its partners, collaborated with the National Council on Persons with Disability to construct the Guidelines for the Disbursement and Management of The District Assemblies Common Fund for Persons with Disability, issued in January of 2010.

According to these 2010 guidelines, two percent of the District Assemblies Common Fund is to be used for:

- Advocacy and awareness raising on the rights and responsibilities of PWDs
- Strengthening of OPWDs (organizational development)
- Training in employable skills and apprenticeships
- Income generation activities
- Educational support for children students, and trainees with disability
- Provision of technical aids, assistive devices, equipment, and registration with NIHS[46]

The manual also establishes guidelines for the composition of the Fund Management Committee in each district, which includes a district representative from the NCPD and the GFD.[47] Both private individuals and organizations can access funds contingent on a proposal that is approved by the Fund Management Committee. The two percent of the Common Fund is to be deducted at source and placed into a special account for disabled persons. Presently, many districts have yet establish this account and distribute funds in compliance with these guidelines. Both representative from the GFD and the NCPD stated that pursing this initiative is a high organizational priority.

15.4.6 National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) was inaugurated in 2005. In 2007, approximately 6 million people were registered under NHIS; however, there have been a number of administrative and logistical obstacles that have limited access to the benefits it provides. For instance, in 2007 only one-third of those registered under the NHIS had been issued an identity card that would grant them access to services (UNDP 2007). Many of the services that are beneficial to disabled persons, such as rehabilitation services or assistive devices, are not covered under the NHIS, and only disabled persons, or their families, who are officially recognized as impoverished are exempt from paying the insurance premium and user fees (Slikker 2009: 20).

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[45] Interview with representative of the GFD

[46] Guidelines for the Disbursement and Management of the District Assembly Common Fund for Persons with Disability, Section 5

[47] Ibid, Section 4

The informant from Share Care Ghana, identified the limited capacity of the NHIS as a major barrier facing members of the organization given that many organizational members are in need of specialized rehabilitation services, costly prescriptions, and in-home care. She also stated that many of the conditions facing members of her organization are not explicitly covered under the NHIS and that diagnostic services throughout the country are very limited.[48]

16. The Case for Bivalent Political Opportunity Structure Model

The role traditional intuitions should play in Ghanaian society has been a point of contention since Ghana's independence and remains a hotly contested issue with. Notwithstanding this fact, in present day Ghana, the chieftaincy holds a considerable amount of power. In Ghana, traditional authorities hold power both in a substantive political sense and in a symbolic cultural sense.

Harneit-Sievers (1998: 57) argues that institutions of traditional authority in Africa should be "understood not only, and not even primarily, as belonging to a pre-modern, precapitalist past; but rather as institutions which have either (been) adapted to the contemporary socio-political setting, or even have been specifically created for or by it." To use realist terminology, the chieftaincy in Ghana is an emergent property. It is not an unadulterated remnant from Ghana's ancient past, nor is it the outright creation of colonial powers or opportunistic elites. It is a hybrid institution that is a complex mixture of 'modern' and 'traditional' forms of power that has developed out of a number of historically specific processes (Firmin-Sellers 2000; Berry 2001; Boafo-Arthur 2003). The current level of power and sphere of autonomy granted to the institution of chieftaincy was codified in chapter 22 of the Constitution of the Fourth Republic enacted in 1993.

Chapter 22, Article 270 (1) of the Constitution of the Republic of Ghana reads:

> The institution of chieftaincy, together with its traditional councils as established by customary law and usage, is hereby guaranteed. (2) Parliament shall have no power to enact any law which (a) confers on any person or authority the right to accord or withdraw recognition to or from a chief for any purpose whatsoever; or (b) in any way detracts or derogates from the honor and dignity of the institution of chieftaincy[49].

The Ministry of Chieftaincy and Culture was established in 1993 under the provisions of a Civil Service Law to protect the relative autonomy granted to the chieftaincy.[50] Among other powers, the chieftaincy has considerable authority over the administration and distribution of

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[48] Interview with rep. from Share Care Ghana
[49] Constitution of the Republic of Ghana, 1993
[50] PNDC Law 327, Republic of Ghana statutory code

land throughout Ghana. This authority has roots in the country's pre-colonial past and was concretized during colonial rule. Traditionally, one of the duties of the paramount chief was to administrate stool lands and attract migrant laborers to settle and work the land. In exchange for land privileges, laborers paid tribute to the chiefs (Firmin-Sellers 2000: 258). During British colonial rule, chiefs were formally vested with the legal authority to oversee land allocation and hold land in trust for the community, a system of land trusteeship that has endured (Berry 2001). To this day, in many parts of Ghana, the chieftaincy is a communal locus of capital diffusion. They act as sentinels of regional and local development, particularly in remote areas, and "development becomes stalled in the areas where there are no substantive chiefs or there are protracted chieftaincy disputes" (Awuah-Nyamekye 2009: 9).

16.1 Bivalent Movement Strategies

The DR movement in Ghana operates in a bivalent manner, meaning organizations focus efforts on gaining concessions both from the state and from traditional authorities. An informant expressed a view conceptualizing the state and chieftaincy as two distinct, but equally important, arenas of contestation:

Civil society alone cannot work. So at the end of the day, it is the government administration that will carry the day. Also, at the end of the day it is the chiefs, [...] the traditional opinion leaders that will carry the day. So we make sure to involve them.[51]

Informants from the DPOs almost categorically affirmed that chiefs play a pivotal role in influencing the opportunity structures for disabled persons at the local and regional level and in determining the outcome of DPO projects. One informant expressed:

In Ghana, chiefs are the fathers of the communities in which they rule, so a chief's attitude towards something can influence an entire community. In the Northern Region for example, in the Northern parts of Ghana where we have our rural projects and things, before we go into any community, we set up what we call a community representation committee and the chief is always part of that. Because, if the chief accepts the concept and accepts the people, there is no way that the people will oppose it. From that angle, he is able to even influence their outlook. Influence the way they accept people.[52]

When a high-level chief was asked about the role traditional authority institutions play in sanctioning the projects of the DPOs he stated that according to tradition, chiefs are compelled to be involved in the activities of the community and must be convinced that a

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[51] Interview with rep. from the GFD
[52] Interview with rep. from GAB

particular initiative is in the community's interests before they grant approval[53]. He intimated that chiefs play an important role in improving the life prospects of disabled persons and the success rate of DPO projects on the local level due to the fact that chiefs have dense networks of connections, the authority to grant access to land, and the socio-cultural leverage to change public attitudes about disability.

Another informant describes that engaging the chiefs before undertaking a local project is mandatory:

In every district there are chiefs there. You can't go to somebody's territory and start working without the involvement of the chiefs. You have to first get in contact with the chiefs and other opinion leaders. Announce our presence, the reason why we have come, and all other necessary information we will give them. And then we ask for their support in the project. [54]

16.2 Contestation and Traditional Authority Opportunity Structures

Though informants overwhelmingly agreed that chiefs play an important role in affecting the opportunity structures of disabled persons, some were ambivalent about whether the role traditional leaders play is positive or negative. One informant expressed that it is an institution that has traditionally been opposed to disabled persons and has concretized many of the negative attitudes that disabled persons face. He expressed doubts that traditional rulers could act as enduring allies of the movement given the historical precedent of native institutions and their inhumane treatment of persons with impairment.[55] One representative from a DPO claimed that he was personally aware of chiefs who hired persons with cognitive impairment to do menial tasks around the village as a form of amusement.[56] Many of the informants alluded to the exclusionary nature of traditional customs, citing the fact that in many areas in Ghana, disabled persons are barred from serving as chiefs. Even lower level chieftaincies, such as family heads, are denied to disabled persons regardless of whether they have a legitimate claim to occupy the office under local customs.[57] Despite this fact, DPOs actively seek to gain allies among chiefs, to gain concessions from traditional authorities, and to transform chieftaincy opportunity structures.

A leader in the Ghana Association of the Blind recounted examples illustrating that chieftaincy opportunity structures are dynamic:

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[53] Interview with chief from the Eastern Region
[54] Interview with rep. from the GFD
[55] Interview with rep. from the NCPD
[56] Interview with anonymous DPO rep.
[57] Interview with reps. from the GFD, GAB, the GSPD National Office, and the GSPD Greater Accra District

One of those [income generating] projects we went into the community and the chiefs initially were very cold, but at the end of the project they came around to accept the situation and even one of the queen mothers, or what you call the female traditional ruler, she joined the association. Because she joined the association, anything the people wanted in that community they get it. In our Northern districts, for example, when we are doing farming projects, we tell the chief we want the land. And because, he is the chief, if he gives us the land we need, he'll give us as much as we want. And people see it and say "so the blind can farm". We have the chiefs' support there.[58]

Many of the chieftaincies in Ghana are highly organized traditional governing institutions that have their own dynamic opportunity structures. For example, Akan states were (are) organized hierarchically and included village chiefs or lineage heads (*Adikro*), divisional chiefs (*Ahene*), and paramount chiefs (*Omonhene*), and these chiefs interact based on the pretext of a complex system of customs and traditions. According to custom, Akan chiefs are not permitted to act unilaterally. Instead, decisions are to made based on the consensus of traditional councils. Among the Akan, chieftaincy institutions have a system of checks and balances that limits the authority of paramount chiefs and establishes a procedure for destoolment when there is sufficient cause (Owusu-Ansah 1994; Bamfo 2000). Though governing structures vary between ethnic states, debates over customary law, alliances between chiefs, ad hoc traditional council assemblies, and disputes over rightful claims to authority, overwhelmingly via peaceful and institutional means, are common occurrences in chieftaincies throughout Ghana (Bamfo 2000; Boafo-Arthur 2003). Chieftaincy institutions are organized, operate on a discrete set of political logics, and in many cases have institutionalized channels of contestation that makes them dynamic and susceptible to change that originates from the constituency level.

A representative from the Ghana Federation of the Disabled national office detailed that chiefs are responsive to changes in the political context and can be influenced by political discourse and movement framing. He recounted a strategy used by the Federation in regards to its interaction with chiefs:

We let them know that persons with disability in that district are their subjects, they're human beings with human rights like all other persons and that they should be interested in their issues as they should all other peoples' issues. Now we also make them aware of legislation that is in existence protecting human rights generally and protecting people with disability in particular.[59]

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[58] Interview with rep. from GAB
[59] Interview with rep. from the GFD

16.3 The Chieftaincy and the Politics of Emotions

In addition to chiefs being seen as the traditional locus of governing authority, they are also revered as spiritual leaders who perform religious rites and act as an intermediary between spiritual forces and the community (Awuah-Nyamekye 2009). Many of the informants asserted that traditional rulers were key to breaking down the oppression that arises from the cosmological model of disability. As an example, when a representative from GNAD was asked about the role chiefs play in effecting movement outcomes he said:

It is very, very important. It is very, very relevant. Because in Africa and in Ghana they are the custodians of our culture [...] And much of the discrimination dealing with disability has to do with beliefs [...] Many people think that [...] disability has a spiritual cause. So if you were to eliminate this perception, then you need the spiritualists or the custodians of the spiritual beliefs, those who are in that realm. You have to engage them, as it were.

One informant remarked that though an increase in formal education would lead to the improvement of cultural attitudes towards disabled persons, traditional authorities were best positioned to impact the politics of emotions in rural areas. He asserted:

Attitude change is not just about what people know, more importantly it's about how they feel about what they know that makes a difference. So traditional rulers play a big part in how persons with disability are treated.[60]

16.4 Bivalent Opportunity Structures: A Strategy for Synergistic Analysis

It would be reductionist to relegate the impact of traditional authority structures to a reified realm of 'culture'. In a very real sense, chieftaincy institutions in Ghana are political. Traditional authority structures can, and should, be systematically analyzed using a opportunity structure model to fully account for variations in movement outcomes at the sub-national level. Ostensibly, a political opportunity structure model could be amended and applied to the domain of chieftaincy governing institutions with the possibility of garnering insightful analysis. Only when state and traditional spheres of political authority are analyzed as relatively distinct realms can the overlap between the two on the ground level be fully understood. This strategy could be used not only for comparative analysis of movement mobilization and outcomes at the regional and local level but could also be used as a strategy for national level case studies of DR movements with similar bivalent political architecture.

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[60] Interview with rep. from the NCPD

18. Crystalizing Discussion

There is a viable and influential DR movement in Ghana. Events at the national level, to a limited extent starting in the 1990s and to a greater extent from 2000 onwards, indicate that the central government has become increasingly responsive to issues surrounding disability rights. As was mentioned, the 1993 Constitution included a section on disability rights, the executive branch issued a policy paper on its disability policy in 2000, the Ghana Poverty Reduction Strategy Paper I (GPRS I) 2003-2005 and the Ghana Poverty Reduction Strategy Paper II (GPRS II) 2006-2009 both included provisions for disabled persons. Most importantly, the Persons with Disability Act was passed in 2006, and the government signed the United Nations Convention on the Rights of Persons with Disability in 2007.[61]

First of all, the advocacy initiatives of the Ghana Federation of the Disabled and its member organizations have over time, raised the public's awareness of disability issues and shaped disability rights into a viable electoral issue that politicians could utilize to project a socially progressive public image and gain political support. Overt neglect of disability issues has increasingly come to constitute a political transgression. The formation of the GFD in 1987 was a strategic move on the part of DPOs to join forces and create an organization whose primary objective is to advocate for disability rights and exert pressure on institutions to take action on disability issues. Undoubtedly, the formation of the Ghana Federation of the Disabled signaled a point of critical mass in the emergence of the national disability rights movement. The Ghana Federation of the Disabled since its formation has effectively aggregated the interests of disparate impairment based groups and presented a unified disability front, and has, through persistent, concerted advocacy initiatives, strategic networking, and collective action, greatly enhanced the political saliency of disability issues in Ghana. In addition to this, the Federation, through its member organizations, has created free spaces throughout the country that have been the driving force behind producing "cognitive liberation"[62] and establishing an "oppositional consciousness"[63] among disabled persons. The Federation is represented through its member organizations in all ten of the country's regions, and its geographical penetration has led to the diffusion of a DR movement network and produced pockets of contestation throughout Ghana, in addition to creating opportunities for the economic empowerment of disabled persons.

In addition to this, changes in international political opportunity structures that began in the 1980s led to the incremental solidification of an international disability rights regime that utilized international governing institutions to establish international disability rights norms. Ghana's disability rights movement has reaped the benefits of the emergence of a disability rights transnational advocacy network in the form of the symbolic legitimization of their

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[61] The government has yet to ratify the treaty
[62] McAdam 1982
[63] Mansbridge & Morris 2001

activities through the diffusion of a disability rights frame, an increase in political leverage caused by the international victories (e.g., WPA 1983, UNCRPD 2006) won by the transnational disability rights movement, and in substantive support provided by INGOs and bilateral (i.e. North-DPO to South-DPO) support. The support from international allies (both INGOs and DPOs acting bilaterally), especially starting in the 1980s onwards, helped strengthen indigenous DPOs and solidify the movement as a formidable political contingency. This is important because most aid to disabled persons is distributed to and channeled through charity organizations. Bilateral support from DPOs was key because it acted to channel resources directly to "conscience adherents"[64] and vanguards in the DR movement who sought deeper political change and were committed to the principles of disability rights and social justice.

Thirdly, the rise of the DR movement in Ghana cannot be separated from the overall trend towards consolidated democracy and political stability in the country. In an environment of political unrest or endemic state repression, the likelihood of a strong, organized disability rights movement emerging is negligible. The reinstatement of democratic elections from 1992 onwards and the inauguration of the constitution of the Fourth Republic in 1993 marked a key transition point in the country's political history. Increasing competitive elections in the Fourth Republic due to the enhancement of electoral norms created opportunities for new issues to appear on public agenda. Issues that were once considered to be peripheral have incrementally emerged as a source of political leverage for candidates.

The period leading up to 2000 marked a turning point in which disability issues became increasingly salient in Ghana's electoral politics.[65] First of all, disabled persons began contesting in and winning municipal and district level elections in places like Ahafo Ano South in the Ashanti Region, which acted to mobilize disabled persons and helped bring disability issues to a more central position on the political map.[66] Disabled candidates ran in local elections in the 2000, 2004, and 2008 elections. Though the number of disabled candidates that ran in elections was comparatively small, it acted to raise awareness of disability issues and signified the galvanization of a viable political contingency. Given that Ghana's political system is divided into single member districts and elections in the Fourth Republic were becoming increasingly competitive, to neglect to take reconciliatory stances on disability issues would place a candidate vulnerable to attack from the opposition and weaken their chances for electoral success, particularly in national elections. The GFD incessantly advocated for disability civil rights legislation. In the words of one informant: "the [Federation] used every platform available to talk about this bill. They should be commended for seeing it through."[67] This coupled with changes in the international

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[64] McCarthy & Zald 1977
[65] Interview with rep. from the GSPD
[66] Interview with rep. from the GSPD
[67] Interview with rep. from Share Care Ghana

opportunity structure helps explain the passage of the 2006 PWD Act and the signing of UNCRPD in 2007.

Despite recent victories, issues of state capacity, limited public awareness, and resource allocation have acted as barriers to the implementation of the act. The DR movement has focused efforts on the passage of a legislative instrument to make the provisions of the PWD Act more explicitly actionable, on influencing the government to ratify the UNCRPD treaty, and on collaborating with the NCPD to normalize the dispersal of financial support to disabled persons at the district level through the District Assemblies Common Fund. For disabled persons in rural areas, it seems that immediate gains, most directly, are made by DPO led initiatives to produce economic empowerment and to effect positive changes in traditional authority opportunity structures.

18. Conclusion

The DR movement has emerged in Ghana as the result of the confluence of both endogenous and exogenous forces. The emergence of the transnational DR movement in the 1980s has led, overtime, to a succession of victories that have significantly changed international political opportunity structures, provided the contours of an international DR regime, and generated global discourse to promote DR norms. Support from DR transnational advocacy networks—both materially and symbolically—beginning in the 1980s has strengthened the nascent DR movement in Ghana, facilitated the diffusion of a DR frame, and improved the capacity of DPOs.

The indigenous DR movement in Ghana is highly organized and has appreciable reach in many areas throughout the country. This is explainable, in part, due to the historical-contextual factors that have facilitated the organizational development of and networking among DPOs. In Ghana's disability community it appears that impairment-based movement divisions are minimal, and there is an ostensible willingness to embrace, particularly movement leaders, a trans-impairment disability identity. DPOs within the Ghana Federation of the Disabled, through their district level activities and economic empowerment initiatives, have created free spaces for the creation of a counterhegemonic consciousness and have facilitated the spread of the DR movement geographically. Additionally, the movement operates in a bivalent manner, seeking to gain concessions both from the state and from traditional authorities. DPO initiatives targeted to change traditional authority opportunity structures are particularly important for disabled persons in rural areas in order to enhance access to resources and to change socio-cultural attitudes.

From the 1980s onwards, the DR movement has gained momentum, and key victories have been won in the 2000s. However, a new set of challenges have arisen concomitant with these victories, most of which are directly related to the state's capacity to implement the reforms of the 2006 PWD Act, raise public awareness of disability rights, and distribute state resources to substantively equalize opportunities and yield economic empowerment for disabled persons. In addition to this, the Federation and its member organizations continue to

face challenges obtaining consistent sources of funding to support organizational operations and projects. This acts as an obstacle for DPOs within the Federation to provide member services and thereby recruit and retain new members. Despite these challenges, according to the curvilinear model of social movement protest that is a staple of Political Process Theory, it is likely that collective action and participant recruitment will increase in upcoming years, thus ensuring the continuation and diffusion of the DR movement in Ghana.

Executive Summary

There is a viable and influential DR movement in Ghana. Events at the national level, to a limited extent starting in the 1990s and to a greater extent from 2000 onwards, indicate that the central government has become increasingly responsive to issues surrounding disability rights. The country's 1993 Constitution included a section on disability rights, the executive branch issued a policy paper on its disability policy in 2000, the Ghana Poverty Reduction Strategy Paper I (GPRS I) 2003-2005 and the Ghana Poverty Reduction Strategy Paper II (GPRS II) 2006-2009 both included provisions for disabled persons. Most importantly, the Persons with Disability Act was passed in 2006, and the government signed the United Nations Convention on the Rights of Persons with Disability in 2007.[68]

The disability rights movement has emerged in Ghana as the result of the confluence of both endogenous and exogenous forces. The emergence of a transnational disability rights movement in the 1980s has led, overtime, to a succession of victories that have significantly changed international political opportunity structures, provided the contours of an international DR regime, and generated global discourse to promote DR norms. Support from disability rights transnational advocacy networks—both materially and symbolically— beginning in the 1980s has strengthened the nascent DR movement in Ghana, facilitated the diffusion of a disability rights frame, and improved the capacity of DPOs. Bilateral support from DPOs was key because it acted to channel resources directly to "conscience adherents"[69] and vanguards in the DR movement who sought deeper political change and were committed to the principles of disability rights and social justice.

The indigenous DR movement in Ghana is highly organized and has appreciable reach in many areas throughout the country. This is explainable, in part, due to the historical-contextual factors that have facilitated the organizational development of and networking among DPOs. In Ghana's disability community it appears that impairment-based divisions are minimal, and there is an ostensible willingness to embrace, particularly movement leaders, a trans-impairment disability identity. DPOs within the Ghana Federation of the Disabled through their district level activities and economic empowerment initiatives have created free spaces for the creation of a counterhegemonic consciousness and have facilitated the spread of the DR movement geographically. Additionally, the movement operates in a bivalent manner, seeking to gain concessions both from the state and from traditional authorities. DPO initiatives targeted to change traditional authority opportunity structures are particularly important for disabled persons in rural areas in order to enhance access to resources and to change socio-cultural attitudes.

A new set of challenges have arisen concomitant with recent movement victories, most of which are directly related to the state's capacity to implement the reforms of the 2006 PWD

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[68] The government has yet to ratify the treaty
[69] McCarthy & Zald 1977

Act, raise public awareness of disability rights, and distribute state resources to substantively equalize opportunities and yield economic empowerment for disabled persons. In addition to this, the Federation and its member organizations continue to face challenges obtaining consistent sources of funding to support organizational operations and projects. This acts as an obstacle for DPOs within the Federation to provide member services and thereby recruit and retain new members. Despite these challenges, according to the curvilinear model of social movement protest that is a staple of Political Process Theory, it is likely that collective action and participant recruitment will increase in upcoming years, thus ensuring the continuation and diffusion of the DR movement in Ghana.

Appendix A: This is a thematic guide to the semi-structured interviews. The guide is categorized into primary questions and potential follow-up questions. Questions were amended, modified semantically, or omitted depending on who was being interviewed and the context and natural progression of the interview.

I. What are the primary challenges that disabled persons in Ghana face?

      1. What is the nature of social attitudes towards disabled individuals?

      2. For those with severe impairments in need of care, what challenges do caregivers face?

II. What are the objectives of the DR movement in Ghana?

III. What motivated you to become personally involved in the DR movement?

      1. How have your life experiences affected your level of commitment?

IV. How unified is the movement?

      1. Are there disputes between the different impairment based DPOs?

      2. Is there a hierarchy among impairment groups?

      3. Is there competition among organizations for funding?

V. Who would you consider some of your main allies?

      1. With whom do you regularly network?

2. Which NGOs/INGOs/IGOs do you relate with most intensively?

      3. Where do you get your funding?

VI. How has the socio-political landscape changed as a result of the movement's activities?

      1. What events led up to passage of the Persons with Disability Act in 2006?

      2. Has much changed since the Persons with Disability Act was signed?

VII. How do you mobilize and recruit members for your organization?

      1. How do you mobilize constituencies in rural areas?

VIII. How would you assess the state's capacity to implement the reforms of the Persons with Disability Act?

1. What is the status on the formation of the National Council on Persons with Disabilities?

2. Is the government on track to implement the reforms of the act?

Interviews

1-4-2011: Representative from the Ghana Association of the Blind National Office

1-4-2011: Representative from the Ghana Federation of the Physically Disabled National Office

5-4-2011: Representative from the Ghana Society of the Physically Disabled Greater Accra District Chapter, #1

5-4-2011: Representative from the Ghana Society of the Disabled Greater Accra District Chapter, #2

10-4-2011: Representative from the Ghana National Association of the Deaf

15-4-2011: Paramount Chief of the Eastern Region

16-4-2011: Representative from the United Nations Development Programme Ghana Office

18-4-2011: Representative from the National Council on Persons with Disability

20-4-2011: Representative from the Ghana Society of the Physically Disabled Teshie-Nungua District

21-4-2011: Representative from the Ghana Society of the Physically Disabled National Office

21-4-2011: Representative from the Parents Association of Children with Intellectual Disability

21-4-2011: Representative from Share Care Ghana

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