

CALIFORNIA BAPTIST UNIVERSITY

Riverside, California

An Analysis of Policy Implementation: A Case of Children With Developmental
Disabilities in Zambia

A Dissertation Submitted in partial fulfillment of the
Requirements for the degree
Doctor of Public Administration

Inonge Nalishuwa Lifanu

Division of Online and Professional Studies
Department of Public Administration

October 2021

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This dissertation written by

Inonge Nalishuwa Lifanu

has been approved by the

The Division of Online and Professional Studies at California Baptist University

in partial fulfillment of the requirements

for the degree Doctor of Public Administration

Ogbochi McKinney, DrPH, Committee Chair

Elaine Ahumada, D.P.A, Committee Member

Adrian Stevens, D.P.A, Committee Member

ABSTRACT

Background. In Zambia, individuals with disabilities and their families rely heavily on governmental services, policies, and programs. Individuals with disabilities in Zambia have limited access to services that could help them reach their full potential.

Consequently, several important policies with good intentions are adopted but not successfully implemented. The Zambian government formulated the National Policy on Disability to address disability issues and empower individuals with disabilities.

Purpose. The reason for this study was to explore disability policy implementation by analyzing cases of children with developmental disabilities through the lens of service providers and policymakers. This qualitative study aimed to examine the Zambian disability policy implementation and evaluate its outcomes.

Methods. Policy implementation processes were evaluated using the policy streams theoretical framework. Semistructured interviews were utilized to draw the perceptions of parents and guardians of children with developmental disabilities, policymakers, and service providers. Data were analyzed using NVivo, a qualitative data analysis computer program, to discover the emerging themes.

Results. The national policy on disability has negatively affected the quality of services for children with developmental disabilities in Zambia. The findings reveal that although the policy was well formulated, it failed in its implementation because of gaps in service provision and access to services.

Conclusion. The results of this study indicate areas of improvement for policy implementation, such as ensuring accessibility of services, community sensitization to promote awareness, political will, and capacity. Collaboration among the three policy

groups also emerged as a key component of policy implementation success. When the three policy streams come together and a window of opportunity appears, there is a better chance that the policy would be successfully implemented.

Keywords: *policy implementation, disability, developmental disability, disability services*

ACKNOWLEDGEMENTS

I want to acknowledge God Almighty for the strength to endure the doctoral journey. I am grateful to my chair, Dr. McKinney, for the guidance, commitment, and dedication throughout the dissertation process. I am also thankful to Dr. Ahumada and Dr. Stevens for being part of my committee, for their time, commitment and support. I also thank my friends and family for their support and encouraging words. I extend my most profound appreciation to my husband and children for their support and understanding.

DEDICATION

This dissertation is dedicated to my late mum, who encouraged me to begin this doctoral journey even when I was not sure I was ready. Her passing, with time, turned into a motivation to continue and complete the process. I also dedicate this dissertation to my family, my husband, and my children. This hard work is for you.

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CHAPTER 1: INTRODUCTION

A public policy acts as a guide for organizations to direct programs and services targeted at addressing public problems. Consequently, policy decisions made by people in power affect nearly every aspect of daily life. Through public policy, public administrators create platforms for analyzing and resolving service issues. Families rely on institutional solutions provided through public policy to participate socially. However, several necessary policies are adopted yet not implemented successfully. The Zambian government enacted the first disability policy in 1996.

The Zambian government formulated the Draft National Policy on Disability to address disability issues and empower individuals with disabilities through service delivery (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). The National Policy on Disability's goal is to enable individuals with disabilities to address their needs (Republic of Zambia, Ministry of Community Development and Social Services, 2015). The Zambian government wants to provide programs and services to help individuals with disabilities live independently to achieve this goal. The Ministry of Community Development and Social Services, formally known as the Ministry of Community Development, Mother and Child Health, formulates disability policy and oversees issues concerning people with disabilities. According to the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012), disability services include access to formal and nonformal education skills training, welfare assistance and empowerment schemes, access to quality healthcare, affordable essential social services, mobility and assistive devices, therapy, disability allowance, and public housing programs. For this study, the goal was to

evaluate disability policy implementation practices and the quality of services provided to children with developmental disabilities and their families. This research aimed to discover perceptions and experiences, evaluate policy interpretations, and reveal outcomes of individuals and families receiving services covered through the government policy environment.

Although the definition of disability encompasses all types of disabilities, and while some of the services are central to the various types of disabilities, the focus of this study was mainly on developmental disabilities. There are no sufficient data on the prevalence of developmental disabilities in Zambia. Zambia has been using the World Health Organization's (WHO) estimate of 1.3 million persons with disabilities, which is equivalent to approximately 10% of the population (WHO, 2011). According to the Central Statistical Office (2012), the census of population and housing of 2010 indicated that 2% of the Zambian population had a disability, including 0.4% of children aged 0–14 years. The census measured disability using a primarily medical definition, focusing on severe disability, and similar questionnaires for adults and children (Central Statistical Office, 2012).

Background

Zambia is a landlocked country in southern Africa. Zambia is a developing nation with 13.5 million people (Central Statistical Office, 2012). The Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012) conducted a national disability survey that indicated a 10.9% prevalence of disability among adults aged 18 and above and a 4.4% prevalence of disability among children between the ages of 2 to 17 years in Zambia (Central Statistical

Office, 2012; Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). The survey revealed 956,006 households with disabled individuals in Zambia, with most of these households located in rural areas. According to the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012), Zambia tends to generalize regarding disability, which has affected programs toward the inclusion of children and adults with disabilities.

Legislation on persons with disabilities dates to the preindependence period. After independence, the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) indicated that government intervention became more pronounced by enacting laws addressing disability issues. The government administered all types of disabilities under the Handicapped Persons Act of 1968 (Disability Rights Education and Defense Fund, 1968). The Handicapped Persons Act facilitated establishing the Zambia Council for the Handicapped (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). Furthermore, according to the Ministry of Community Development, Mother and Child Health, the government established the Vocational Rehabilitation Centre in 1977 to provide rehabilitation and skills training to persons with disabilities, followed by the Persons with Disabilities Act (Disability Rights Education and Defense Fund, 1996). The Persons with Disabilities Act aimed to eliminate all forms of discrimination because of disability and regulated programs for persons with disabilities. Following the Persons with Disabilities Act, the Zambia Agency for Persons with Disabilities was established. The purpose of the Zambia Agency for Persons with Disabilities was to plan, promote, and administer services to persons with disabilities. Disability issues in Zambia fall under the Ministry

of Community Development and Social Services, formally known as the Ministry of Community Development, Mother and Child Health. The ministry formulates policy for people with disabilities. The Zambia Agency for Persons with Disabilities coordinates the National Policy on Disability implementation and acts as an advisory body to the ministry. The Constitution of Zambia Bill included disability in several articles articulating specific disability issues (Republic of Zambia, 2010). The constitution prohibits discrimination against any person or persons with disabilities (Republic of Zambia, 1996). The Constitution of Zambia Bill 200 stipulated that persons with disabilities are entitled to enjoy all the rights and freedoms equally and prohibited discrimination (Republic of Zambia, 2010). The Constitution of Zambia Bill 200 also assured people with disabilities that the state would recognize, protect, and promote their human rights and interests.

In Zambia, people with disabilities lag in most sectors because of cultural influences, social and systematic discrimination, and attitudinal barriers. The government of Zambia has participated in the formulation of international and continental policy documents on persons with disabilities to address the gaps between persons without disabilities and persons with disabilities. It is the prerogative of all persons with disabilities to benefit from all the rights and freedoms set out in the Zambian constitution, in the Persons with Disabilities Act No. 6 of 2012 (Parliament of Zambia, 2012), and any other relevant disability policy documents.

The issue of disability in Zambia is a problem that has been going on for several years without tangible solutions. According to the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012), the country has inadequately

responded to the challenges faced by persons with disabilities from as far back as preindependence. The Ministry of Community Development, Mother and Child Health claimed that traditionally, Zambian communities perceive developmental disability as a misfortune or punishment in the family caused by ancestral spirits and witchcraft. Because of the misconceptions and myths, persons with developmental disabilities tend to feel isolated. The children with disabilities and their families depend highly on public policy for access to disability services.

Disability in Zambia has not been a high priority in national planning and development, thereby affecting the welfare of persons with disabilities (Bedding et al., 2013). In developing countries, history has shown that research and statistics are needed to create and implement policies to reduce poverty and foster inclusive societies for people with disabilities (Central Statistical Office, 2012; Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). Central Statistical Office (2012) acknowledged its limitation in providing comprehensive statistics on disability, ensuring that people with disabilities participate in national planning and development. Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012) showed insufficient information on people with disabilities' socio-demographic characteristics and their social participation and use of services.

People with disabilities in Zambia continue to experience discrimination in many aspects of human development, preventing them from contributing to their personal and national development (Bedding et al., 2013). Buckup (2009) stated that exclusion of people with disabilities in national development can lower Gross Domestic Product.

Failure to include people with disabilities in socioeconomic activities can lead to social isolation and human rights infringement (Bedding et al., 2013). Therefore, the international classification of functioning, disability, and health places an obligation on nations to ensure the inclusion of persons with disabilities in all development activities in the civil, social, political, and economic aspects of life (WHO, 2001). The exclusion of persons with disabilities from the United Nations, Department of Economic and Social Affairs (2013) Millennium Development Goal (MDG) to eradicate poverty makes attainment of the goal unlikely if some sections of the world's poor people are not part of the development agendas.

Individuals with disabilities in Zambia have limited access to services that could help them live independently. According to Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012), many services and facilities are not available to persons with disabilities, especially in rural areas. Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012) identified gaps in access to disability services such as empowerment programs, welfare services, legal aid, health services, health information, education, counseling, and assistive devices. Ministry of Community Development, Mother and Child Health and Central Statistical Office's national disability survey noted one in 10 people with disabilities experience accessibility issues. Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office's (2012) findings uncovered problems related to access to public services, poverty, stigma and discrimination, and accessibility. Banda-Chalwe et al. (2014), in their study of the impact of inaccessible spaces on

community participation of people with mobility limitations in Zambia, described an inaccessible built environment as a barrier to opportunities to participate in education, training, and employment. Environments built for accessibility are considered essential for ensuring equality of participation for people with disabilities and have evolved internationally as a topic for concern (Banda-Chalwe et al., 2014). Accessibility to the built environment is fundamental to integration, inclusion, and equality for all as stipulated in the United Nations Convention on the Rights of Persons with Disabilities (2006). The inaccessible built environment has contributed to the high poverty level among people with disabilities. The majority of persons with disabilities in Zambia live in poverty and generally have lower literacy levels disproportionately compared to persons without disabilities (Sakala & Korpinen, 2013). Educating children with disabilities remains a challenge for Zambia. An understanding of the practice of inclusive education is limited. Although there are guaranteed education programs for children with disabilities through several government policies and legislation, recent studies have affirmed very high drop-out and low progression rates for children with disabilities. The ministry of education has indicated that children with disabilities constitute 5.1% of all learners in Grades 1–9 but just 1.58% of enrollment for Grades 10–12 (Sakala & Korpinen, 2013). The Sixth National Development Plan for Zambia (Zambia Ministry of Finance, 2013) recognized the need to enhance learners' inclusion with special education needs in the mainstream school system (Sakala & Korpinen, 2013).

Hansen et al. (2014) assessed children's functional ability and involvement in social and recreational activities in their study of participation among children with

disabilities. Hansen et al. also referred to indirect predictors of participation, including the perceptions of parents regarding environmental barriers, family structure and support, and family income to describe participation for children. Hansen et al. found that children with disabilities tended to be more limited in their participation than their peers. As a result, the children with disabilities felt segregated socially.

The disability policy document set out the basis for programs for individuals with disabilities. Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012) seek to address disability issues in Zambia to create an enabling environment that responds to the challenges faced by individuals with disabilities. According to the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012), communities in Zambia viewed disability as a misfortune caused by witchcraft. Because of these misconceptions and myths, persons with disabilities are hidden from society and denied the opportunity to engage in socioeconomic activities. Ministry of Community Development, Mother and Child Health's draft had specific objectives, which included prevention of disability, rehabilitation, human rights, equity of opportunities, networking and partnership, education and skills training, access to quality health care and services, an adequate standard of living, and social protection disability and accessibility. According to Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012), the Zambian government in its Vision 2030 plan, recognizes the need to streamline service delivery for people with disabilities. Yet despite huge strides in policy and legislation, the country has not responded adequately to

the needs and challenges of people with different types of disabilities. Therefore, an inquiry into the disability policy implementation process will help address the problem.

The focus of this study was to address disability policy implementation and its outcomes for children with developmental disabilities and their families in Zambia. The problem affects children with developmental disabilities, their families, stakeholders, and policymakers. Families with loved ones with developmental disabilities cannot fully participate in community activities because of reliance on institutional solutions that address their needs and challenges. WHO (2011) asserted, “Many families affected by disability face a myriad of challenges and as a result are dependent on institutional solutions, and are isolated from mainstream social, cultural, and political opportunities” (p. 263). When policies intended to facilitate disability services are not implemented, children with developmental disabilities will continue to experience challenges with accessibility, social inclusion, and social participation. According to WHO (2011), many people with disabilities do not have equal access to health care, education, and employment opportunities and do not receive the disability-related services they require and experience exclusion from everyday life activities. Also, the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) and Central Statistical Office (2012) noted that access to information and the physical environment is almost nonexistent as most infrastructure designs and materials overlook the needs of persons with disabilities. Disability policy needs to address this problem to safeguard the rights of persons with disabilities. Policy implementation practices that can lead to positive policy outcomes for children with developmental disabilities and their families was explored in this study.

Despite national and global efforts to address disability needs successfully, disability policy implementation problems still exist. Disability policy issues continue to be a subject of debate. Several policies have been formulated to address social needs. However, the difficulty lies in translating these policies into action. O'Toole (2004) questioned whether acquiring knowledge to bridge the gap between policy intent and policy action can be helpful. Given the right opportunities and resources, individuals with disabilities and their families can contribute to economic growth.

Statement of the Research Problem

This qualitative study aimed to examine the Zambian disability policy implementation process and evaluate its outcomes. Wilkerson (2012) explained that implementation analysis considers the formulation of implementable policies and policy success as key outcomes worthy of scholarly study. In Zambia, children with developmental disabilities and their families face several challenges, including inadequate access to mobility aids and transportation, health care challenges, poor access to education, and lack of enabling environments. Consequently, families cannot participate actively, either socially or economically, and tend not to reach their full potential. Therefore, this study focused on the process of disability policy implementation and its effect on the quality of services provided to children with developmental disabilities and their families. The Kingdon (1984) policy streams theory was utilized to incorporate policymakers' perceptions in the policy environment and contribute to the implementation of policy tailored to the needs of the disabled child.

Purpose Statement

The purpose of this study was to examine the Zambian disability policy implementation process and evaluate its outcomes. Wilkerson (2012) explained that implementation analysis considers the formulation of implementable policies and policy success as key outcomes worthy of scholarly study. In Zambia, children with developmental disabilities and their families face several challenges, including inadequate access to mobility aids and transportation, health care challenges, poor access to education, and lack of enabling environments. Consequently, families cannot participate actively, either socially or economically, and tend not to reach their full potential. Therefore, this study focused on the process of disability policy implementation and its effect on the quality of services provided to children with developmental disabilities and their families. The Kingdon (1984) policy streams theory was utilized to incorporate policymakers' perceptions in the policy environment and contribute to the implementation of policy tailored to the needs of the disabled child.

Research Questions

The research questions for this project were

1. How has disability policy implementation affected the quality of services for children with developmental disabilities in Zambia?
2. What are the perceptions of policymakers, service providers, and parents of children with developmental disabilities regarding Zambia's disability policy?

Significance of the Problem

People affected by disability cannot fully contribute to economic growth because of unequal opportunities and resources. In Zambia, disabilities are often grouped into a

single group of physical disabilities, overlooking the different types of disability (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). Hence, there is poor access to services that cater specifically to children with developmental disabilities who rely highly on their parents for social participation and inclusion. Parents encounter challenges with raising children with developmental disabilities. These challenges include stigmatization and lack of access to health care, infrastructure, and education. Social exclusion of individuals and families affected by disability translates into losses in productivity and human potential (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012). Families raising children with developmental disabilities often are disadvantaged because of the financial burden of care that could lead to poverty. Zambia has poor health service delivery such as interventions that could prevent some of the developmental disabilities. Consequently, there is a lack of awareness of the different forms of disabilities, prevention, and care of people living with developmental disabilities. The physical environment and most infrastructure designs do not consider persons with disabilities (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012).

Continued unequal access to services and infrastructure for people with disabilities is an infringement of their human rights. WHO (2011) contended that disability is gradually becoming a human rights and development issue and that the poverty prevalence is higher among people with disabilities. Education services, for instance, are not always packaged to accommodate people with different types of disabilities. As a result, people with disabilities lack adequate opportunities to contribute

to socioeconomic development, worsening poverty prevalence (Republic of Zambia, Ministry of Community Development, Mother and Child Health, 2012).

My expectation was that the findings from this study would improve the quality of services provided to disabled children and their families. Successful implementation of the National Policy on Disability will promote independence and benefit children, families, and communities with resources on health, mobility, education, inclusion, and participation. Implementation of the disability policy will help improve disability services, thereby creating an enabling environment for independent living.

Theoretical Framework

The policy streams approach to policy analysis provided a foundation for this study. According to the policy model by Kingdon (1984), three streams need to align with the public policy arena. The problem stream constitutes the policy problems, the policy stream considers policy alternatives, and the political stream involves the political will to make a policy change. According to Kingdon, a window of opportunity opens for action when these three streams come together. The policy streams model fits well with the issue of disability and demonstrates that although the three streams may be operating independently, all three need to come together for a policy change to occur. He argued that windows are opened either by the appearance of compelling problems or by happenings in the political stream. He stated that policy entrepreneurs, people who are willing to invest their resources in pushing their pet proposals or problems, are responsible not only for prompting important people to pay attention but also for coupling solutions to problems and for coupling both problems and solutions to politics. The focus of the policy streams model is on the importance of timing and the stream of

policy actions. The streams come together after a consistent and sustained effort by advocates and not by chance. The policy streams are used to recognize that policies develop from perceived problems and acknowledgement of roles policymakers and other stakeholders have in recommending policies and acting on the policy alternatives.

Definitions

The following frequently used terms are defined to assist the reader in understanding the context of the study.

Developmental disability. “A category, or a label assigned to people whose intellectual capacities, communication skills, and behavior are determined to be developing or developed at a slower rate or to a less extent than usual” (Bach, 1999, p. 33).

Disability. Persons with disabilities include individuals who have long-term physical, mental, intellectual, or sensory impairments that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (United Nations Convention, 2006).

Disability services. “Disability services refer to the services and supports that improve accessibility and equality of opportunity, promote participation and inclusion, and increase respect for the autonomy and dignity of persons with disabilities” (WHO, 2011, p. xxii). Disability services include access to assistive devices, welfare services, rehabilitation facilities, education, access to buildings and roads, access to quality healthcare and services, affordable essential social services, public housing programs, and public transportation access. For this study, positive outcomes indicate access to disability services.

Policy formulation. “The process of identifying courses of action, often called alternatives or options, to resolve problems faced by a particular organization” (Anderson, 2003, p. 27).

Policy implementation. Execution of the law in which various stakeholders, organizations, procedures, and techniques work together to put policies into effect to attain policy goals (Stewart et al., 2008). Implementation is a process, an output, and an outcome. It involves several policymakers, organizations, and techniques of control, a method of the interactions between setting goals and the actions directed toward achieving them (Pressman & Wildavsky, 1973).

Policymakers. Policy implementers from the Ministry of Community Development and Social Services.

Policy recipients. Parents, guardians, and adult caretakers of children with developmental disabilities.

Public policy. “A purposive course of action taken by those in power to pursue certain goals or objectives” (Sapru, 1994, p. 3). Pal (1992) defined public policy as a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems.

Quality of services. The degree to which the public product and service satisfy the citizenry requirements, including the project’s effectiveness (Mihaiu et al., 2010).

Service providers. Community development officers and social workers from the Zambia agency of persons with disabilities and the Ministry of Community Development and Social Services providing services to children with developmental disabilities.

Organization of the Study

This dissertation includes five chapters. Chapter 1 was the introduction, comprising the background, statement of the research problem, purpose statement, research questions, significance of the problem, definitions, and organization of the study. Chapter 2 includes the literature review, divided into the following topics: disability services, disability policy implementation, policy implementation, policy implementation process, policy implementation in third-world nations, and policy interpretation. Chapter 3 contains a restatement of the purpose, research questions, research design, population, sample, instrumentation, and data collection and analysis methods selected for the study. As the research progresses, the dissertation contains Chapters 4 and 5 with details about the data analysis, findings, conclusions, and suggestions for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

Information gleaned from the literature review substantiated the importance of the policy implementation process in assessing disability policy outcomes. Some of the literature findings confirmed an ongoing debate on the gaps between policy formulation and policy implementation and discusses the literature on the different approaches to creating the missing links. Within the literature review is a discussion of policy streams theory. The theory serves as a foundation for this study. Although many policymakers affect the policy process, this literature review focused on policymakers' perspectives in the policy environment.

History of the Subject Being Studied

Sakala and Korpinen (2013) conducted a national survey on disability in Zambia using limited existing research-based knowledge about disability in Zambia. The survey included both prevalence estimates and demographics of persons with disabilities and assessed the quality of life in activities, participation, and services. They acknowledged that despite the considerable advances in policy and legislation, disabled people still face challenges in realizing their social, economic, cultural, and political rights mainly because of the lack of equal opportunities and means to participate fully in all aspects of daily life. Although recent national development plans have sought to address disability issues, the tendency to generalize about disability still exists. The authors anticipated that the findings from the study would facilitate the mainstreaming of disability into relevant policies and programs to improve the well-being of people with disabilities.

Sakala and Korpinen (2013) revealed that promoting more inclusive societies and employment opportunities for people with disabilities in both developed and developing

countries requires improved access to primary education and vocational training. They asserted that many communities were also recognizing the need to eliminate barriers and make the physical environment more accessible. They also explained that a higher percentage of people with disabilities live in rural areas where access to essential services is limited. In the survey results, the researchers highlighted the various laws, policies, key ministries, and agencies responsible for disability issues. Existing associations include the Zambia Association of Children and Adults with Learning Disabilities and the Zambia Association of Parents of Children with Disabilities. They recommended a disability perspective in all aspects of policy and labor legislation, effective implementation and enforcement of existing disability laws and procedures, and equal employment and training opportunities.

As part of the survey, Sakala and Korpinen (2013) provided a profile of child disability in Zambia, with results illustrating the need to identify a range of functional problems such as developmental and learning difficulties, cognition, and mental health, relevant for evaluating and revising the current methods for identifying children with disabilities in Zambia. They revealed considerable gaps in children's services than adults and demonstrate the need for improved health and welfare services and increased awareness of disability. Results from the survey confirmed that a marginal difference in access to primary health services and the lower access for children with disabilities to hospital specialized services means that children with disabilities get less treatment and attention than they need (Sakala & Korpinen, 2013). They recommended the following:

1. Awareness of disability, disability rights, and increased potential of persons with disabilities within the disability population and service providers.

2. Strengthening the capacity to provide essential support within the household and the local community.
3. Specific targeted efforts need to support the inclusion of people with disabilities in key areas.

Theoretical Framework

The basis for this research was the theoretical framework of policy streams theory that provided a foundation for this study. Multiple-streams framework emerged in the mid-1980s through the research of Kingdon (1984) and forms one of the indispensable analytical frameworks for understanding public policy agenda setting today.

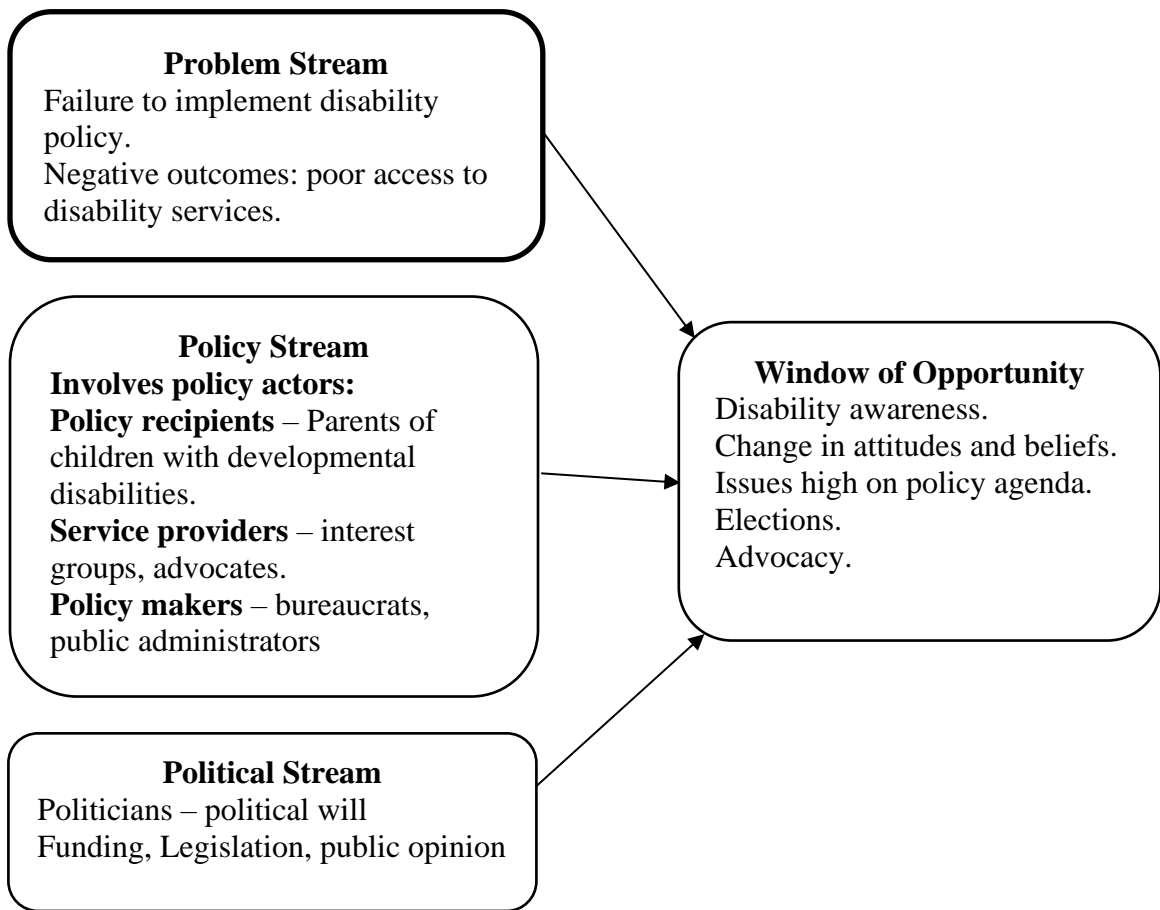
Disability issues in Zambia have existed since the preindependence period (the problem stream). The National Policy on Disability addresses the needs and challenges individuals with disabilities face (the policy stream). Disability is a human rights issue and concerns social and economic participation, and the government of Zambia has made several advances at addressing the problem (the political stream). The policy streams model by Kingdon was applied to the disability policy implementation process in this study, as shown in Figure 1.

According to Robinson and Eller (2010), the multiple-streams theory of national policymaking has been influential in the study of public administration and public policy. They assessed local policymaking characteristics with separate groups of participants and organized participants like interest groups or policy specialists. The researchers provided evidence of unity in the policymaking process and tested whether there were separate streams of participants. Also, the authors tested whether the problem and solution streams are composed of participants. Robinson and Eller (2010) revealed that

participation in one part of the process was a significant factor in the likelihood to participate in the other stream. The decisions to participate by these groups were mainly independent of each other except parent organizations' notable case. Robinson and Eller (2010) concluded that the garbage can model of organizational decision making by Cohen et al. (1972) and Kingdon's (1995) multiple-streams model assumptions of separate streams of participants is not an accurate representation of participation patterns in the local policy processes.

Figure 1

Application of the Policy Streams Model



Note. Adapted from *Agendas, Alternatives, and Public Policies*, by J. W. Kingdon, 1984. Copyright 1984 by Little, Brown & Company.

Ridde (2009) claimed that the context of wealthy countries validated the approach unveiled by Kingdon (1984) for setting national and international policies. An article by Ridde (2009) described the transferability of a threefold theoretical innovation in an African state and whether the multiple-streams framework is useful for examining public policy implementation at the local level and in the context of a low-income country. Ridde studied the transferability of the Kingdon (1984) multiple-streams framework to the study of public policy implementation at the local level and in a low-income country, Burkina Faso in West Africa. In his findings, Ridde (2009) observed that windows of opportunity appear essentially, if not exclusively, within the political stream, confirming the hypothesis and statement that when a window of opportunity appears, if the problem at hand is considered too complicated, there will be a tendency to find solutions to other issues that are easier to resolve (Kingdon, 1984, 1995). Ridde (2009) also noted that in low-income countries, like Burkina Faso, health policies are almost always developed in response to external influences and often involve strict following of international directives, especially in a context of continued dependence on external funding. Participation in the policy stream tests the separation of problems and solutions in subnational policy systems (Ridde, 2009).

Fowler (2019) also applied the multiple-streams frameworks to policy implementation. Fowler argued that when policies are ambiguous, implementers can interpret them differently, which may negatively impact organizational performance and act as a useful tool for reducing conflicts during implementation. Kingdon (1995) argued that a critical variable in the policy process is ambiguity. Many ways of thinking about the same conditions or phenomena result in vagueness, confusion, and stress (Herweg et

al., 2018; Kingdon, 1995; Zahariadis, 2014). DeLeon and DeLeon (2002) and Hill and Hupe (2014) agreed that administrative discretion shapes implementer behavior, affects public service delivery, and is central to ambiguity. Their findings suggested an essential interaction occurs among problems, policies, and politics during the policy implementation process.

According to Hill and Hupe (2014), policy implementation is a specific instance of collective action as it requires collective choices and responsibilities from numerous policymakers. Fowler (2019) acknowledged notable examples of previous scholars who used multiple-streams framework as a framework for analyzing implementation processes. Aberbach and Christensen (2014) used the work of Kingdon (1995) to explain why administrative reforms are prone to failure as implementation unfolds through a complex decision-making process. Boswell and Rodrigues (2016) argued that different implementation approaches are due to conditional effects when policy and politics streams interact. Ridde (2009), with his analysis in Burkina Faso, argued that implementation is a function of an interaction between problems and policy streams, with politics streams only lightly coupled to the others. Zahariadis and Exadaktylos (2016) identified the use of entrepreneurial strategies and political manipulation during the implementation of Greek higher education reforms like the behavior of policymakers in the policymaking process. In his article, Fowler (2019) identified state environmental expenditures as the essential policy tool that fluctuates between implementation processes and impacts implementer behavior. Fowler also assumed that policy streams are consistent across states and that implementers subscribed to industry standards in their implementer behavior. Fowler concurred that the multiple-streams framework provides

many important insights for policy implementation, starting with giving structure to organize collective action. With the growing networks, complexities in public service delivery have led to many gaps in understanding how many policymakers connect while providing public services (DeLeon & DeLeon, 2002; O'Toole, 2000). Fowler (2019) argued that multiple-streams framework could bring insight into implementation behavior by explaining why actions vary across time, policies, and government units. Building on multiple-streams approaches research by Kingdon (1984), Boswell and Rodrigues (2016) suggested that two streams are vital in shaping implementation, organizational problem constructions, and political pressure from the center. Zahariadis and Exadaktylos (2016) explained that organizations can shift between implementation modes over time, responding to organizational problems and central political commitment to the policy.

Disability Services

A report published by the World Health Organization ([WHO], 2011) about disability focused on the obstacles people with disabilities faced because of the lack of disability-related services and the solutions that could help provide positive outcomes, such as equal access to health care, education, support services, and economic opportunities. WHO (2011) contended that many people with disabilities do not receive the disability-related services they require and claimed that people with disabilities experience social exclusion and negative attitudes, leaving people with disabilities dependent and isolated from social, cultural, and political opportunities. WHO provided a guide for improving the health and well-being of persons with disabilities, suggesting that people with disabilities generally have poorer health, lower education achievements, fewer economic opportunities, and higher poverty rates than people without disabilities,

mainly because of the lack of services available and the many difficulties they face in their daily lives. The findings from research by WHO distributed researched data about overcoming barriers to health care, rehabilitation, education, employment, and support services and creating environments that would enable people with disabilities to thrive.

Dew et al. (2014) posited that community services are essential in assisting people with impairments to participate in their communities, explaining that vast geographic distances and a lack of therapists in rural and remote regions pose significant barriers to implementing a policy to support people with a disability. Dew et al. claimed that people living in rural and remote areas experience more socioeconomic and health inequalities than people in urban areas, urban dwellers, placing even greater importance on the development of inclusive policies that redress geographic disadvantage. According to Dew et al. (2014), community services, including therapy provided by occupational and physiotherapists, speech pathologists, and psychologists, have a vital role in assisting people with a range of impairments to participate in their communities. Dew et al. highlighted the need to develop policies that address geographic, cultural, and age-related barriers for all people, including those with a disability.

The functioning of a child is viewed in the context of the family and the social environment. WHO (2011) reported that children under the age of five in developing countries face multiple risks such as poverty, malnutrition, poor health, and unstimulating home environments that impair cognitive motor and social-emotional development. Basic disability needs for support might relate to everyday activities such as personal care, access to aids and equipment, participation in education, employment, social activities, and modifications to the home. Findings from a study conducted in Africa

about the living conditions of people with disabilities between 2001 and 2006 in Malawi, Namibia, Zambia, and Zimbabwe suggested that the only sector that met more than 50% of reported needs for people with disabilities was health care across the four countries (WHO, 2011). WHO also revealed large gaps in service provisions for people with disabilities, with unmet needs exceptionally high for welfare, assistive devices, education, vocational training, and counseling services. Researchers for WHO also observed that even though the findings revealed that many countries have good legislation and related policies on rehabilitation, the implementation, development, and delivery of services have lagged. Details from the research by WHO highlighted systemic barriers; lack of strategic planning; lack of resources and health infrastructure; lack of agency responsible for administering, coordinating, monitoring services; and inadequate health systems communication strategies. The overall outcome from the WHO (2011) report specified that complex referral systems and the absence of engagement with people with disabilities can limit access.

Assistance and support for many people with disabilities are prerequisites for participating in society, indicating that the lack of necessary support services can make people with disabilities too dependent on family members, thereby preventing both the person with a disability and the family members from becoming economically active and socially included (WHO, 2011). The report also revealed that support services are not yet a core component of disability policies in many countries because there are gaps in disability services everywhere (WHO, 2011). According to WHO, state funding of responsive formal support services is an essential element of policies that should enable the full participation of persons with disabilities in social and economic life, asserting that

formal assistance and support services within a national disability policy can improve community participation of persons with disabilities.

According to WHO (2011), the role of government policymakers is to ensure equal access to services, policymaking, and implementation, suggesting that governments should regulate service provision, set and enforce standards, and fund services for people with disabilities. Recommendations from the WHO (2011) report included the following:

1. Enabling access to all mainstream policies, systems, and services to fulfill the human rights of persons with disabilities and removing all barriers to participation.
2. Investing in specific programs and services for people with disabilities.
3. Adopting a national disability strategy and plan of action.
4. Involving people with disabilities because of their unique insights about their disability and situation.
5. Improving human resource capacity, including the attitudes and knowledge of people working in, for example, education, health care, rehabilitation, social protection, labor, law enforcement, and the media who are essential for ensuring non-discrimination and participation.
6. Providing adequate funding and improving affordability because existing public services for people with disabilities are often inadequately funded, affecting the availability and quality of services.
7. Increasing public awareness and understanding of disability. (p. 264)

The report findings and recommendations are a significant resource for policymakers, service providers, professionals, and advocates for people with disabilities and their families.

Summers et al. (2005) discussed literature regarding the impacts of disability and assessed the effects of supports and services on families. According to Summers et al., experts in the field of developmental disabilities concluded that providing family support and delivering services using family-centered approaches define the core concepts of disability policy and practice, recognizing that disability impacts the whole family. Therefore, professionals working in partnership with families can better meet the needs of a disabled child. Summers et al. (2005) stated that leaders in the disability field have called for family quality of life as a valued outcome of policies and services. They designed a scale specifically for families of children with disabilities to create a family outcome measure useful to policymakers, service providers, and families to evaluate the quality of programs.

Research on child disability cannot be conducted while excluding the family unit, as espoused by Currie and Kahn (2012) in their study of childhood disability regarding its prevalence, nature, treatment, and consequences. They addressed a public discussion of childhood disability, tending to emphasize the causes of disability; they did not focus on individual disabilities but on cross-cutting themes that applied more broadly to children with disabilities. The researchers emphasized the importance of families when addressing the issue of child disability. They contended that defining disability as a limitation rather than a health condition highlights the social and technological context of individuals. One of the themes mentioned by Currie and Kahn included the children

living in families, stating that a broad definition of disability in children should consist of families as critical indicators. The researchers described the importance of families who often serve as the only effective coordinators of care and the importance of assistive programs and outcomes, arguing that inadequate disability services present challenges for the children and the families who bear the burden of care. They asserted that a critical goal for society is to devote resources to preventing, diagnosing, and managing the condition of children with disabilities.

Hansen et al. (2014) conducted a study examining the barriers to participation among children with disabilities in Zambia from the perspective of mothers. The key objectives were to understand the views of mothers who had their children participate in community-based rehabilitation regarding the services, the support they received, and the barriers they encountered in terms of social participation by their children. The researchers asserted that mothers have a significant role in the social involvement of their disabled child. They recommended enhancing services for children in community-based rehabilitation programs for families, especially for mothers, and advocating on behalf of children with disabilities and their families to attract the attention of policymakers. They revealed that direct predictors of participation include the functional ability of the children, family participation in social and recreational activities, family values related to intellectual and cultural actions, and preferences for activities by individual children. The researchers concluded that families play an essential role in providing opportunities, support, and encouragement for children to participate in various activities, emphasizing that it is vital for parents, service providers, and policymakers concerned with children with disabilities to understand the barriers and support for participation.

Banda-Chalwe et al. (2014) explored the social participation of individuals affected by disability by assessing the perspectives of individuals regarding mobility limitations in Zambia, examining their access to public buildings and spaces and evaluating their capacity to participate. The information shared by Banda-Chalwe et al. provided understanding into their participation experiences in the social, cultural, economic, and political life concerning disability in Zambia. In their study, they stated that mobility relates to participant rights to social inclusion wherein participants discussed their experiences of choice and control as lacking because of mobility limitations in Zambia. Banda-Chalwe et al. concluded that Zambians with mobility limitations cannot access public services and facilities, preventing them and their families from full and equitable participation and reducing economic capacity.

Winter (2003) also added that policy can entail public service delivery at an operational level and enforce regulations for citizens, suggesting that policy implementers should use behavioral performance categories and avoid using goal achievement as a standard when analyzing the delivery performance. Winter related that the bureaucrats work in situations with many demands and limited resources and cope with rationing services. According to Lipsky (1980), street-level bureaucrats' coping behaviors systematically bias the delivery behavior concerning policy obligations. Winter (2003) agreed with the integrated implementation model that shows target groups of public policies are essential in affecting the performance of street-level bureaucrats through positive or negative actions toward coproducing public services.

Cumella (2010) asserted that the importance in recent years of neoliberal conceptions has led to proxy purchasing of services by public agencies. The problem

described by Cumella is that this may steer people with intellectual disabilities into a limited array of services negotiated between public authorities, families, and people with intellectual disabilities themselves. Cumella posited that some of the services may fail to promote choice and suggested a need for more critical analysis because public policy affecting the lives of people with an intellectual and developmental disability is an underdeveloped area of scholarship.

Disability Policy Implementation

Shogren et al. (2009) discussed the impact of social policymakers on public policy. They suggested incorporating the views of communities and people with intellectual disabilities arguing that understanding the role of social policymakers could help promote policies and practices regarding persons with intellectual disabilities, enhance their lives, and achieve desired public policy outcomes. Shogren and Turnbull (2014) expanded on their 2010 article with a basic idea of the policy framework showing an interactive relationship between public policy and practice. Shogren et al. (2009) stated that various policymakers affect and are affected by policy and practice, claiming that among the multiple inputs to public policy are social policymakers, core concepts of disability policy, and changing conceptualizations of disability. According to Shogren and Turnbull (2010), these core principles define desired policy outcomes at the personal, family, and societal levels. In addition to identifying the core concepts as an input to public policy and practice, Shogren et al. (2009) described additional links between their public policy framework and the core concepts, thereby providing guidelines for developing public policy.

Shogren et al. (2009) argued that public policy and practice impacts are filtered through the multiple systems in which individuals with disabilities live, learn, work, and recreate. Turnbull and Stowe (2017) described a model demonstrating how policy analysis needs to be responsive to different conceptions of intellectual disability and closely related developmental disabilities. Turnbull and Stowe informed research on the relationship between policy and individuals with developmental disabilities and other interest groups. Of great importance are the implications of implementing agencies interacting with the beneficiaries of the policies and other interested parties and the role of policy in the lives of the directly and indirectly interested parties and parties with scant or little interest (Turnbull & Stowe, 2017). Turnbull and Stowe (2017) revealed a model of the entire policy analysis process while illustrating how policymakers can incorporate the dynamic nature of disability policy development, implementation, and evaluation. They emphasized that the core concepts provide a structure for aligning public policy and practice inputs and practice, nationally and internationally.

Shogren et al. (2017) provided the framework for an integrated approach to disability policy development, implementation, and evaluation. Shogren et al. (2017) discussed the implementation of disability policy using systems thinking and valued outcomes and promoting effective use of resources, suggesting that these support strategies identified disability policy goals leading to systemic changes and enhanced personal effects. Shogren et al. (2017) noted the dynamics of developing, implementing, and evaluating disability policy in the field of intellectual and developmental disabilities, advising that disability policy should reflect the emerging consensus on aligning desired policy goals, services, and outcomes. Shogren et al. (2017) proposed an integrated

approach to disability policy development, implementation, and evaluation, explaining that objectives and related outcome areas provide the input from the integrated approach while offering a unified vision-values; and outcomes that can target specific interventions, services, and personalized support systems. Winter (2003) claimed that understanding policy implementation is no longer only about understanding how governmental agencies operate. But as O'Toole (2004) discussed, it now is necessary to incorporate other types of institutions and see how they relate to each other.

According to Verdugo et al. (2017), social, political, and cultural policymakers influence the implementation of disability policy, discussing the guidelines considered critical for successful policy implementation from a cross-cultural perspective. Verdugo et al. suggested basing policy implementation on contextual analysis employing a value-based approach, aligning the service delivery system vertically and horizontally, and engaging in a partnership in policy implementation. The claim is that many cultural policymakers influence the successful implementation of disability policy hence taking a cross-cultural perspective regarding policy implementation is vital. Verdugo et al. (2017) asserted that a contextual analysis needs to be completed by knowledgeable respondents, including individuals with a disability, and needs to be coordinated by a knowledgeable and experienced individual in policy-related service, support planning, and delivery. During the research process, they observed that key players and their respective roles in a partnership are essential, and these include policymakers, professionals, support providers, consumers, and researchers. The recommendation by Verdugo et al. was to incorporate a built environment framework into disability policy for policymakers, noting

that professionals play a significant role in the lives of persons with a disability through diagnosis, support, recommendations, actions, and policies.

Verdugo et al. (2017) argued that although policy implementers often overlook persons with disabilities, persons with disabilities are increasingly becoming more actively involved in policy implementation. Verdugo et al. recommended developing data systems and data collection procedures that assess policy-desired outcomes to determine the relations between services, supports, and policy-desired results. Verdugo et al. suggested implementing public policies for persons with developmental disabilities that align services and supports horizontally and vertically through a logical sequence involving stakeholders as partners.

To further explain the relationship between social policymakers and disability policies, Roulstone and Prideaux (2012) added that social policy constructions and responses to disabled people have become increasingly important in an era of scarce social resources. Roulstone and Prideaux claimed that some disabled people realize new freedoms and choices although others are victims of retractions in public services. Roulstone and Prideaux critically explored the policymakers who shape opportunities for disabled people.

Aligning policy intent with policy outcomes is critical to policy success. Schalock (2017) stated that disability policy implementation involves aligning policy goals with specific interventions, services, and supports intended to enhance human functioning and maximize personal, family, or societal outcomes.

Policy Implementation

Pressman and Wildavsky (1973) pioneered implementation research through their case study of an economic development program in Oakland, California to stimulate minority employment. Unfortunately, the attempt was unsuccessful because of the complexity of many policymakers having to work together (Winter, 2003). Yet the attempts by Pressman and Wildavsky (1973) and other pioneers have led to a rise in implementation research in political science and public policy (Winter, 2003). According to Winter (2003), most implementation researchers regard the book by Pressman and Wildavsky (1973) and other earlier researchers, such as Kaufman (1960) and Murphy (1971), who focused on implementation problems and management of predetermined decisions, as the first part of implementation research that pioneered the field. Winter (2003) revealed that research publications with a focus on implementation problems were still underway with labels such as public administration, management (Bardach, 1998), regulatory enforcement (Scholz, 1991; Winter, 2003), street-level bureaucracy (Lipsky, 1980), principal-agent theory (Brehm & Gates, 1999), new institutionalism, governance (Bogason, 2000), networks (O'Toole, 2000), and policy design and instruments (Linder & Peters, 1989).

According to McLaughlin (1987), both the first and second generation of implementation analysts generated important lessons for policy, practice, and analysis. McLaughlin (1987) stated that policy success depends critically on local capacity and will. He argued that capacity is a problematic issue that policy can address. However, will, attitudes, motivation, and beliefs that underlie an implementation response to policy goals or strategies are less amenable to policy intervention. He maintained that the

problem analysts linked the street-level bureaucrat nominalist world to the systemic patterns that include policymakers as well.

Policy implementation is a comprehensive and complex process involving many policymakers unlike policy adoption, which occurs primarily in political arenas. The policymakers who shape and influence implementation are complex, multifaceted, and multileveled with public policies invariably resembling difficult problems resistant to change, having multiple possible causes and potential solutions that vary in place and time in the local context (Rittel & Webber, 1973).

The Policy Implementation Process

Weimer and Vining (2017) provided a strong conceptual foundation of policy analysis with a practical application of the policy analysis process using case studies. They provided a framework for understanding the implementation process and assessing implementation prospects of proposed policies. They identified a link between policy adoption and policy implementation by likening implementation to an assembly process in which one must rely on others to provide the necessary parts. To guide implementation analysis, the researchers considered the three significant types of implementation policymakers: implementation managers, doers, fixers and their incentives, resources, and capabilities. The policymakers needed to design and execute the elements necessary to implement policy and have adequate resources and the essential competencies to perform their functions. They also considered concepts that help analysts think strategically on policy designs that are more likely to produce desired outcomes.

Weimer and Vining (2017) discussed the roles of implementation managers in the implementation process who would provide detailed designs for implementation. The doers provide the actions by individuals providing elements needed for desired policy outcomes, such as the service providers and fixers. According to Weimer and Vining, effective implementation depends on who will play the roles; that is, a manager who views the policy as undesirable or unimportant is less likely to expend personal and organizational resources during the assembly process than someone who considers the system more favorably. They contended that many public policies have faced severe implementation problems because policy designers and implementation managers did not recognize and address the complexity of incentives for frontline workers and failed to realign the frontline employee incentives to a new program. Nonetheless, they mentioned that it is easier to incentivize both implementation managers and frontline employees when resources are made available. They emphasized that the absence of these resources can foster frontline apathy and passive behavior toward the policy.

According to Weimer and Vining (2017), fixers play a crucial role in facilitating communication and negotiating between implementation managers and doers. They explained that policy analysts may promote fixing and increasing transparency of the implementation process by requiring implementation managers to provide progress reports, which may enable interest groups to play the role of fixers. Such provisions may transform their interest in successful implementation into the capability to contribute to it. In limited resources, they suggested phasing implementation as desirable and necessary. Weimer and Vining offered that it permits reevaluation or redesign of the implementation plan if needed and the potential problems.

Through their research, Weimer and Vining (2017) presented forward mapping and backward mapping as useful implementation analysis techniques in practical situations. Forward mapping specifies the chain of behaviors that link policy to desired outcomes, beginning with policy, and then moving to results; conversely, backward mapping is moving from expected outcomes, determining the most direct ways of producing them, and then mapping actions from effects to causes through the organizational hierarchy to the highest-level policy adopted to realize the desired outcomes (Weimer & Vining, 2017). Weimer and Vining stated that forward mapping is most useful for anticipating the problems during the implementation of already formulated policy alternatives; thus, forward mappers should adopt scenario writing to organize thinking about successful implementation behaviors. For backward mapping, they recommended thinking about policies by analyzing the actions that need to change, the interventions that could effectively alter the behavior, and the decisions and resources needed to motivate and support the interventions. The researchers concluded their chapter on implementation, stating that successful implementation, like adoption, requires analysts to be strategic and good policy design considers realistic predictions of people who must provide essential elements during implementation. Such prediction is challenging because the holders of necessary details typically work in various organizations with different missions, constraints, incentives, and norms. Therefore, they concluded that prudent policy design anticipates implementation problems by including policy features to generate information, resources, and fixers to solve them.

Elmore (1979) discussed forward mapping and backward mapping as approaches to implementation analysis and process, describing forward mapping as the strategy that

begins at the top of the process with as clear a statement as possible of the intent of policymakers, proceeding through a sequence of increasingly more specific steps to define implementors' expectations at each level. He argued that the issue with forwarding mapping is its assumption that policymakers control the organizational, political, and technological processes that affect implementation. Elmore stated that backward mapping shares the notion that policymakers are highly interested in implementing policy decisions.

In contrast, backward mapping explicitly questions the assumed influence policymakers have on the implementation process. According to Elmore (1979), the assumption is that explicit policy directives, clear statements of administrative responsibilities, and well-defined outcomes will increase the likelihood of successful policy implementation. He asserted that the logic of backward mapping connects policy decisions directly with the point at which their effect occurs, considering that the process begins with a statement of the specific behavior at the lowest level of the implementation process that generates a policy's need.

Several approaches to implementation research are discussed, attempting to translate policy into action. Pülzl and Treib (2017) referred to Goggin et al. (1990), who identified three generations of implementation research. Pülzl and Treib (2017) investigated translating policy into action by discussing the pros and cons of theoretical contributions to implementation. They expounded on the debate about the theoretical approaches to implementation, including comparisons and contrasts of the different theories. Weimer and Vining (2017) stated that the policymakers involved in policy formulation and implementation are not the same even though they are interdependent.

Therefore, Pülzl and Treib (2017) also advocated for a separate analysis of implementation, keeping the policy process stages separate, suggesting that focusing on one of them in more detail is worthwhile. O'Toole (2004) also stated that recognizing the significance of different interorganizational patterns is a step toward practical implementation. O'Toole asserted that skillful implementation managers need to find ways to have organizations work together toward policy success by generating and tapping into interest.

Hudson et al. (2019) identified four broad contributors to policy failure, namely overly optimistic expectations, implementation in dispersed governance, inadequate collaborative policymaking, and the notions of the political cycle. They referred to the premise of the bottom-up school of thought on policy implementation. Hudson et al. (2019) echoed Lipsky's (1980) idea of the street-level bureaucrat whose discretionary power can prove instrumental in determining the success or failure of a policy. Hudson et al. (2019) revealed that politics will tend to lessen with time, focusing on short-term projects. The researchers explained that policymakers are more likely to receive credit for passed legislation than avoid implementation problems.

O'Toole (2004) sought to answer how theory can inform practice while noting that this has been a theoretical challenge by examining whether the link between policy intent and policy action is problematic, as evidenced, and whether the acquisition of systematic knowledge meant to explain and perhaps predict this gap can help those in the world of action. They offered a sampling of approaches that, in sum, suggested a cautiously optimistic response to the theory-practice challenge for policy implementation. argued that applying implementation theory to practice has been rare because of the

difficulty of the theoretical challenge, the varied needs of practitioners, and the complicating normative issues at stake. The researchers acknowledged the initial impact of the study of policy implementation with attention to implications for practice and argued that the theories about policy implementation have been almost embarrassingly plentiful yet still lacking theoretical consensus. Adding to the literature on bridging the gaps between policy intent and policy action, O'Toole suggested the following:

1. Recognizing and building on points of the general agreement such as the need for resources in implementation,
2. Probing issues of theoretical disagreement and communicating the results of empirical testing, without waiting for a full theoretical consensus to emerge, such as the conflict between the top-down and bottom-up theorists,
3. Comparative advantage, and 4) tapping synthetic perspectives in practical ways, that adapting methods to the needs of practice can leverage some theory based on the synthesis of partial views to assist in improving technique. (p. 317)

Like other articles reviewed, DeLeon and DeLeon's article (2002) contributed to perceptions on policy implementation as a field of the scholarly review that has come and gone. They mentioned three generations of research on policy implementation theory, emphasizing its reliance on a top-down command approach. The researcher contended that a more democratic bottom-up approach would be a more feasible approach. They noted that the first generation of implementation studies, that is, Pressman and Wildavsky (1973), emphasized using case study analyses, a researcher must consider the troubles between the definition of policy and its execution. DeLeon and DeLeon (2002) specified

that the first generation's end product was a wealth of fascinating idiographic case studies, each with its prescribed lessons but little in terms of a generic implementation theory. They also addressed the second generation with authors such as Nakamura and Smallwood (1980) and Berman (1980) who discussed implementation from a top-down perspective. DeLeon and DeLeon (2002) assumed a command-and-control orientation and the top-down perspective dedicated to discovering the best way to move policy to completion. Lipsky (1971) and Lipsky (1980) argued that implementation occurs when those primarily affected are actively involved in the planning and execution of programs, but the bottom-up proponents argued that they were better able to capture the full range of implementation details. DeLeon and DeLeon (2002) further reported that implementation needed to be part of the policy formulation calculations, considering implementation costs earlier in the process. Additionally, DeLeon and DeLeon discussed the third generation of policy implementation studies to implement theory and practice. DeLeon and DeLeon observed from Matland (1995) and other contingent theorists that there is no single best implementation strategy. The appropriate method is contextual in the contingencies surrounding the policy issues. Findings from the article by DeLeon and DeLeon (2002) was useful because of its focus on a more participatory orientation to policy implementation, an approach that allows citizens to have an active voice on matters concerning them. DeLeon and DeLeon supported a democratic framework as a viable approach to implementation. Even though implementation is such a difficult problem, it remains a critical part of public policy studies.

Although the focus of the current research is on policy implementation, it is vital to overview the complete policy analysis cycle. Turnbull and Stowe (2017) described a

12-step model for policy analysis. The model includes policy development, implementation, and evaluation and addresses application issues and different conceptualizations of individuals with developmental disabilities. The policy analysis model involves 12 steps comprising four actions: (a) identifying the context (Steps 1–5); (b) describing the various choices (Step 6); (c) choosing the criteria for making a choice and making a choice (Steps 7 and 8); and (d) implementing the selection, evaluating its effects, and providing feedback (Steps 9–11). Turnbull and Stowe's (2017) article offered a model for analyzing proposed or new policy by which they sought to demonstrate how, by relying on values, the core concepts of disability policy, conceptualizations of disability, and analysts and policymakers can collaborate to develop strategy connected precisely to a problem or problems that warrant a public-policy response.

According to Turnbull and Stowe (2017), for policy implementation, analysts now seek to answer the following questions:

1. What happens when implementing agencies interact with the beneficiaries of the policies and other interested parties? In asking that question, Turnbull and Stowe (2017) noted that analysts revisit the interest analysis (step 1).
2. Are the interests that the policy intends to satisfy timely and effectively fulfilled, how and why? Turnbull and Stowe (2017) stated that the analysis here merges interest analysis with functional analysis.
3. What function does the policy play in the lives of the directly and indirectly interested parties and in the lives of parties who have scant or little interest?

4. Is the implementation faithful to the goals, objectives, and use of resources? (p. 228)

If so, there will be little reason to change the policy; if not, there may be a reason to change its implementation. Turnbull and Stowe (2017) claimed that evaluation determines the purposes of the policy and assesses the following:

1. The degree of attaining the goals and objectives and the extent to which the needs of the intended beneficiaries are satisfied, and their problem addressed;
2. The degree to which previously identified resources and barriers and new or augmented resources facilitate or impede implementation; and
3. The criteria for choice in implementation.

Policy Implementation in Third-World Countries

Smith (1973) addressed the gap between policy formulation and policy implementation from the perspectives of third-world countries through a policy implementation model. He addressed the assumption that once a policy goes through formulation, it undergoes implementation. This assumption is invalid for policies formulated in many developing nations where governments tend to develop broad policies, yet governmental bureaucracies often lack implementation capacity. He argued that governments often initiate policies without consultation with interested parties, noting that recent interpretations of politics in Asian and African nations have indicated that the governmental policies seldom result from demands and pressures by interested parties who will initiate policies often without consultation with the interested or affected individuals or groups. Even though a government is committed to implementing a policy in third-world countries, the bureaucracy cannot often implement it. He argued that

implementing policies is a critical phase in the process and needs reevaluation to explain policy processes or inform policymakers how to make policy. Therefore, Smith presented a policy implementation model as a societal tension generating force with patterns that either match or do not match policy outcomes expectations. The tension and pressures of the implementation process between idealized policy, implementing organization, target group, and environmental policymakers result in transactions that could be crystallized into institutions and either support or reject policy implementation, failing to match policy outcomes to policy expectations. He identified four components that are important in the policy implementation process: (a) the idealized policy, (b) the implementing organization, (c) the target group, and (d) environmental policymakers.

The implementation stage is crucial for interest groups and policy recipients. Smith (1973) emphasized that it is at the implementation stage of the policy process that the policy may be abandoned by the government, implemented, or modified to meet the demands of interested parties. He further explained that the emphasis for interested parties is upon the policy itself or the bureaucrats who must implement it in third-world nations. Even if the government of a third-world nation is committed to implementing a particular policy, the bureaucracy that must implement it cannot often implement it. He noted that western bureaucracies are relatively efficient and effective in policy implementation. Simultaneously, for the third-world nations, various policymakers can weaken a policy through a lack of qualified personnel, lack of direction and control from political leaders, opposition to the policy, and corruption. The researcher contended that even though a policy is the most rational and elaborate, it is not meaningful if the administrators cannot implement it. Smith further observed that third-world nations have

not been able to afford the luxury of incremental policymaking, hence making their policies ambitious. Tuakli-Wosornu and Haig (2014), in the article, “Implementing the World Report on Disability in West Africa: Challenges and Opportunities for Ghana,” posited that activating disability policies in resource-limited countries remains a significant challenge because of ineffective data and cultural, institutional, and physical barriers to social inclusion.

Winter (2003) contended that the behavior of street-level bureaucrats is crucial for policy implementation. He referred to Lipsky’s (1980) perceptions on street-level bureaucrats who make important discretionary decisions in their direct interaction with citizens, who tend to define public policies as delivered to them by street-level bureaucrats, not as crafted in statutes.

Shumba and Moodley (2018) explored some of the experiences of national program managers, heads of national organizations of persons with disabilities, and persons with disabilities in implementing the disability policies and legal framework in Namibia. Shumba and Moodley also investigated the knowledge and experiences regarding disability policies from the perspective of primary informants in Namibia. The results revealed that the community-based rehabilitation strategy underpins policy and legal framework in Namibia and is a practical, multisectoral strategy that meets the basic needs of persons with disabilities, ensuring their access to health, education, livelihood, and social opportunities. They asserted that limited accountability to persons with disabilities regarding health, education, social, and empowerment opportunities causes significant gaps in the implementation of disability policies in Namibia. According to

Shumba and Moodley (2018), this lack of accountability explained why Namibia had a dichotomy between policy formulation and implementation.

Lang et al. (2019) critically analyzed the extent to which disability issues are included as a critical component in developing and implementing a range of policies developed by the African Union. They argued that concerning disability policy-making in Africa, there is a disconnect between the rights of disabled people and their inclusion. Therefore, Lang et al.'s overall objective was to develop an in-depth understanding of how disabled people are increasingly at risk of being excluded from participating in social and economic development. Their research focused on four sub-Saharan African countries: Kenya, Sierra Leone, Uganda, and Zambia, all of which endorsed the United Nations Convention on the Rights of Persons with Disabilities (2006), and on four policy domains: education, health, labor markets, and social protection. The researchers feared that there would be a policy development gap without a commitment to inclusion of disabled individuals.

Lang et al. (2019) claimed that good governance has become an increasingly important policy issue in developing countries, particularly Africa. They claimed that the very nature of developing social and economic policy has become so complex that it is no longer feasible for the state to undertake all the stages of policymaking alone but through networks. The researchers argued that multistakeholder participation in the policy-making process adds an additional level of accountability for implementing public policy and drawing on their in-depth knowledge of specialist policy subject areas and working with clients or beneficiaries of public services at ground level.

Lang et al. (2019) suggested that analysis of the policies of the African Union must assess the extent to which these principles are embedded in the documents reviewed, given the importance of good governance, participatory development, inclusion, and achieving human rights in the reduction of poverty and inequality for disabled people. They further emphasized that the analysis of these policies must in addition reflect key stages of the policy-making process and explicitly demonstrate the extent to which all actors have been involved in this process. If applied successfully, the researchers hoped that such an approach to policymaking would ensure that policy implementation in a manner that genuinely meets the precise needs and aspirations of target beneficiaries. They concluded their article stating that some progress had been made at policy level concerning disability inclusion, yet much remains to be done before full inclusion is achieved and that policymakers and development practitioners do not seem yet to fully comprehend the importance of addressing disability issues as an inherent component of social and economic policy at the national level, and also at the continental level, particularly as an integral component of international development.

Vanderschuren and Nnene (2021) investigated the availability of transport policies and guidelines in 29 African countries, focusing on the inclusion of persons with disabilities, followed by the analysis of secondary data in South Africa. They demonstrated that the lack of adequate policies, guidelines, and appropriate implementation leads to a lack of accessibility, opportunities, and social isolation. The researchers indicated that the Sustainable Development Goals and universal design principles call for inclusive planning, which within the transportation field include the development or improvement of facilities that accommodate people with disabilities.

According to Vanderschuren and Nnene, a lack of understanding of the needs of people with disabilities leads to their isolation.

Vanderschuren and Nnene's (2021) study revealed that people with disabilities live less integrated, more isolated lives because of the lack of acknowledgement in the transport policy framework and accommodation in infrastructure and services. Their results underpin the need for disability-inclusive planning in the African context and provide recommendations for actions that mitigate the isolation challenges faced by people with disabilities.

In their article, McKenzie et al. (2017) described implementation of educational provision for children with severe to profound intellectual disability in the Western Cape. They noted that children with severe intellectual disability had been excluded from education on the basis that their impairment makes them ineducable. According to McKenzie et al., the Western Cape forum for intellectual disability challenged this notion through litigation against the South African Government. According to the researchers, the ensuing judgement asserted the right to education of these children and outlined action steps for the government. They conducted a document review on the South African Government's response to the judgement made, ensuring that the rights to education of all children are exercised to reflect on the implementation process. They stated the critical factors to consider for the child, their families, special care centers, and the broader educational and legal systems. McKenzie et al. concluded by outlining essential considerations for the inclusion of these children within the education system in South Africa.

McKenzie et al. (2017) stated that the steps taken to meet these children's needs included ensuring that every severely disabled child in the Western Cape had affordable access to a basic education and providing adequate funds to organizations that provide education for the children special care centers. They reported that an intergovernmental forum was formed in the Western Cape with representatives from the social development, health, education, and public works and transport departments to determine roles, responsibilities, and time frames to meet the requirements of the court mandate.

Sebele (2015) contended that public policy implementation is frequently regarded as problematic globally, and reasons for these vary. He referred to the technical and vocational education and training sector, which has been criticized for lack of delivery. Most of the criticism is directed toward the nonimplementation of government policy. He observed that South African policies are regarded as among the best globally though their implementation is still a challenge. The researcher claimed that policy implementers' capacity and understanding of policy intentions are critical for successful policy implementation. He explained that capacity involves the ability of implementers to identify, eliminate, and avert policy implementation challenges and their understanding and knowledge to support decision making during policy implementation. Sebele's 2015 paper interrogated the understanding of policy originators and implementers of technical and vocational education and training policies and found that both these respondents had a shared understanding of policy intentions. He also found that the capacity to take decision is critical for policy implementation. Sebele concluded that policy implementation is dependent on developed policy and capacity to make decisions.

Kaliisa and Picard's (2019) article presented the results of a review of practice and policy about mobile learning and its potential to enhance inclusive and equitable access to higher education in Africa. They reviewed academic literature on potential barriers and explored the current state of the mobile learning policy environment in 10 African countries by analyzing how these policies have tried to address the major challenges in the adoption of mobile learning as identified in the literature. Their findings revealed that there is still a policy vacuum concerning mobile learning policies within African higher education policies, and thus, equitable access is still in its infancy.

Kaliisa and Picard's (2019) article suggested a strong need for institutional, cross-institutional, national, and African-wide mobile learning specific policies to ensure better implementation of mobile learning. As interest in mobile learning continues to grow, this review provides insights into policy and strategic planning for adopting mobile learning to achieve inclusive and equitable access to higher education. According to Kaliisa and Picard's, implications for practice or policy include relevant stakeholders such as decision makers in governments and higher educational institutions, who should play a more proactive role in developing clear national and local mobile learning policies and guidelines to support inclusive and equitable access to higher education. They concluded that the development of mobile learning policies needs to explicitly address and consider the intrinsic economic, social, regional, and gender inequalities existing within African countries.

The Policymaking Process

Bardach and Patashnik (2019) developed an approach called the eightfold path to effective problem solving, namely, define the problem; assemble some evidence;

construct the alternatives; select the criteria; project the outcomes; confront the trade-offs; stop, focus, narrow, deepen, decide, and tell your story. They stated that an effort to define the problem is usually the right starting place, and telling the story is almost inevitably the ending point, but constructing alternatives and selecting criteria for evaluating them must surely come toward the beginning of the process. They claimed that assembling some evidence is a step that recurs throughout the entire process, applying particularly to efforts to define the problem and project the outcomes of the alternatives being considered.

Bardach and Patashnik (2019) claimed that the existence of market failure does not guarantee that government intervention will improve the situation because the government may be unwilling or unable to act primarily in the interest of its citizens, policymakers may lack needed information or capacity, and politicians and civil servants may have interests and agendas of their own. They sought to answer how policy evaluation fits into the eightfold path framework, emphasizing uncertainty as to the problem that evaluation addresses. In their eightfold path, the researchers suggested creating detailed alternative strategies of intervention to solve or mitigate problems.

According to Bardach and Patashnik (2019), the fourth step in the eightfold path is the most important step for introducing values and philosophy into the policy analysis. According to Bardach and Patashnik, the most challenging step is projecting all the outcomes that interested parties might reasonably care about for each alternative on the current list. On the sixth step, they claimed that it sometimes happens that one of the policy alternatives under consideration is expected to produce a better outcome than any of the other alternatives concerning every single evaluative criterion.

Bardach and Patashnik's (2019) seventh step mainly has expansion of problem elements, alternatives, and criteria that may also have bred an undesirable formalism such that lists of these items may have come to have a life of their own and an outcomes matrix, which ideally would have served as a sort of rough draft with attitude and may have displaced the problem with which the project began. The researchers suggested that the object of all the analytic effort should not merely present a list of well-worked-out options but also ensure that at least one or more options would be an excellent choice to solve or mitigate the problem. After many iterations of some or all of the steps recommended, they explained that after redefining the problem, reconceptualizing alternatives, reconsidering criteria, reassessing projections, and reevaluating the trade-offs, one can be considered ready to tell one's story to some audience.

Gerston (2014) defined public policy as the combination of basic decisions, commitments, and actions made by those who hold or influence government positions of authority, which in most cases results from interactions among stakeholders who demand change, those who make decisions, and those who are affected by the policy in question. He asserted that the determinations made by those in positions of legitimate authority are subject to possible redirection in response to pressures from those outside government and others within government. He revealed three components that highlight the complexities of making public policy: policy issues, policy actors, and resources. According to Gerston, the most controversial elements of American public policy fall into three broad areas: social issues, economic issues, and technological issues.

Gerston (2014) argued that for policies to work, appropriate government agencies must undertake the process of converting new laws and programs into practice. He

reported that implementation represents the conscious conversion of policy plans into reality, which he referred to as the follow-through component of the public policymaking process. According to Gerston, implementation activities at first may seem like a simple automatic continuation of directives orchestrated by government institutions and decision-making authorities. Yet often there exists a substantial gap between the passage of new laws or rules and their application, a gap that can cause havoc with the policymaking process.

According to Gerston (2014), no natural law ensures that the policy adopted today will be carried out as intended tomorrow because the relationship between decision making and implementation is tenuous at best. Although implementation occurs at the backside of the decision-making process, he claimed that policy execution inevitably depends upon the components of public policy that precede it. Policy implementation reveals the strengths and weaknesses of the decision-making process, which Gerston likened to a chain-link fence with implementation relying on connections for its purposes and direction with the primary connecting elements being triggering mechanisms, a public agenda, and the attempted resolution of emergent issues, and these are linked to decision makers who take into consideration various policy alternatives. He noted that policy decisions, in turn, are linked to multiple agencies and officials who are assigned the task of executing the new policies, which leads to the implementation of policy that faces a range of possible outcomes that include intentional obstruction, inefficiency, neglect, and synchronized cooperation.

Although implementation signifies the completion of the policy cycle, Gerston (2014) explained that it may represent the beginning of a new policy cycle because

poorly designed and poorly executed policies may create new triggering mechanisms, or well-conceived and successfully implemented policies may put a long-festering public issue to rest. Depending on a variety of circumstances pertinent to an issue, he argued the links of the public policy fence can be direct and strong or fragmented and weak. Gerston posited that at some point, all that has or has not been carried out will be scrutinized through a process known as evaluation.

McKinney and Howard (1998) highlighted the role of middle and lower-level managers and the tension they face in translating instructions into programs that help people. They linked policy theory and management practice to show policy implementors' critical role in carrying out policy intent. The researchers emphasized the need for public managers to become more accountable through the interdependence of ideas and practice. They also contributed to the policymaking process and emphasized that administrators can no longer be viewed as neutral but must be held accountable for the results of government policy just as elected officials are. The authors stated that in democratic nations, the task of public policy formulation is usually dominated by individuals elected and authorized to act for the public, referred to as policymakers. According to McKinney and Howard, moving from formulation to execution, there are multiple influences on policy decisions, and therefore, public policymakers must take into account their constituencies made up of a host of organizations and groups often in conflict with one another. They posited that because the public policymaking process is complex with all levels and branches of government making public policy, public administrators should exercise legitimate authority capable of making and enforcing public policy decisions. McKinney and Howard recommended selecting alternatives to

meet the objective because this is a complex stage involving the analysis of conflicting values, requiring compromise.

According to Madimutsa (2008), the process of making a policy in any sector involves going through several interdependent stages, namely problem identification/policy agenda setting, policy formulation, policy adoption, policy implementation, and policy evaluation. He described formulating a policy process that involves the exercise of power by different individuals and groups actors, including individual citizens, political parties, and pressure groups. He emphasized that in a representative democracy, it is assumed that power flows from the people to representatives who form the legislature and formulate policies on behalf of the people. By so doing, the people initiate the process of policy formulation by voting for candidates whose opinions and values they know. As for the political parties, the researcher claimed that they serve as links between citizens and government policymakers who tend to be elected based on the programs or political parties they represent and the belief by citizens that they will implement the programs. Madimutsa stated that the other actors include pressure groups, formal structures whose members share a common interest, for example, civil society organizations whose primary goal is to influence the government's decisions without attempting to occupy political office themselves.

Forrer et al. (2010) provide a framework to assist public administrators to effectively exercise accountability. The researchers examined public accountability and its application to government and private firms involved in public-private partnerships. They provided a framework for assessing the extent to which public-private partnerships provide goods and services consistent with public sector goals of effectiveness,

efficiency, and equity. According to Forrer et al., there are six dimensions—risk, costs and benefits, political and social impacts, expertise, collaboration, and performance measurement—incorporated into a model that assists public managers in improving partnerships’ public accountability. They provided an approach by which leaders and managers of public–private partnerships can design governance structures in public–private partnerships to ensure effective accountability for their operation and results.

Hayes (2017) discussed incrementalism, a model of the policy process advanced by Charles Lindblom, who viewed rational decision making as impossible for most issues because of a combination of disagreement over objectives and an inadequate knowledge base. He argued that policies are made instead through a pluralistic process of partisan mutual adjustment in which a multiplicity of participants focus on proposals differing only incrementally from the status quo. He stated that significant policy change occurs through a gradual accumulation of small changes, a process Lindblom called seriality. Hayes said that for incrementalism to yield defensible policy outcomes, three conditions must be satisfied, all of which are far from automatic: (a) representation of social interests, (b) balanced political resources among groups, and (c) political parties must be rational. He stated that although Lindblom saw nonincremental policy departures as extremely rare, subsequent research has suggested that significant policy departures may occur in response to crises or public demand by developing a rationalizing breakthrough after many years of experience with policy implementation. Although many scholars and policymakers have argued that policymaking can and should be more rational, he (2017) argued implementing nonincremental policy departures poses special problems and often gives way to incrementalism in the administrative process as public attention and support

for strong action fades. Hayes argued that nonincremental policy departures are more likely to be both enduring and effective.

Junginger (2013) emphasized the urgent need to understand the relationships between policymaking and policy implementation and design. In his article, he discussed policymaking and policy implementation as problems of design and as activities of design, and pointed out traditional and emerging relationships between design and policy. The researcher sought to show that policies themselves are not yet fully acknowledged as design outcomes in contemporary policy studies, with literature still treating design almost exclusively as an isolated process that begins after a policy problem has been recognized. According to Junginger, this separation limits the usefulness and relevance of design concepts, methods, and activities to matters of policy implementation, thereby denying it a central role in the early stages of policymaking.

Junginger (2013) argued that policymaking in its essence constitutes a design activity, but policy implementation depends on the design of products and services. Yet neither policymaking nor policy implementation has been thoroughly discussed in design terms—not by designers or policymakers. He attempted to demonstrate the importance and timeliness of this discourse. I have discussed policymaking and policy implementation as problems of design and as activities of design. Junginger asserted that reframing policymaking as designing opens new opportunities to approach problems in the public realm. Yet despite the many linkages between and among design, designing, policymaking, and policy implementation, the opportunities these linkages present for policymakers and public managers are yet to be grasped.

According to Peters (2016), institutions shape public policy, and in turn, public policies shape institutions. Peters discussed the role that institutions, viewed from several theoretical perspectives, shape policies. Peters stated that institutions can structure the flow of information and ideas from the environment and have their perspectives on what constitutes a good policy. Peters posited that institutions help provide stability in public policies and credible commitment to government. According to Peters, an institution's policies also define its pattern of functioning and its relationships with other organizations and actors in its policy environment. According to Peters, public policies represent the choices made by governments, interest groups, nonprofit organizations, and other stakeholders. Peters stated that structures also engage in systematic interactions in making policy and must be assumed to have some influence over policy. Peters emphasized that although institutions are important in making policy, institutions are composed of individuals, and the individuals and their interactions make the policy. Therefore, Peters argued that thinking about institutional analysis in policy requires thinking about how individuals shape institutions and institutions shape individuals. Peters argued that institutions are important, but they are functioning in complex policymaking systems with other institutions, individuals, and socioeconomic pressures that may be difficult to control.

Policy Interpretation

According to Yanow (1996), a policy can have different meanings as interpreted by various parties. Policy interpretations are essential even though understanding the meanings can be difficult. Incorporating the policy interpretations of policymakers will allow for a holistic view of the policy implementation process. Yanow concluded that

interpretive analysis explores the contrasts between policy meanings as intended by policymakers and the possible variant, even incommensurable, meanings and experiences identified by other policy groups. Jennings (1983) stated that positivists believed that it is possible and necessary to make objective, value-free assessments of policy from a point external to that policy. Yanow (1996) claimed that policy interpretations provide an understanding of the needs and services required and clarify the type of programs and policies that can meet the needs of the intended recipients.

Yanow (1996) explained that interpretive approaches contest the possibility that an analyst could stand outside of the policy issue under study, free of its values and meanings and the values, beliefs, and feelings of the analyst. The implementation process involves policy interpretations of various stakeholders and policymakers, and interpretive analysis explores the contrast between the meaning by policymakers and meanings by other policy-relevant groups. He suggested that incorporating policy interpretations in the policy implementation process will allow a view of policy through the eyes of those who experience it from various facets.

According to Yanow (1996), analyzing policies from different contributors to the policy process allows opinions from all policymakers. Jennings (1983) suggested that policy interpretations could provide a means of fulfilling the most important ethical responsibility of policy analysts: to ensure that public policy is realistic, compelling, and efficient, and democratically legitimate.

CHAPTER 3: METHODOLOGY

The methodology chapter includes a restatement of the purpose, the research question, and design selection and introduces the population and defines the sampling methods. Following the basic guidelines for conducting research, an overview of the data collection process includes describing the instrumentation and protecting the confidentiality of participants. A review of the data analysis processes, my role as the researcher, limitations, and ethical considerations informs the final process with a detailed review of how the data provide answers to the research questions. Chapter 3 concludes with a summary.

Purpose Statement

The purpose of this study was to examine the Zambian disability policy implementation process and evaluate its outcomes. In Zambia, children with developmental disabilities and their families face several challenges, including inadequate access to mobility aids and transportation, health care challenges, poor access to education, and lack of enabling environments. Consequently, these children and their families cannot participate actively, either socially or economically, and tend not to reach their full potential. Therefore, the focus of this study was on the process of disability policy implementation and the quality of services provided to children with developmental disabilities and their families. The foundation for this study utilized the Kingdon (1984) policy streams theory to incorporate the perceptions of policymakers in the policy environment and contribute to the implementation of policy tailored to the needs of disabled children.

Research Questions

1. How has disability policy implementation affected the quality of services for children with developmental disabilities in Zambia?
2. What are the perceptions of policymakers, service providers, and parents of children with developmental disabilities regarding Zambia's disability policy?

Research Design

A qualitative methodology was most appropriate for addressing the research problem in this study. According to Creswell and Creswell (2014), a qualitative approach is suitable for exploring the perceptions of people regarding social or human problems. Through qualitative interviews and document analysis design, I gathered in-depth data to develop a thorough understanding of the services children with developmental disabilities and their families require and the policy implementation process as interpreted by the different policymakers. This approach helped me examine experiences, views, perceptions, and policy interpretations of various policy groups in the policy environment and assess the implementation of Zambian disability policies with the primary purpose to provide solutions for children and their families affected by disability. The goal was to explore information and draw conclusions that would reveal the policy implementation process and determine whether the policy process affects the quality of services for policy recipients. The intent of this research was to acquire information and results that would contribute to public administration literature in policy implementation.

A case study was an appropriate approach for the research because of its exploratory nature. Considering the number of policymakers to examine in this study, using multiple sources of qualitative data, such as interviews and policy documents, was

advantageous. A multiple case study approach allowed for in-depth analysis and understanding of the phenomenon of interest. Data from multiple-case designs are typically regarded as more compelling, and the overall research project is consequently considered as being more durable (Yin, 1994).

Population

The sample population comprised parents and guardians of children with developmental disabilities (policy recipients), service providers, and policymakers. The policy recipients included parents, guardians, and adult caretakers of children with developmental disabilities who are members of Facebook developmental disability networks and associations. The policy recipients were selected using purposive and snowball sampling methods. The service providers included community development officers and social workers from the Zambia agency of persons with disabilities. The service provider population was accessed using both purposive and snowball sampling methods. The policymakers consisted of policy implementers from the Ministry of Community Development and Social Services to be accessed through purposive and snowball sampling methods. Snowball sampling among the selected population helped identify the people best informed and suited to answering the research questions. Snowball sampling allowed participants to identify other participants with expertise in the subject and willing to share their views and experiences.

Access to participants from the three policy groups was gained through social media group networks and informants using purposive and snowball sampling methods. Essentially, after gaining access, I provided participants with clear instructions about signing the consent form regarding their rights as a participant, research requirements,

and expectations. The participants voluntarily chose whether to participate or not. Participants were advised of their right to withdraw from the study at any time without fear of penalty or loss. Through snowball sampling, participants on social media platforms facilitated access to participants who were not on social media platforms. I based recruitment on experience with and knowledge of the phenomenon of interest. I identified participants for the sample based upon set criteria listed in the section below.

Sample

The sample size was 30 participants, 10 participants from each policy group. Participants had to be 18 years or older and needed to know about the phenomenon under study. I informed participants of their rights to confidentiality and voluntary participation, procedures, and risks.

Parents and Guardians of Children With Developmental Disabilities

I obtained permission to recruit parents and guardians of children with developmental disabilities from developmental disabilities networks and associations of parents of children with disabilities on Facebook (see Appendix A). The associations and networks included parents of children with any type of disability. However, the recruitment criterion stated that the focus of this study was on developmental disabilities only. Participants comprised parents, guardians, and adult caretakers who had experience raising a child with a developmental disability.

When permission was granted, I posted a recruitment flyer in the networks and selected participants who met the following criteria:

1. Had a child with a developmental disability ranging from 2 to 17 years,
2. Spoke English,

3. Could understand questions and articulate their experiences, and
4. Lived in Lusaka, Zambia.

Policymakers

I recruited policymakers from the Ministry of Community Development and Social Services. Participants included employees in positions titled program officer. There are typically between 22 and 26 program officers at the Ministry of Community Development and Social Services. For this policy group, I used purposive and snowball sampling methods. I obtained permission to interview policymakers (program officers) through the permanent secretary at the ministry (see Appendix B). I selected potential participants in this policy group based on the following criteria:

1. Policymakers who were employees of the Ministry of Community Development and Social Services,
2. Involved in the development of the National Policy on Disability and its implementation within its operations, services for children, and developmental services branches,
3. Familiar with decision-making processes related to Ministry of Community Development and Social Services policies,
4. Spoke English, and
5. Understood questions and were willing to articulate their experiences.

Service Providers

I sought permission to recruit service providers from the Zambia Agency for Persons with Disabilities (see Appendix C), an agency concerned with the rehabilitation, enlightenment, empowerment, and social integration of disabled persons. The

organization advocates for equal rights and full access to information and public facilities for people with disabilities. Participants included employees from the Zambia Agency for Persons with Disabilities. The employees were in positions titled community development officer and social worker at any experience level. The Zambia Agency for Persons with Disabilities typically had three or four social workers at their 10 locations. From this group, I selected prospective participants based on the following criteria:

1. Service providers with experience working in immediate provision of services to children with developmental disabilities and their families,
2. Involved in the provision of services to children with developmental disabilities from 2 to 17 years,
3. Worked for the Zambia Agency for Persons with Disabilities or the Ministry of Community Development and Social Services in service provision branches or in collaboration with Ministry of Community Development and Social Services,
4. Aware of Ministry of Community Development and Social Services policy document or general Ministry of Community Development and Social Services policies,
5. Spoke English,
6. Could understand questions and articulate their experiences, and
7. Worked in Lusaka, Zambia.

Instrumentation

I utilized an interview protocol for parents (see Appendix D), policymakers (see Appendix E), and service providers (see Appendix F) to ask questions, including probes. The instrumentation for this research study included an interview guide with eight open-ended interview questions for parents of children with developmental disabilities (see

Appendix G) and seven open-ended questions for policymakers (see Appendix H) and service providers (see Appendix I). All participants were given excerpts from the Republic of Zambia, Ministry of Community Development, Mother and Child Health (2012) National Policy on Disability draft and were asked to interpret and comment upon them. I obtained primary data through semistructured interviews with open-ended questions to get detailed responses from participants. I conducted one-on-one, face-to-face interviews using the Zoom virtual meeting platform to obtain rich data, allowing me to observe body language exhibited by participants.

I conducted a field study on the open-ended interview questions. The field study was employed to test the questions. The field study helped test the open-ended questions' reliability and validity and determine whether the questions were clear and understandable. Also, the field study helped determine whether the interview questions yielded responses that were appropriate for answering the research questions. The open-ended questions were sent to three faculty members at California Baptist University by email. The field study helped identify whether there were flaws or limitations in the interview design and allowed for necessary modifications to the study's instrumentation. Following feedback from the field study, I modified the questions and wording of the questions as necessary to ensure reliability.

Data Collection

First, I sought permission from administrators of the Facebook pages to post recruitment flyers and recruit participants (see Appendix J). I also requested permission to recruit participants from the Ministry of Community Development and Social Services, and from the nonprofit organization, the Zambia Agency for Persons with Disabilities. I

emailed the respective site officer in charge, known as the permanent secretary and program officer at the Ministry of Community Development and Social Services and the Zambia Agency for Persons with Disabilities, respectively. I introduced myself and informed the officer of the research study and requested permission to recruit participants. I selected participants based on their experience and the position held. For service providers and policymakers, I requested to recruit participants who had professional job titles: community development officer, social worker, and program officer at the time. Once I obtained permission, I posted the recruitment flyers on the Facebook networks and asked the human resource department officers at Ministry of Community Development and Social Services (see Appendix K) and the Zambia Agency for Persons with Disabilities (see Appendix L) to send the recruitment flyer to their employees through email internally. The recruitment flyer included instructions for prospective participants to respond only to me if interested in participating.

Once prospective participants responded to the flyer stating their interest in participating, I sent them an email with general information about the study. The email included a formal letter of introduction, the informed consent (see Appendix M), the consent to video and audio records the interview, a confidentiality statement, and the research participants bill of rights. Participants were informed of their right to withdraw from the study at any time without repercussions. When they decided to participate, they signed and sent an email to my personal and private university email and included the signed informed consent agreement. Upon receipt of the signed informed consent, I contacted the participants to schedule the interviews. I then reached out to each participant to discuss potential interview dates and times. I scheduled 30 interviews over

10 days, with a target of three interviews a day, considering the time difference between Zambia and California. I conducted interviews within a 30- to 45-minute timeframe. I conducted interviews using Zoom video conferencing to obtain in-depth data. After scheduling all the interviews, I ensured that all participants had access to a reliable internet connection for the interview duration. The Zoom software program recorded audio and video interviews, which helped me analyze themes and coding. The data collection for this study reached saturation based on content when there was no new data, themes, or coding.

It took approximately 8 to 10 weeks to recruit participants, schedule, and conduct interviews. Considering the effort, time, and participant commitment, I offered a \$10 gift card as a token of appreciation after member checking the transcripts from the interviews. I obtained primary data through semistructured interviews with open-ended questions to get detailed responses from participants. In addition to interviews and policy analysis and exploring the implementation process of disability policy, I utilized a document analysis design. The National Policy on Disability and other accessible documents, such as newspapers and official reports and the laws, provided data for document analysis. This research aimed to evaluate existing policy through the Ministry of Community Development and Social Services. I examined the documents for implementation and saved them as a guide to determine policy performance outcomes and triangulate the data. To ensure validity, I triangulated data by collecting data using multiple sources of information to include interviews, observations, and document analysis. Creswell and Creswell (2014) suggested, “Triangulating different sources of information by examining

evidence from the sources and using it to build a coherent justification for themes” (p. 201).

Data Analysis

After data collection, I transcribed the recordings and analyzed data using NVivo, a qualitative data analysis computer program. I reviewed the recordings to identify any errors from transcription. Also, I used member checking by returning the transcribed interviews to participants for them to review and suggest anything that needed to be changed, clarified, or removed from the interview transcript. Once the participants returned the transcriptions, I reviewed notes, document data, observations, and transcriptions and coded data. I used the codes to discover themes. I utilized coding, as suggested by Creswell and Creswell (2014), to generate descriptions, categories, and themes for analysis while identifying participants’ general perceptions. I assigned alphanumeric codes to each participant and organization to protect their identities. Participant names and organizations remained confidential. The cross-reference between the alphanumeric codes and participant names were known only to me. I removed all identifying information to ensure confidentiality and privacy. I triangulated data by collecting data using multiple sources of information, such as interviews, observations, and document analysis. I integrated the data and interpreted meanings derived from the data that would help implement a policy to meet the needs of children with developmental disabilities and their families.

I safeguarded participant privacy by ensuring their names were de-identified in the study. Alphanumeric codes such as P01, P02, P03 were used to protect participant identity. The file name referred only to the assigned alphanumeric code. I was the only

person with access to the cross-reference between the alphanumeric codes and participant names. Once the recordings were transcribed and member-checked, I erased and destroyed all recordings, including video recordings of the interviews. Five years after publishing the study, I destroyed the electronic and paper documents by shredding paper documents and deleting electronic files.

Researcher's Role

I earned a bachelor's degree in public administration. As part of the requirements for completing the degree, I undertook research in which I examined the impact of public policy on Zambia's governmental institutions. I have remained current on policies, procedures, and changes. I have worked in the public sector for five years with a primary function of interpreting and administering policies. I understand the ongoing attempts to implement disability policies in Zambia, having had firsthand experience taking care of a family member with a developmental disability and therefore have gained experience with the research problem, the history, the setting, and the Zambian culture. I understand the challenges faced by families raising children with developmental disabilities and the services needed. Also, I have experience with researching public policy.

I am also a founder of a nonprofit organization with a mission of facilitating resources for children with developmental disabilities and equipping families with life skills to thrive, despite their challenges. Last, I have completed Collaborative Institutional Training Initiative for human subject research and understand the ethical issues about research affecting human subjects. The Collaborative Institutional Training Initiative training is significant for this study as it has provided me with the necessary skills for social and behavioral research with human subjects.

Limitations

Limitations of qualitative interviews included reliance on the ability of participants to recall the details of their experiences accurately and honestly. Case study approaches are time-consuming for providing a detailed analysis. Additionally, case studies can be challenging to replicate and generalize to a broader population. Researcher bias can be a limiting factor in qualitative research. However, by acknowledging my role and existing personal experiences concerning the topic explored in this study, I bracketed and put aside my values and assumptions so that the experiences of the participants could reflect in the analysis and reporting of the study findings.

Ethical Consideration and Confidentiality

There were no foreseeable risks to participants from participating in this research. Although there was no direct benefit to participants, their involvement contributed to policy implementation knowledge. I protected the identities of my participants and organizations by disassociating their names from the responses and using fictitious names. Creswell and Creswell (2014) recommended using aliases or pseudonyms for individuals and places to protect the identities and confidentiality of participants. Any personal data, such as names and addresses, were stored separately in protected files and encrypted files with secure passwords. The goal of this study was to advocate for equality, fairness, representativeness, and inclusion for children with developmental disabilities and their families. The findings related to this research topic will enlighten the public and raise awareness of the available public services. I adhered to the federal research guidelines to eliminate and minimize risk by emphasizing basic ethical principles. I fully informed the subjects regarding the purposes and expectations for this

study and provided accurate information to uphold the standards of honesty, integrity, and truth.

Validation strategies in the qualitative research included triangulation, clarifying bias, and reflexivity. For verification techniques, I clarified researcher bias and kept a reflexive journal. Defining researcher bias included commenting on my past experiences, assumptions, and feelings. I utilized a journal to record changes in perceptions throughout the research process.

Summary

As part of the research process, Chapter 3 was a detailed section regarding each component of the study, such as informative descriptions of the study method and design, and the different methods for data collection and data analysis. Strategies for obtaining relevant information to address the research questions were outlined, including restating the purpose for the study, research design, population, sample, instrumentation, data collection, limitations, ethical considerations, and data analysis plan. The sections on data collection and data analysis provided a detailed analysis of how the data might help answer the research questions. The information in the forthcoming chapters reveal the results of the study and conclusions based on the results.

CHAPTER 4: RESEARCH, DATA COLLECTION, AND FINDINGS

Overview

The previous chapter presented the different methods used in this study for data collection and data analysis. This chapter builds on that discussion and presents the findings yielded through an analysis of policy. The first part of this chapter focuses on document analysis, beginning with an analysis of the Zambian disability policy document, followed by an analysis of the Central Statistical Office & Ministry of Community Development and Social Services (2018) survey. The analysis of these documents lead into the findings related to the first research question and explore how the implementation of the disability policy has affected the quality of services for children with developmental disabilities in Zambia. The second part of this chapter focuses on the findings yielded by analyzing interviews with the parents, service providers, and policymakers. Additionally, the second part of the analysis addresses the second research question and explores the perceptions of policymakers, service providers, and parents of children with developmental disabilities regarding Zambia's disability policy; it then builds upon the findings discussed within the policy streams theoretical context.

This analysis is presented and supported by verbatim quotes obtained from interviews with the research participants. These findings represent the substance of what was said by the participants. In some cases, I modified quotes for conciseness because sometimes participants provided long descriptions or repeated the same point several times. In cases when the reader was not likely to gain additional meaning from these long quotes, I shortened the quotes to include only the main points.

Purpose Statement

The purpose of this study was to examine the Zambian disability policy implementation process and evaluate its outcomes. In Zambia, children with developmental disabilities and their families face several challenges, including inadequate access to mobility aids and transportation, health care challenges, poor access to education, and a lack of enabling environments. Consequently, these children and their families cannot participate actively, either socially or economically, and tend not to reach their full potential. Therefore, the focus of this study was on the process of disability policy implementation and the quality of services provided to children with developmental disabilities and their families. The foundation for this study utilized the Kingdon (1984) policy streams theory to incorporate the perceptions of policymakers in the policy environment and contribute to the implementation of policy tailored to the needs of disabled children.

Research Questions

The research questions for this project were

1. How has disability policy implementation affected the quality of services for children with developmental disabilities in Zambia?
2. What are the perceptions of policymakers, service providers, and parents of children with developmental disabilities regarding Zambia's disability policy?

Research Methods and Data Collection Procedures

A qualitative methodology was most appropriate for exploring the experiences and perceptions of participants. I conducted this study using qualitative interviews and document analysis. I gathered in-depth data to develop a thorough understanding of the

services children with developmental disabilities and their families require. Also, I gathered data from service providers' and policymakers' perceptions regarding the disability policy implementation process. This approach helped me to examine experiences, views, perceptions, and determine whether the policy process affects the quality of services for policy recipients. A multiple case study approach allowed for in-depth analysis and understanding of the phenomenon of interest.

All the interview participants were from Lusaka, Zambia. I conducted the interviews using Zoom video conferencing. The participants scheduled and joined the interviews at a time and place most comfortable for them.

The sample population comprised parents and guardians of children with developmental disabilities (policy recipients), service providers, and policymakers. The policy recipients included parents, guardians, and adult caretakers of children with developmental disabilities. These policy recipients are members of Facebook developmental disability networks and associations. The policy recipients were selected using purposive and snowball sampling methods. The service providers included community development officers and social workers from the Zambia agency of persons with disabilities and the Ministry of Community Development and Social Services. I accessed the service provider population using both purposive and snowball sampling methods. The policymakers comprised policy implementers from the Ministry of Community Development and Social Services, also accessed through purposive and snowball sampling methods. Participant demographics are shown in Table 1, Table 2, and Table 3.

Table 1*Parent Demographic Data*

| Participant code | Child's diagnosis | Occupation | Sex |
|------------------|-----------------------------|------------|--------|
| PG07 | Cerebral palsy | Unemployed | Female |
| PG08 | Cerebral palsy | Employed | Female |
| PG09 | Congenital Rubella syndrome | Employed | Female |
| PG12 | Neonatal jaundice | Unassigned | Female |
| PG13 | Cerebral palsy | Employed | Female |
| PG15 | Cerebral palsy | Employed | Female |
| PG16 | Cerebral palsy | Unemployed | Male |
| PG17 | Hydrocephalus | Unemployed | Female |
| PG18 | Cerebral palsy | Unemployed | Female |
| PG24 | Cerebral palsy | Unemployed | Female |

Table 2*Service Providers Demographic Data*

| Participant code | Occupation | Sex |
|------------------|-------------------------------|--------|
| SP03 | Social worker | Female |
| SP01 | Social worker | Female |
| SP02 | Community development officer | Male |
| SP04 | Community development officer | Female |
| SP05 | Community development officer | Female |
| SP06 | Social worker | Female |
| SP10 | Social worker | Male |
| SP11 | Social worker | Female |
| SP19 | Community development officer | Female |
| SP20 | Community development officer | Female |

For data collection, I first sought permission from administrators of the Facebook pages to post recruitment flyers and recruit participants (see Appendix J). I also requested permission to recruit participants from the Ministry of Community Development and Social Services and the Zambia Agency for Persons with Disabilities nonprofit organization. I emailed the respective site officer in charge, the permanent

secretary and program officer at the Ministry of Community Development and Social Services, and the Zambia Agency for Persons with Disabilities, respectively. I selected participants based on their experience and the position held. For service providers and policymakers, I requested to recruit participants who had professional job titles, community development officer, social worker, and program officer, at the time. Once I obtained permission, I posted the recruitment flyers on the Facebook networks. I then asked the human resource department officers at the Ministry of Community Development and Social Services (see Appendix K) and the Zambia Agency for Persons with Disabilities (see Appendix L) to send the recruitment flyer to their employees through email internally. The recruitment flyers included instructions for prospective participants to respond only to me if interested in participating.

Table 3

Policymakers Demographic Data

| Policymakers | Occupation | Sex |
|--------------|---------------------------|--------|
| PM14 | Policy analyst/specialist | Male |
| PM21 | Policy analyst/specialist | Male |
| PM22 | Policy analyst/specialist | Female |
| PM23 | Program officer | Female |
| PM25 | Program officer | Female |
| PM26 | Policy analyst/specialist | Female |
| PM27 | Program officer | Male |
| PM28 | Policy analyst/specialist | Male |
| PM29 | Policy analyst/specialist | Female |
| PM30 | Program officer | Female |

For data collection, I first sought permission from administrators of the Facebook pages to post recruitment flyers and recruit participants (see Appendix J). I also requested permission to recruit participants from the Ministry of Community

Development and Social Services and the Zambia Agency for Persons with Disabilities nonprofit organization. I emailed the respective site officer in charge, the permanent secretary and program officer at the Ministry of Community Development and Social Services, and the Zambia Agency for Persons with Disabilities, respectively. I selected participants based on their experience and the position held. For service providers and policymakers, I requested to recruit participants who had professional job titles, community development officer, social worker, and program officer, at the time. Once I obtained permission, I posted the recruitment flyers on the Facebook networks. I then asked the human resource department officers at the Ministry of Community Development and Social Services (see Appendix K) and the Zambia Agency for Persons with Disabilities (see Appendix L) to send the recruitment flyer to their employees through email internally. The recruitment flyers included instructions for prospective participants to respond only to me if interested in participating.

Once prospective participants responded to the flyer stating their interest in participating, I sent them an email with general information about the study. The email included a formal letter of introduction, the informed consent (see Appendix M), the consent to video and audio records the interview, a confidentiality statement, and the research participant's bill of rights. I informed participants of their right to withdraw from the study at any time without repercussions. When people decided to participate, they signed and sent an email to my personal and private university email and included the signed informed consent agreement. Upon receipt of the signed informed consent, I contacted the participants to schedule the interviews. The interviews were conducted using Zoom video conferencing. The Zoom software program recorded audio and video

interviews, which helped analyze themes and coding. Data collection reached saturation based on content when there were no new data, themes, or coding.

It took approximately 8 to 10 weeks to recruit participants, schedule, and conduct interviews. In addition to interviews, policy analysis, and exploring the implementation process of disability policy, I utilized a document analysis design. The National Policy on Disability and the Zambia National Disability Survey provided data for document analysis. After data collection, the interview recordings were transcribed and data were analyzed using NVivo, a qualitative data analysis computer program. I used the codes to discover themes for analysis while identifying participants' general perceptions.

Presentation and Analysis of Data

Analysis of the National Policy on Disability

The purpose of this analysis was to demonstrate the different perceptions of the policy document by relevant policy groups, including the parents of children with developmental disabilities (policy recipients), the service providers, and the policymakers at the Ministry of Community Development and Social Services. The focus of the study was on the policy implementation measures and how they affect the quality-of-service provision and the different perceptions of the three policy groups. Accordingly, the key objectives of this document and its interpretations were contrasted with participants' reported experiences, allowing the reader to view the policy issue from the perspectives of the three policy groups. Finally, this approach allowed for an understanding of the policy through the eyes of those who have lived it.

About the National Policy on Disability

The policy was formulated to address the needs of persons with disabilities. The aim was to provide a framework that would create an enabling environment for persons with disabilities and respond to their needs. In 2010, the Republic of Zambia agreed to the United Nations Convention on the Rights of Persons with Disabilities (Republic of Zambia, Ministry of Community Development and Social Services, 2015). The policy was drafted following the United Nations Convention on the Rights of Persons with Disabilities (2006) rules. The policy objectives were drawn from the Zambian situation analysis. The situation analysis indicated that disability in Zambia is still seen as a misfortune. Hence, some parents are ashamed to bring their children out in public. As a result, they are denied the opportunity to participate in socioeconomic issues. The vision of ensuring that persons with disabilities live decent and productive lives without any barriers and based upon the challenges of persons with disabilities according to the situation analysis, the following policy objectives were drawn:

1. To develop and promote programs that prevent and reduce incidents of disability;
2. To facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society;
3. To ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others;
4. To ensure equitable access to opportunities by persons with disabilities;
5. To ensure that all programs for persons with disabilities are implemented in a holistic and integrated manner;

6. To increase access to appropriate formal and nonformal education and skills training, including lifelong learning, by putting in place an inclusive education system at all levels;
7. To increase access to quality healthcare and services at all levels for persons with disabilities;
8. To safeguard and promote the realization of the right to an adequate standard of living and social protection;
9. To enable persons with disabilities to live independently and participate fully in all aspects of life (Central Statistical Office & Ministry of Community Development and Social Services, 2018).

Analysis of the Zambia National Disability Survey 2015

Zambia's National Disability Survey was initiated by the Ministry of Community Development and Social Services and implemented by the Central Statistical Office (2018) and the University of Zambia, collaborating with SINTEF, a Norwegian research organization, and United Nations Children's Fund Zambia. The main objective of the survey was to estimate the national prevalence of disability among adults and children, disaggregated by sex, the severity of disability, province, and the rural/urban division, and it was based on the understanding of disability set out in the International Classification of Functioning, Disability and Health (WHO, 2001).

Central Statistical Office & Ministry of Community Development and Social Services (2018) conducted the national disability survey, which was planned against the background of limited existing research-based knowledge about disability in Zambia. The Central Statistical Office & Ministry of Community Development and Social

Services (2018) survey included both prevalence estimates and comprehensive mapping and analysis of socioeconomic and demographic characteristics of persons with disabilities, including children, and an assessment of their quality of life in terms of activities, participation, and use of services (Central Statistical Office & Ministry of Community Development and Social Services 2018). It was anticipated that the survey information generated by the study would inform the mainstreaming disability issues in Zambia.

A review of this document was relevant for understanding the disability policy. Analysis of this document provided significant insight into the prevalence of disability among children and an assessment of the quality of life for individuals with disabilities. In addition, it gave insight into the ministry's background as it related to the provision of services tailored for the disabled across the city of Lusaka and the country at large. The document review focused mainly on the matters relevant to the purposes of this study.

According to the Central Statistical Office & Ministry of Community Development and Social Services (2018), gaps in access to services were identified and measured as a proportion of those who needed service but did not access it. Other factors explored in the survey included empowerment programs, welfare services, legal aid, health services, and health information. Approximately 20% of individuals with disabilities use an assistive device. There were more individuals with assistive devices in urban areas and among individuals with severe disabilities. The survey results also noted that the source of assistive devices was most commonly private (Central Statistical Office & Ministry of Community Development and Social Services 2018).

The Central Statistical Office & Ministry of Community Development and Social Services (2018) survey showed that few persons with disabilities were aware of organizations for disabled people. The survey revealed that approximately one in 10 persons with disabilities experienced problems with accessibility, and the problem was more pronounced outside the home. For many disabled individuals, hotels, recreational facilities, sports facilities, and banks were not accessible. Fewer accessibility problems were reported for primary health clinics, places of worship, shops, and hospitals. In rural areas, the main problem was that many services and facilities were not available to persons with disabilities.

The survey confirmed that persons with disabilities have more health problems than people without disabilities for both physical and mental health. Increased severity of disability was associated with increased health problems (Central Statistical Office & Ministry of Community Development and Social Services 2018). Furthermore, the survey provided a profile of child disability in Zambia, showing that disability covers more than visible or serious impairments and includes a range of functional problems present in the child population.

The Central Statistical Office & Ministry of Community Development and Social Services (2018) survey showed that there were considerable gaps in service provision, particularly in the proportion of people who needed a service versus the proportion of people who access it among children with disabilities aged 12–17 years.

According to Central Statistical Office & Ministry of Community Development and Social Services (2018), more children with disabilities than without reported accessibility problems, and generally, most children received primary education.

However, there were disparities between children with disabilities and those without. One-third of children with disabilities were illiterate, and literacy was higher among children without disabilities than with disabilities. More children without a disability were at school. More children with disability did housework in their own home or did not participate in any particular activity (Central Statistical Office & Ministry of Community Development and Social Services 2018).

According to the Central Statistical Office & Ministry of Community Development and Social Services (2018), the Republic of Zambia government recognizes disability as a human rights and developmental issue. Therefore, the country has put in place several laws and policies on people with disabilities, including the Persons with Disabilities Act No. 6 of 2012 (Parliament of Zambia, 2012) and the National Policy on Disability.

Despite considerable strides in policy and legislation, the country has not responded adequately to the needs of people with disabilities. People still face challenges in realizing their social, economic, cultural, and political rights. Overall, the national disability survey provided a valuable source of data that helped assess the situation among individuals with disabilities and their families.

Presentation of Findings

The focus of data analysis was based on the three policy groups' perceptions of the disability policy and the lived experiences of families affected by the policy. This section presents families' experiences as recipients of services impacted by the disability policy, followed by perceptions of service providers and policymakers. Both policymakers and service providers need to be aware of the life experiences of families of

children with developmental disabilities to better understand what these families' needs are and how they could best be addressed.

Presentation of Parents' Data

Theme 1 – Access to Services

The first major theme that emerged related to access to services (see Table 4). For participants, access to services was a key criterion for the delivery of quality services. Fifty-eight percent of the parents interviewed mentioned they had poor access to services (Figure 2). Parents expected the government to respond to their needs by ensuring accessibility and reliable services from the public sector. The findings of this study revealed a general concern and feelings of frustration about the inaccessible and unavailable services. All the parents expressed their concerns regarding access to services. These concerns included a lack of awareness about services, proximity to services, lack of transportation, lack of mobility aids, availability, discrimination and stigma, and financial burden. One parent stated,

If a child with a disability is living in a rural area where maybe it takes maybe five to 10 kilometers to go to a facility, and that child gets sick, it will be a problem for that child to reach the hospital.

Another parent talked about the difficulties faced because of accessibility issues. She stated,

Accessibility to places has been difficult especially because I have a small pushchair but its torn, there's a hole, so I use a wrapper to protect his head; when I put him in there, you would find that his legs are on the ground, and I get so tired that I can't move for a very long distance; we need a wheelchair.

Table 4*Thematic Framework – Parents*

| Theme | Files | References |
|---|-------|------------|
| Access to services | 7 | 16 |
| Accessibility challenges | 9 | 18 |
| Poor access to information | 1 | 1 |
| Awareness | 7 | 22 |
| Discrimination and stigma | 2 | 2 |
| Empowering families | 4 | 7 |
| Support | 6 | 10 |
| Financial burden | 7 | 11 |
| Health services | 6 | 9 |
| Special education | 8 | 15 |
| Factors that affect quality of services | 6 | 15 |
| Equal opportunities | 6 | 7 |
| Networking and partnership | 4 | 12 |
| Training and knowledge of service providers | 5 | 10 |
| Perceptions regarding disability policy implementation | 0 | 0 |
| Experiences raising a child with a developmental disability | 0 | 0 |
| Dealing with diagnosis | 7 | 11 |
| Difficult realities | 10 | 25 |
| Perceptions of the disability policy | | |
| Negative perceptions of disability policy | 10 | 20 |
| Positive perceptions of disability policy | 4 | 7 |

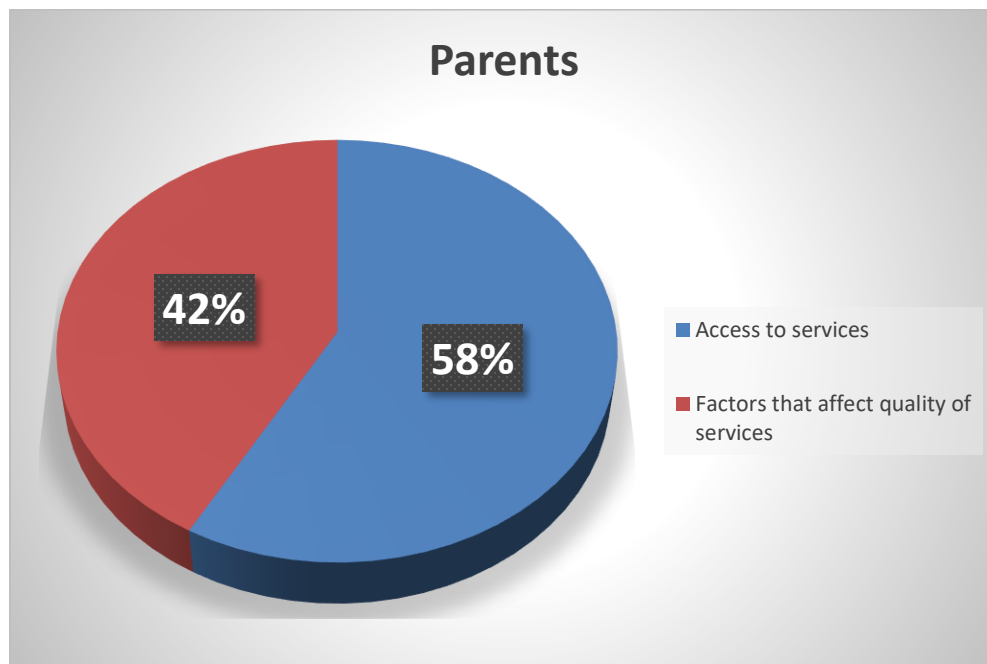
The sentiment by the participants agreed with the findings of the Central Statistical Office & Ministry of Community Development and Social Services (2018) survey that indicated that many services and facilities were not available to persons with disabilities:

It's a pity we are still far in Zambia, especially when we talk about accessibility; I even just feel bad. Like where I am, it's the only school in the area. I just got information that there are some children who don't even come to school because

they've got developmental disabilities. Parents can't afford to bring their children. Those that can't walk can't even be brought to school; there is no transport. If you have a child with cerebral palsy, with our public transport, when the child grows, parents stop bringing them to school. Access to education is tricky; the parents are just keeping them at home. Now talk of rural areas, it's worse.

Figure 2

Research Question 1 Themes –Parents



Discrimination and Stigma

Discrimination and stigma are part of the difficult realities that parents with developmental disabilities face. One of the parents noted,

When you are moving around in the street, people start pointing at you, saying put your baby in the back properly. When you take them to the clinic for under five,

people start pointing fingers. It got to the point where I just feel like not going back there, and just stay home. I feel every mother should be free to move around with their child without society pointing at them, without being looked at like they did something wrong to have such children.

The parents gave an account of the negative attitudes they encounter from both professionals and the general public.

Awareness

The participating parents all observed a lack of awareness by the public and expressed their plight to the need for increased sensitization. A parent claimed,

There is no outreach done in the communities; if she didn't get sick and we had not gone to the hospital, we wouldn't have known what was wrong with her. . . .

There is no sensitization, not even on television; people are unaware of the services.

Some parents said that when the community is sensitized, they can comfortably move around with their disabled children without fear of discrimination. A parent suggested,

The community should be sensitized more about kids with disabilities because most people who have children with disabilities don't like showing them to the public, they would rather he's ever in the house, because society looks at them differently. So, I feel when we're sensitized, when people are sensitized, they'll consider children with disabilities to be to be like any other child, to be normal children, to be considered as a blessing from God. Not to say when a parent has a child with disability, then they did something wrong.

Most of the parents echoed this view and believed that with more sensitization, the parents could comfortably move around in public without fear of discrimination. To echo this view, a service provider said,

There is need for access to information. The policy that the government has put in place is supposed to be accessible by all, and it can only be accessible if it is put into local languages. When local language is pinned down, people will be able to understand it. There is need for these policies to be simplified, put into smaller booklets, in local languages. Then people of different languages, people from all parts of our country will be able to understand different types of disabilities, as well as see how these people living with different disabilities can be accepted in their community, be given chance also to explore and to courage and see how they can also perform their abilities because being disabled is not being unable to do absolutely nothing.

Health Services

When asked about health services, most parents talked about their experiences with physiotherapy. All the parents who had a child who needed physiotherapy said physiotherapy was very helpful for their child. The parents said they could see the benefits of physiotherapy. A parent said,

My child never knew me; he would not recognize me but now because of physio, he knows that this is my mother, and he knows most people once I introduce them, he never forgets. Physio also helped me as a mother; while they were teaching him, I would learn.

The main concerns expressed with physiotherapy and other health services, such as medication, were concerning cost and are discussed further under financial resources.

Most parents were happy with the positive effects of physiotherapy although some had to stop the physiotherapy sessions because of financial burden.

Financial Burden

As noted, when discussing healthcare, parents complained about how expensive it is to raise a child with a developmental disability because of the expenses associated with childcare, physiotherapy, special diets, and specialized equipment. A parent had to stop taking her child for physiotherapy because of financial challenges. She said,

Otherwise, the only help is physio but because of the charges, also the mobility we have not been going because if you yourself you don't have a vehicle to take your child to the nearest physiotherapy then you must learn yourself how to do it. You have to hire a physiotherapist; you have to pay K400 for two hours. It's a nonstarter. You would rather buy milk, and food than physio.

Some of the parents interviewed had to quit their jobs to take care of their children.

Some depended on the government for social cash transfer, a cash incentive to help families with some basic needs. She said, "They say there is social cash transfer, but we have never received any funds yet."

The parents who continued to work expressed how raising a child with a developmental disability created a financial burden on the family. The parents talked about their child's special diet, which was hard to maintain. Some parents had to hire house helpers to take care of their child while they went to work. Some parents said that even though some medications were free at the University Teaching Hospital, the

medicines were usually unavailable. The parents ended up going elsewhere to buy the medicine. A parent stated,

He's also on medication for his cerebral palsy, he is spastic so he's on medication drugs called Baclofen, Phenobarbitone, and Sodium bitrate. Phenobarbitone the government buys when you go to the hospital, but for Baclofen you have to look for money and he takes it every day for him to calm down, otherwise he will be spastic, you cannot bath him, you can't cloth him if he doesn't take the medication.

Empowering Families

Families did not want to continue depending on the government for basic needs, but instead, they expressed the need to be empowered to take care of themselves. One of the parents said,

Any support which can sustain me will be helpful since I don't do anything because I can't leave him alone . . . so at least if I can have something to do at home, maybe selling something at home, which can help me to raise him and to take care of the family.

Most parents acknowledged that the government has good ideas to support families, but they have not seen the support yet. A parent was optimistic. She stated,

I hear some people with disabilities are being helped by the government with school fees. So, I think some of them, the government is trying. But I remember we applied for assistance from the government; we have tried. But there is no support; we are still waiting for a response from the government. As for social

cash transfer, it's now 2 years, no response from the government. It's a nice idea; government can have all these ideas, but implementation is very difficult.

Special Education

Most participating parents talked about the importance of special education. Some parents said that there were no schools available to accommodate their children. One of the participants claimed, "He hasn't attempted to get into school because the schools where children like him can go are not available." Some participants felt that even if schools were available, they do not have enough teachers and therefore cannot fully attend to their children. Some parents expressed this concern in terms of inequality:

I think more needs to be done. I think most of the things look good on paper but there has been no implementation. Like for my child, there is no school that can handle her, and she needs consistent care, and most schools don't even have enough teachers and cannot dedicate exclusive time for children in her condition.

Service providers in education also expressed their concern regarding special education. Most of the service providers talked about introducing inclusive schooling without accommodation for children with special needs.

Theme 2 – Factors that Affect Quality of Services

The second major theme of this study addressed the factors that affected the quality of services. This area was intended to highlight how the disability policy has affected the quality of services for children with developmental disabilities. About 42% of the parents interviewed believe there were multifaceted factors that affect the quality of services (see Figure 2).

Training and Knowledge of Service Providers

One parent questioned the expertise of the health professionals. She was told that her child was doing well and was discharged from the hospital only to discover later that the child still had Rubella, which later caused deafness and blindness because of being left untreated. She stated, “For me, I feel that if only they were experts or if they were people better equipped to deal with the same, I feel something could have been done sooner.” She believed the situation would have been avoided if the health professionals were experts. A service provider reiterated this view:

Even when they talk of prevention, because even when we are talking to parents about disabilities, like you know when this child didn’t cry during birth, they have no idea about disabilities that maybe it means the child may have some developmental challenges, they can’t even hint to the parent. The parent only comes to know the effects of not crying at birth when the child is 5 years old when they come for assessment for school placement. Nothing is mentioned. If these nurses can have some hints on these disabilities, which can happen at birth, they would be monitoring the developmental milestones. But in that policy, they talk like they know about prevention about all those things, but on the ground, even when you go to antenatal, there are no talks on disabilities.

Equal Opportunities

Most participating parents felt that disabled children are not provided with equal opportunities as other children without disabilities. A parent asserted,

Maybe after their policies are implemented, they will consider giving opportunities in an equal way as they give to able bodied people, they should be able to access education just like these so-called normal children.

Referring to special education, parents said that their children should also have a right to education like any other child.

Networking and Partnership

One parent described how valuable it could be to have meeting places for families in similar situations to connect:

For government, maybe if they could open more meeting places for families, and more schools for people with disabilities now we don't have. We don't have such places. I remember he would go to one place in Lusaka, but it didn't stay very long. They stopped meeting and like that, they would meet and the doctor would visit, talk to the kids, but that one ended earlier than expected. So, I feel if the government will do that, it would be a good thing.

Theme 3 – Parents' Perceptions Regarding Disability Policy Implementation

The third major theme of this study related to the perceptions of parents regarding disability policy implementation. The experiences of families shaped their perceptions of the disability policy.

Experiences of Families

All the parents expressed the difficulties they had when they learned that their child had a developmental disability. One parent said, "It was quite a lot to take in. She was fine, she could talk, and it changed so drastically, so it was a lot to take in with the whole family."

The parents talked about how disturbing it was to deal with the child's diagnosis without enough knowledge and information from health professionals. Most parents expressed disappointment in the way the health professionals handled the diagnosis. After a child was 16 months old, one of the parents was told that he was born with cerebral palsy. She explained,

We started noticing when he was 4 months old because he couldn't touch things on his own, he couldn't turn his neck, he couldn't sit; it was still a problem until he was 1 year, 4 months; that's when he was taken to the University Teaching Hospital, and after thorough investigations it was discovered that he was born with cerebral palsy.

Some parents talked about how hard it was to accept the situation and unfortunately did not get the support they needed from health professionals. The only support they received was from family. A parent expressed, "Acceptance was difficult. I was young. It wasn't easy. It took a lot of support from my family, they kept me together. It wasn't easy."

Talking about the difficulties they faced upon realization that their child had a developmental disability, most parents also expressed how they dealt with the difficult situations they experienced as a family raising a child with a developmental disability. One parent said,

It hasn't been easy. Imagine the joys of pregnancy, and having a child, and later being told the child has cerebral palsy. It's difficult to adjust to the news and to accept the situation. It's not easy all the time, but from my experience, I think acceptance and patience is one of the most important things that a parent has to

have. Yes, because those kids can't do anything on their own, they need you to help them out with everything. So, if you have not accepted it, it will be hard for you.

Most of the parents had to quit their jobs after discovering that their child had a developmental disability:

It's been a challenge. I was working, so I had to quit my job so that I could look after the child. It has not been easy raising him. You are not working, not because you are not learned to get a job, but because your child is depending upon you, so you say you are not going to work. You learn how to do small business to support your child. You just can't sit especially when you have other children who are depending upon you as a mother. It's really difficult actually.

Negative Perceptions of Disability Policy

Some parents felt that the government had not done much for children with disabilities, and they felt that the government could do more:

I personally feel the government hasn't really concentrated on people with especially children with disabilities, because even the time he was going for physiotherapy. We were, requested to buy a chair for him that would help him whilst at home. So, I requested to buy all those things. . . . So, what if it's someone who can't afford those things? It means their child won't have them and they won't benefit. As a result, the life of that child will be affected even more. So, I feel the government hasn't really considered children with disabilities. I feel those things should have been given out for free so that all children with a disability can benefit from them.

Some parents said the policy is good on paper but not in reality; they wondered what the way forward could be. A parent claimed,

We still have a long way to go, and most parents are footing their own bills. The policy exists on paper but what can we do to ensure that it works for us, for everybody, not just on paper?

Positive Perceptions of Disability Policy

Some parents acknowledged that the policy was well written. A participant said, “The policy is very well done in theory, but in practical very little is done.” Another parent said that she had seen the government helping people with disabilities, acknowledging that the government has done its part:

I think some of them have been put into practice, I hear there are some organizations which receive support from the government. And some people also who are being helped by the government with school fees. So, I think some of them, the government has really done their part in helping the people with disabilities.

Another parent had a similar view; she said,

When it comes to human rights, I think people are getting to understand, to accept that we have people with disabilities and that, that doesn’t mean that they are incapable of doing things that we can do as well. It’s just that they do them a bit differently. So, I have seen a very big difference with people’s mindsets and all that. But I think more can be done to educate others that these are human beings just like us, and that they deserve as much opportunities as anybody else.

Presentation of Service Provider Data

Data collected from service providers are presented in Table 5.

Table 5

Thematic Framework – Service Providers

| Theme | Files | References |
|---|-------|------------|
| Access to services | 10 | 32 |
| Awareness | 10 | 27 |
| Discrimination and stigma | 3 | 3 |
| Cultural background | 5 | 6 |
| Empowerment programs | 7 | 19 |
| Financial resources | 9 | 16 |
| Health services | 5 | 7 |
| Special education | 10 | 31 |
| Factors that affect quality of services | 6 | 15 |
| Advocacy | 3 | 6 |
| Equality of opportunity | 9 | 16 |

| Theme | Files | References |
|---|-------|------------|
| Human rights | 3 | 9 |
| Unavailable opportunities for participation and inclusion | 2 | 2 |
| Networking opportunities | 8 | 20 |
| Advocacy | 1 | 1 |
| Community | 3 | 10 |
| Political will | 1 | 1 |
| Training and knowledge of service providers | 6 | 8 |
| Perceptions regarding disability policy implementation | 0 | 0 |
| Negative perceptions of disability policy | 10 | 31 |
| Positive perceptions of disability policy | 10 | 29 |

Theme 1 – Access to Services

Some service providers felt that health services were too far from the communities and therefore not easy to access when needed:

Because of the economy, transport and the other things, the parent fails to take the child for further attention by the doctors. If we had such facilities nearby, for example, here in Chilanga district, if these facilities were nearby, bringing those facilities near the people. Maybe we could say, yes, the policy is working.

Another service provider felt that the policy measures to assist children with disabilities are tailored more to a child in the urban areas and not rural areas:

If the child with a disability, developmental disabilities is living in a rural area where they it may take five to 10 kilometers to go to a facility and that child gets sick, it will be a problem for that child to reach the hospital. The policy favors a disabled child who lives in the urban area where access to the health facilities is easy.

Most service providers agreed that to enable persons with disabilities to live independently and participate fully in all aspects, accessibility to facilities and services was important. A service provider reiterated this view:

I think I mentioned infrastructure development earlier; access points for people with disabilities is crucial. Now there is a requirement for new construction to include access points for the disabled, to have ramps and lifts. Also, older buildings but we are still lacking in this area.

All the service providers felt that accessibility in places like schools and social facilities was a challenge. A service provider stated,

We have a challenge in our schools. I have a child with cerebral palsy. We are trying to lobby so that the child can even access the class very well, the infrastructure, the furniture is not very comfortable for her.

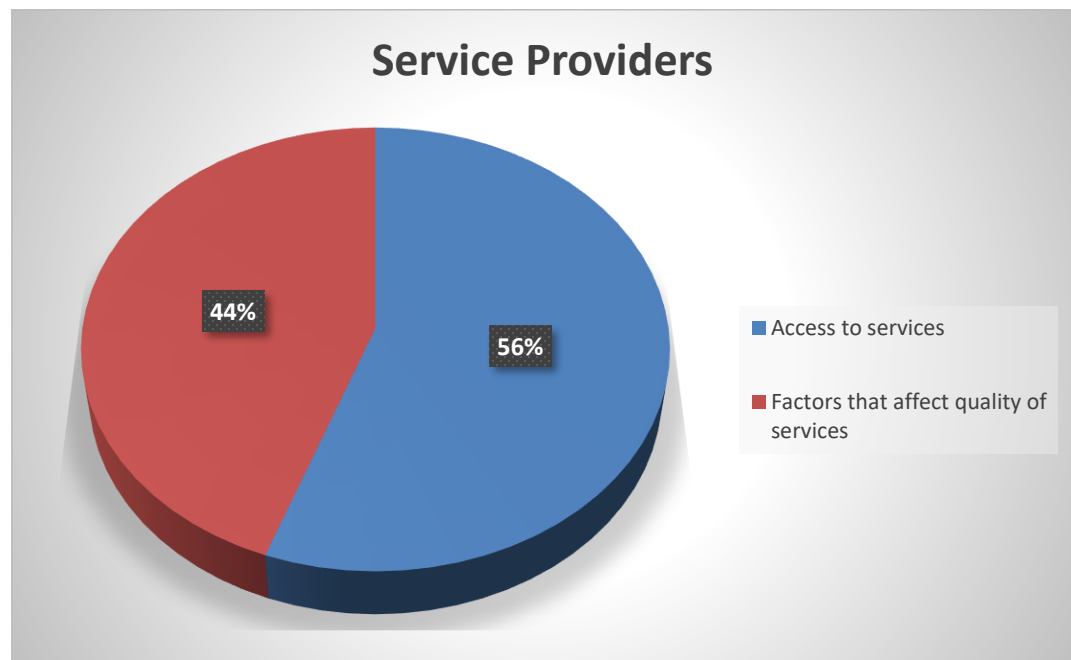
Another service provider reiterated the accessibility issues and stated,

When we go to the malls, sometimes shopping centers, there are no ramps where more children and not just children, people with disabilities can access the facilities. We are still very far on accessibility.

Of the service providers interviewed, 56% mentioned access to services as a major concern for parents of children with developmental disabilities (Figure 3).

Figure 3

Research Question 1 Themes – Service Providers



Discrimination and Stigma

The Zambian culture has affected how people in Zambia perceive developmental disability. Most service providers talked about the challenges they have seen parents face when parents move around with their disabled children in public. One service provider said,

In our African culture, back in the day, a child born with a disability was considered an outcast and would be thrown away. Even up to now, you don't see many families that have these children thriving. Most hide them in their home, and they never bring them out in public. Due to the African cultural background, parents have faced discrimination and stigma in their communities.

Awareness

Service providers observed that the communities needed to be sensitized to the different types of disabilities. One of the service providers talked about the need to have information on disabilities provided in various local languages:

But if the government was there to make sure that there is awareness about the different types of disabilities, then people in their community are going to be able to understand these different disabilities, and then embrace individuals living with different disabilities. And one thing that I wanted the policymakers to include is to make the information of different disabilities to go into local languages. When it goes into local languages, then people of different languages will be able to pick and understand what a certain disability is.

Another service provider reiterated the need for public awareness and sensitization programs within the communities. The participant stated,

So now there was a development of this policy where there is supposed to be a lot of public awareness, and there should be a lot of programs to make sure that the society is aware of these disabilities, which are present within our communities.

Health Services

Some service providers observed that many children with developmental disabilities need a lot of medical attention. One service provider said that usually the children have other underlying conditions. She claimed,

Children of special needs need a lot of medical attention, because not only are they living with disability, but very often they are maybe epileptic, they've got other attached medical conditions; therefore, medical help is very much needed.

This view echoes the Central Statistical Office & Ministry of Community Development and Social Services (2018) findings that persons with disabilities have other health and mental health conditions that worsen with the severity of a disability. Another service provider did not think that the government was capable of providing quality health care because it is a challenge even for able-bodied people:

When you talk of quality health, they can't even provide quality health to even the normal, us who are ok. Quality health care, those who have money, are managing, they send their children to Betty Cure because the University Teaching Hospital is not managing. When these children go to the hospital, some even fail to be assessed. Those who can manage take their children to private hospitals.

On the ground, health care is something else.

Another service provider acknowledged that the government was trying.

However, he also stated that the little that was being done was not significant:

I think the government is trying but honestly, it's like a drop in the ocean, and I think when we talk about prevention and health, this shouldn't start with children with disabilities; it should start with the mothers, especially pregnant ones. So

many children could be born with cerebral palsy avoided if the mothers had extra care before delivery and during the pregnancy.

Financial Resources

Some of the service providers talked about the financial challenges experienced. One service provided stated that even when funding was available, only 5% was allocated toward its purpose:

Finances are a challenge. So, if they can allocate a little more than what they've been allocating, maybe some things can improve. For special education, at the school where I teach our special needs kids, when the school receives a grant, we have only been given like 5% of that grant. And that is usually very, very little that it doesn't go a long way to help us.

Some service providers appreciate that the policy exists. However, they were concerned with the government's dependency on international bodies, and its lack of financial capacity to run programs to address the needs of the disabled. One participant stated,

Financial capacity is needed to run some of these programs, sometimes it has taken international bodies to help implement most of the programs. Although the policies are there, like I said. The government does not have enough resources to go around.

Empowerment Programs

Service providers acknowledged the policy measure in place to empower parents and families to thrive. However, some of the participants claimed that empowerment is not provided on a large scale:

The government is now trying to empower the caregivers, to empower the parents, so that as they take care of those children. But now this empowerment is not on a large scale. It just started, and not many of the parents have been empowered, and it is very, very slow. So, we are waiting for more implementation of this same policy of where parents, guardians and caregivers of these children are empowered so that a lot of them do stand on their own in order to fend for their children.

Special Education

The service provider participants felt that special education for some families was not easy to access because of proximity, especially in the rural area. A service provider gave an account of one of the children he assisted and wondered how the child is expected to access services. He said, “When you look in rural areas, the schools can be about 15 kilometers away from where the child is living. How is that child going to access education?” Most service providers felt that special education in Zambia is lagging significantly because of accessibility issues. The participants talked about the government’s introduction of inclusive education, but they indicated that the environment and facilities still do not accommodate children with disabilities:

There’s this thing now that has come inclusive education. We are having challenges in these so-called units and special schools now. It is going to be a challenge like in our country. I don’t think we are at that level where we can have inclusive education. Our classes, the mainstream classes have 60 or more Learners. Now you take this child in that inclusive class, how is that child going to benefit from that? Education is a challenge. Maybe if our classes have small

numbers. I know maybe we're copying it from somewhere. But if we look at other countries that have inclusive education, maybe they have small numbers. It's difficult. A child has to be included but should also benefit or should participate in that education. It's not just a matter of putting that child in that class and we say inclusive education. So maybe we start with our special units and the schools. We do the infrastructure, the staffing levels, then maybe we can go into inclusive. Now, if we are failing to do even this small part for the children with disabilities? Education for these children will be something else.

To echo this view, another service provider stated,

We provide special education, but it is not where it's supposed be, not the way it is written according to the requirements in the policy. But we are trying like right now they are talking of inclusive education for those with disabilities. But the facilities and the environment for children with disabilities is not the way it's supposed to be. The policy yes, it is written quite alright. But on the ground, it is a challenge to implement.

Another service provider said,

On the issue of teachers with special education training, I think we are still behind on that. For example, the school where I teach, we have 15 learners with disabilities, and when I say disabilities, it's not just one type of disability, but different, each one is unique. It's difficult to manage that class, it's a challenge. Yes, there are still teachers being trained at our college for special education, but we don't see them coming to teach. I think quality education is compromised because if you talk of one teacher to 15 learners, then you are not meeting the

needs of each and every learner in that class. They are a lot of children out there want to come to school , but because of limited places, we turn them back.

While discussing special education, some service providers talked about the importance of skills training and how it still needs improvement. Participants also described how, because of lack of skills training in schools, children who cannot proceed to further education are left with no skills:

There's no transition of children, who need skills to help them reach their maximum potential. We don't have such things. After level three, it's only academic, which is not even helping them. After that they just go in the community without any skill. We needed to have those in our schools where we identify the skills at an early age such that the child has maybe basic numeracy and literacy, then they proceed for skills training. When they have that skill, it can help them in their daily activities.

Most of the service providers expressed concern with the provision of special education in special needs schools, let alone in the mainstream schools with inclusive education.

Theme 2 – Factors That Affect Quality of Services

The second theme that emerged related to factors that affect quality of services. Of the 10 service providers interviewed, 44% agreed there were different factors that affect the quality of services, and 56% believe children with disability have poor access to services provided (see Figure 3).

Advocacy

A few service providers thought it was important for service providers and parents to advocate for children with developmental disabilities. One service provider emphasized the need to involve organizations that can represent these children:

There is much that is needed to be done in order for these disabled people to be taken care of, and that is the reason why we need a lot of organizations that can advocate for different types of disabilities, and these same organization which can even move the motions in parliament to see how parliament can help to possibly implement these policies which have been outlined.

Equality of Opportunity

A common view among service providers was that children with developmental disabilities needed to enjoy their human rights and opportunities to access services just like other children. One service provider stated that equal opportunity for these children means that

A child with a disability must be viewed like any other child. Give them access to everything that the other child has. Let them feel like that they are human beings. They are loved, they are cared for. It simply means that we care as a nation, that the government cares about these children. And we want them to enjoy life just like any other child. That's what I can say.

Training and Knowledge of Service Providers

Most service providers were interested in enhancing their skills and knowledge of the different disabilities and learning about associated services. A service provider emphasized health care services for the disabled. She talked about physiotherapy

services and noted,

Physiotherapy centers have been opened, and a number of nongovernmental organizations are coming in to help with the training of community volunteers to learn about physiotherapy so that more and more children can access health services in hospitals and health facilities.

Enhancing the training and knowledge of service providers will be helpful in quality service provision. As discussed under parent data, some of the parents were dissatisfied with the lack of expert care, especially at diagnosis. In addition, most parents were happy with the positive effects of physiotherapy. Still, some parents could not continue accessing the service because of limited services and the costs associated with getting to the physiotherapy sessions. As more service providers are trained, this could enhance the quality of service.

Networking Opportunities

Some service providers expressed the desire to help more disabled children and their families if only they could partner with the government and get more support:

If the government is very busy, let them point to some organization that can help us. Let them facilitate that meeting, let them facilitate if there is empowerment, so that as the government is engaged in other projects, the civil society communities or these organization, nonprofit organizations, are also concentrating on another side, so that together we can respect the human rights of disabled individuals. We can network as well as partner with each other, accessible to another, as well uplifting the standard of living for every citizen.

A service provider stated that networking and collaborating could help in improving services for individuals with disabilities:

I'm sure it will create networking in terms of involving the local people, our local leaders to network with policymakers, to network with organizations that are taking this information to them, as well as to network with stakeholders like teachers, stakeholders like people in health, and stakeholders like people in courts.

Another service provider suggested that it would be helpful for the government to facilitate meetings to collaborate with service providers:

It is not just about the definite needs of the people like energy, like food and like social amenities, but there is a lot that the government may not be aware of, which these organizations who are with the people in the community are aware of, which takes time, which takes protocol, which takes a very huge process for the government to come to know such. So, if the government can give audience to such organizations, then a lot can be achieved.

Political Will

A service provider felt that political will is necessary for policy implementation. She felt that it is one of the reasons why disability issues have not been fully implemented:

Maybe even those who are supposed to provide those services sometimes may not have keen interest in issues of disability. The attitude of the people who are supposed to push these agendas matters. So, it could be another reason that the policy is not being implemented and the quality not being a best.

Theme 3 – Perceptions of The Disability Policy Implementation

Negative Perceptions of Disability Policy

Most service providers felt that even though the policy existed, it did not benefit the policy recipients because of its failure to implement:

The policy is there, but I don't think the way I've seen it, it benefits them all because of no implementation. We are hearing about it; they talk about it on the radio. But then when it comes to implementation, these children should be visited. And these people should have a clear picture of these types of people in this community.

Another participant reiterated that the policy was now evident, but services stemming from the policy were not seen. This was a common view among participants: "The policy is there quite alright, but we don't really see the results, especially in my community, I think the people I've talked to have not seen much help for these children."

Most service providers looked at awareness of the different types of disabilities and described it as an area that needed great improvement:

Because when we talk of disabilities, most of the people just know that this person is disabled maybe in the leg, in the arm or those who are lame per se. But there are even those disabilities which we can't see. And even those other physically seen disabilities like cerebral palsy, really very little is done and a lot of parents are really suffering to take care of their children. Cerebral palsy is something else. Autism is another disability which is not really taken care of according to the way it is supposed to be. Like I said, even those who are physically challenged, most of them you find them on the streets trying to beg,

and trying to go to the social welfare. Social welfare which just looks at them. If they are given anything, then it's not anything to talk about.

Some participants talked about the government's lack of capacity and reliance on international partners who might have their own agendas regarding disability issues:

The issue of depending so much on international implementing partners is that they may have their own agendas which may not necessarily fit in well with what the government is looking to do. We are at a disadvantage when it comes to international players as far as implementation help because we lack the capacity to actually run some of these programs.

One of the service providers shared her experience regarding the issue of rehabilitation. She stated that rehabilitation services are not well established. She also suggested that a multidisciplinary approach, especially in schools, would be most beneficial:

On rehabilitation it is not well established. It was going to be better if we had that within the school where the children come to learn. If they can put in place like a multidisciplinary approach like where those children who have maybe physical challenges, can also access services like physiotherapy or rehabilitation in that way as a multidisciplinary. Because for me, if you put a child in a classroom who is disabled, I need to be advised very well by a physiotherapist, how I can place that child so that so that they're able to participate in my classroom because I don't have enough knowledge on how to position that child properly. Maybe sometimes I even fail, and that child may not even be able to access comfortably what I'm trying to put across, so we also lack that part, that multidisciplinary

where maybe a doctor should be involved for children who have sickle cell, like children who have other health impairments. We don't have that approach as a result, there is no quality.

Some service providers felt that the service quality was not at its best for several reasons when it came to special education. Some said the service quality was poor because there are not many special education schools:

The furniture and classrooms do not accommodate the disabled children; they don't have enough teachers. Hence the teacher-student ratio is high; skills training is not a priority in schools; and there is no transition to further education. On skills training, for learners, especially those with the intellectual challenges. There's a problem with transition to further education.

This confirmed the results of Central Statistical Office and the Republic of Zambia, Ministry of Community Development, Mother and Child Health's (2012) survey that found most children received primary education, but one third of children with disabilities were illiterate, compared to 18% of nondisabled children. The Central Statistical Office & Ministry of Community Development and Social Services (2018) indicated that literacy was higher among children without disabilities (81.7%) than children with disabilities (67.0%) and that more children without disabilities were at school and more children with disabilities did housework in their own home or did not participate in any particular activity. A service provider said,

Most of these children just end up at may be grade seven or level three. After that, they are supposed to be fused into skills training, but most of the schools that are around for special education, they don't have those facilities where children

can proceed to go and do the skills training. And as a result, you find that after level four or level three or grade seven they're just in the communities just moving around. There is a problem of transition for the intellectually challenged. As observed from the parent participants, the service providers also had a common view that the policy was drafted, but implementation was not successful. One service provider emphasized,

What I've seen is that what is written and what is on the ground are parallel. I think it is very well done in theory. It is well written, and we have the policy, and we have also human standards of care. But the practical life, very little is done. But I really see only Bauleni school, Bauleni center for special needs, and maybe Cheshire Homes, but the rest I have never heard of places where these children can get help. The policy is very well done in theory but in practical very little is done.

On prevention, most service providers were not sure whether this objective was realistic, considering the mentality of Zambians both as recipients and as providers of service:

So, I'll start with the prevention that you must reduce the incidences of disability. To say the truth it's a policy yes, but I think the implementation is not really emphasized because sometimes these disabilities could have been prevented. And when we talk about other countries, a couple which is intending to get married will have to undergo certain tests to see the blood compatibilities, the risk factors, all those things. And usually in Zambian its rare, we don't do that. And maybe even if we are told, people have gone ahead and started having children, even if

they knew it would result in a disability. That's just our mentality. And so, the prevention and the reduction has not really happened.

Positive Perceptions of Disability Policy

Some service providers agreed with the purpose of the disability policy and emphasized the need for independence for individuals with disabilities:

Well, as I alluded to, living independently is very important for everyone, you cannot have the quality of life when you always depend on someone and so, when these measures are implemented, these people are able to survive. You know, they all just see themselves as normal. And that gives quality of life whereby they are not ridiculed in society and society comes in to accept them.

All the service providers reiterated the need for the policy, and especially its implementation. They acknowledged that there was a mindset change and more acceptance for people with disabilities:

As for the objective on human rights, a service provider observed that there is now a mindset change, and a better understanding in of the rights of individual with disabilities in the communities. When it comes to human rights, I think people are getting to understand and accept that we have people with disabilities and that doesn't mean that they are incapable of doing things that we can do as well. It's just that they do them a bit differently. I have seen a very big difference with people's mindsets. The service provider acknowledged that she had seen an improvement in the quality of services for individuals with disabilities.

Another participant spoke positively and said she had seen the efforts of government toward implementing the objectives. She stated,

Even though the government is not able to really provide all those things, the efforts are being made. The government is doing its best according to what they can manage to implement those objectives. In terms of rehabilitation. All those measures are being put in place except that the government doesn't have sufficient funds to provide the better quality in terms of those services. It's still doing its best, even if it may not be at the best quality that we may need. They are still trying to implement each and every area.

Presentation of Policymakers' Data

The following thematic framework presents policymakers' data (Table 6).

Table 6

Thematic Framework – Policymakers

| Theme | Files | References |
|---|-------|------------|
| Access to services | 10 | 16 |
| Awareness | 9 | 33 |
| Discrimination and stigma | 4 | 12 |
| Financial resources | 10 | 24 |
| Healthcare | 10 | 17 |
| Special education | 10 | 29 |
| Support and empowerment | 10 | 20 |
| Factors that affect quality of services | 0 | 0 |
| Advocacy | 2 | 4 |
| Equality of opportunity | 7 | 15 |
| Human rights | 3 | 3 |
| Inclusion and participation | 4 | 6 |
| Networking opportunities | 10 | 23 |
| Political will | 2 | 8 |
| Perceptions of disability policy implementation | 7 | 21 |
| Negative perceptions | 8 | 19 |
| Positive perceptions | 9 | 27 |

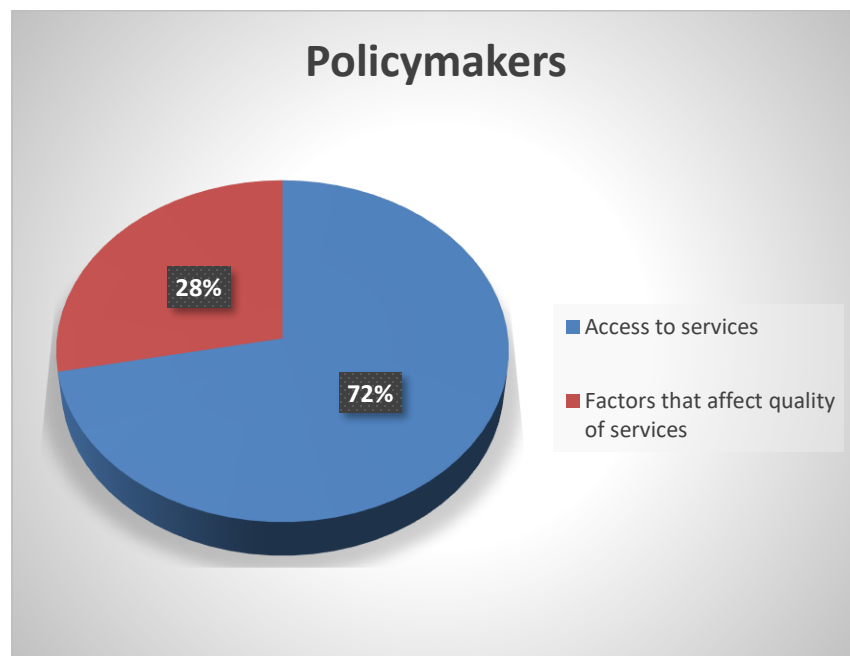
Theme 1 – Access to Services

In terms of accessibility, 72% of the policymakers interviewed mentioned access to services as a major contributing factor to poor quality of services (Figure 4). Some policymakers stated that this objective was a good step in the right direction. A policymaker said the policy was already being implemented, but the government was lacking in the area of transportation:

So, for children it's a good thing, it's a step in the positive direction for the government to make all these pronouncements and make all these policies and ensure that they are mainstreamed in each and every activity. It will make their lives easier but also, we have a challenge because very few of them access these things, that's the challenge that we have.

Figure 4

Research Question 1 Themes –Policymakers



Some policymakers stated that accessibility is one of the statutory instruments and that this was already being implemented. However, when talking about public transportation, all participants stated that it was still a challenge:

Public transportation is a challenge and we have lagged on this one. It is in the policy, but it is not implemented. For example, the blind needs a guide, but what if they cannot afford one.

Another policymaker felt that it was a good thing that the disabled are now being included in the construction of buildings:

The policy is also addressing the issue of accessibility. In recent years, the government has considered people with developmental disabilities when constructing buildings. We now require facilities make it easy for the disabled to access the buildings, so that those on wheelchairs can easily get in and out of buildings. As for infrastructure, new buildings are required to ensure they are accessible to persons with disabilities.

Discrimination and Stigma

Policymakers also referred to the African cultural background while discussing the issue of developmental disabilities. The policymakers spoke about how, in turn, parents are ashamed of their disabled children. A policymaker noted,

With the issue of our cultural backgrounds, back then people with disabilities rarely went to school, no access to education, they were like a taboo, misplaced in society. But over the years, it has become very evident that society was doing things wrong, so government needed to put measures in place to ensure that they are included in issues of national development, et cetera. Coming from that, that

cultural background has taken us a very long time to unlearn some of these things and accept the children as they are.

Awareness

Regarding awareness, one policymaker emphasized its importance and said that the government now has programs by which communities are sensitized about matters concerning disabled individuals:

There are now national days in which we have the social protection week. The Ministry of Community Development and Social Services airs sensitization programs, immunizations, and other services. We also have community-based rehabilitation.

Another service provider regarding sensitization emphasized the lack of awareness in the communities. One of the policymakers said,

At family level, the biggest challenge that we have is information dissemination. So as much as the policies have a component for people living with disabilities, you will find that some people don't even know it exists first of all.

Health Care

Regarding health care, participants talked about physiotherapy services and how the government is collaborating with partners to provide the service:

We have the University Teaching Hospital that provides physiotherapy services, and we have also engaged partners such as the nongovernmental organizations to open physiotherapy centers, and to help in training of community volunteers to learn about physiotherapy so that more and more children can access health services in hospitals and health facilities.

Financial Resources

All the policymakers mentioned the social cash transfer program when talking about the financial support being rendered families:

We as government, we believe that persons with disabilities, incur a lot of cost. Even just going to school or getting on a public bus. You find that they will need a lot of space. So that's why as government under social cash transfer, we've been giving households with children that disabled, a double share of cash. This has also motivated parents to bring their children out in the open since they used to hide these children.

Another policymaker also emphasized government efforts to reduce poverty. Most of the policymakers felt that finance had a lot to do with implementing the disability policy:

Implementation is usually hampered by availability of finances because a lot of these activities require money. If there's no financial backing it will be very difficult, you will be talking and not actually implementing. We have scarce financial resources, insufficient funds to provide the better quality of services. More funds need to be allocated to implement all the measures. For example, due to lack of funds, we are still behind on issues of transportation.

Support and Empowerment

Some policymakers confirmed that the government was providing support to the children with disabilities and their families. He talked about the positive results he has seen from the help rendered to families. He claimed,

For those receiving the support, I have seen a change not only a change in a child's life, but also change in the hope that it brings in a family, all of a sudden

there is an illumination of hope for the future for the child, as a result of the services being accorded to them or provided to the child.

Another policymaker confirmed that service providers through Zambia Association of Persons with Disabilities are provided with different avenues to empower the families of children with disabilities:

They are given loans to come up with programs such as the social cash transfer, farming inputs, chicken rearing, goats, all this to empower the vulnerable. There is also women empowerment, where women are supported. We have also implemented our social protection objective, empowering families by providing social welfare through social cash transfer.

Special Education

Most policymakers noted the work that the government is doing regarding special education:

With regard to children, we want to come up with a structural instrument on education. We want persons with disability to start going to school free of charge. What this entails is, disabled people must be given access to education, just as able-bodied people. They must even be given skills. Some can't sit in class and work. If those can even be given skills like survival skills, those are things we should consider when implementing the disability policy.

Another policymaker asserted that the issue of disability has been addressed, and as a result, the Ministry of Community Development and Social Services is encouraging parents to take advantage of the service:

In recent years, we have addressed education for the disabled through the ministry of education. There are now several special education schools and special units in our mainstream schools. We are also educating and encouraging the parents to bring these children to school so that they can learn regardless of their disability. Emphasis is also being put on their right to education.

Theme 2 – Factors that Affect Quality of Services

The second theme explored the factors affecting quality of services. An estimated 28% of the policymakers interviewed agreed there were various factors that affect the quality of services (Figure 4).

Equality of Opportunity

Most policymakers addressed the issue of equality of opportunities and emphasized its importance in addressing disability issues. A participant stated,

A child with a developmental disability should have access to everything other children have access to and should have equal opportunity to 1 day participate and contribute to national development.

While talking about equality of opportunity, participants also addressed participation and inclusion and human rights as factors that needed to be considered concerning the disabled, just like everyone else. A policymaker asserted that human rights should be considered when addressing equality:

Human rights talk about disabled people having the same rights as the able-bodied people. So, what I've seen is the most common in human rights, where it's like they are trying to echo the same opportunities for disabled and able-bodied children.

Networking and Partnership

Some participants saw the need to network with different government departments and nongovernmental organizations to enhance service provision for individuals with developmental disabilities. A policymaker said,

We work very closely with the Zambia Association for Disabled Persons in order to bridge the gaps that may be there in service provision by different ministries. So, networking and partnership is very cardinal in the implementation of the disabled policy. Some partners will come with knowledge, other partners will come with equipment, which at the end of the day, it will benefit the policy recipients.

Another policymaker echoed the importance of collaborating with different stakeholders about service provisions:

We have the University Teaching Hospital that provides physiotherapy services, and we have also engaged partners such as the nongovernmental organizations to open physiotherapy centers, and to help in training of community volunteers to learn about physiotherapy so that more and more children can access health services in hospitals and health facilities. Networking between the private sector and the government, or amongst all organizations working with disabled people will help implement this disabled policy properly. Because again, if you don't identify partnerships, we will discover that there will be duplication of work.

Political Will

Some policymakers emphasized that political will was a crucial factor in policy implementation. A participant said political will could either affect or promote policy implementation:

Sometimes it comes down to what kind of Minister you have to drive your policy.

If you have somebody that understands what you're doing, you will make headway. You will be setting trends; you'll be changing lives. If not, it doesn't usually work very well. We'd be pushing an agenda that they don't understand.

And half the time, that's our fate as government institutions or government bodies, you'll be given somebody at the top who totally doesn't get.

Implementation is usually hampered by political will.

Another policymaker echoed the political will factor and gave an example of how political will can affect implementation. She said,

For example, there was a mandate to increase access to buildings, there was something there about recreational centers for individuals with disabilities and their families. I'd actually like to go back and see how that has panned out because sadly the government-built plots on these recreational plots. So, there's always a clash between a good document and the political will by the government of the day.

Theme 3 – Perceptions of The Disability Policy Implementation

Negative Perception of Disability Policy

Some policymakers expressed that no matter how good a policy is on paper, its success depends on political will and other factors. One of the policymakers talked about the disadvantages of dependency on international partners. He said,

We also rely on certain international bodies to implement most of the programs.

But again, depending so much on international implementing partners is that they might start now pushing their own agenda, which may not necessarily fit in well with what the government is looking to do. So, we are always at a disadvantage when it comes to international players. Half the time they take away our voice because we need their money. So, I think for me that's where we have a challenge.

Some policymakers related some aspects of the policy that are not implemented even though they are well documented in the policy. A policymaker stated, "Public transportation for example is a challenge and we have lagged on this one. It is in the policy, but it is not implemented."

Another issue noted by the policymakers was that of social protection. One policymaker said that the social protection measures have not been consistent. The policymaker claimed,

As for the social protection, the last time I checked, this was handled by partners like churches. They are the ones who took it up. As for government, I can't even remember the last time they did that.

Positive Perceptions of Disability Policy

Overall, all the policymakers felt that the policy implementation was going very well although they did emphasize some aspects that were still lagging:

It seems the implementation has been going on very well. The government generally has taken keen interest in ensuring that every policy that comes into play considers the needs of the disabled. There is not a single policy that you're going to look at that does not factor in the disabled, which is an action direction from government.

Another policymaker claimed,

The quality of services had improved positively. Things for these children are getting better. There is better treatment of children with disabilities and better services as awareness is increased. Things are getting better for the families that have children with developmental disabilities.

Another policy asserted,

Even though the government is not able to address all issues, efforts are being made. The government is doing its best to implement those objectives. All those measures are being put in place though there are financial challenges.

Perceptions of Parents, Service Providers, and Policymakers Compared

One of the research questions focused on exploring the perceptions of policymakers, service providers, and parents of children with developmental disabilities regarding Zambia's disability policy. To answer this research question, the perceptions of all three policy groups were compared, as illustrated in Table 7.

Table 7*Perceptions of Disability Policy Compared*

| Policy group | Files | References |
|----------------------|-------|------------|
| Parent | | |
| Positive perceptions | 4 | 7 |
| Negative perceptions | 10 | 20 |
| Policymakers | | |
| Positive perceptions | 9 | 27 |
| Negative perceptions | 8 | 19 |
| Service providers | | |
| Positive perceptions | 10 | 29 |
| Negative perceptions | 10 | 31 |

It was interesting to note that all participants in the three policy groups had positive and negative perceptions. Although there were more negative than positive perceptions, all three groups still acknowledged the government's efforts regarding disability policy implementation.

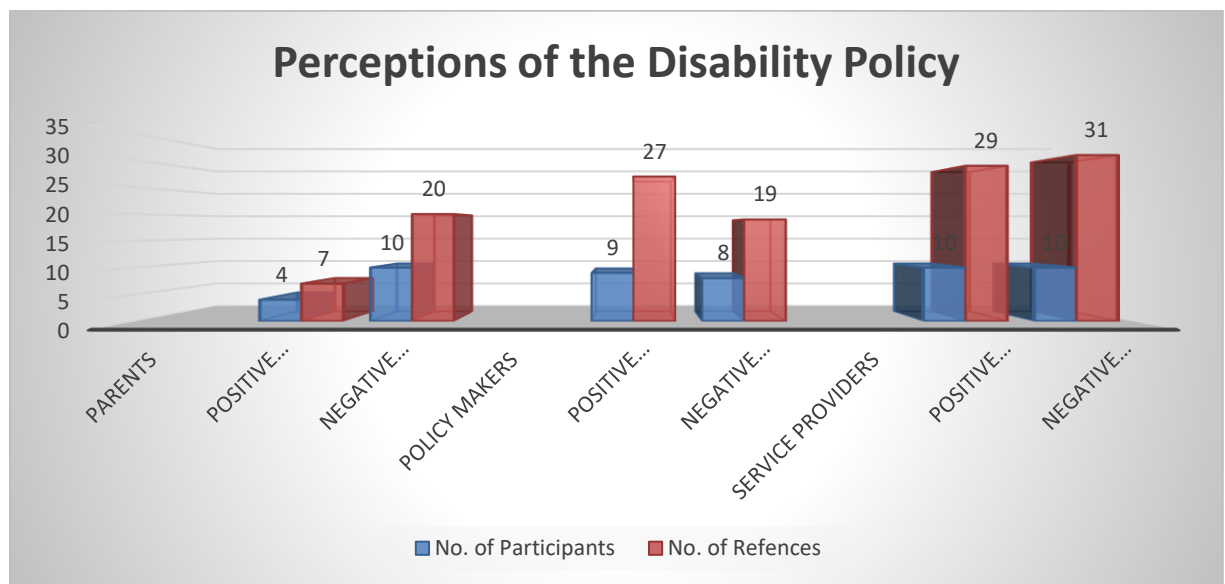
For parents, four participants had some positive perceptions to share, and all 10 participants had negative perceptions (Figure 5). In addition, the four parents with positive perceptions referred to the positive aspects they had seen regarding the policy seven times during the interviews altogether. The parents based their views on their experiences raising a child with a developmental disability and on the experiences they had from diagnosis to attempting to access the services pointed out in the national policy on disability in Zambia.

For the policymakers, it was interesting to see the findings considering that they had the mandate to implement the policy. Nine out of 10 policymakers had positive views to share regarding the policy, with 27 references to the positive efforts that the

government had made so far (Figure 5). Eight policymakers shared some challenges regarding the policy objectives and acknowledged that policy implementation was still lagging (Figure 5).

Figure 5

Perceptions of Disability Policy –All Policy Groups



Regarding the service providers, all 10 participants had both positive and negative views regarding the disability policy (Figure 5). They had many experiences to share regarding service provision to the families. The service providers felt that they had more understanding of the lived experiences of the families than the policymakers. Hence, with more collaboration, the service providers believed they could better assist with quality service provisions. More specific references to the excerpts from the interviews were shared in the previous sections.

Connection to Theoretical Framework and Discussion

The data collected and analyzed in this study were examined through Kingdon's (1984) policy model, wherein three streams needed to align with the public policy arena. The problem stream constitutes socioeconomic or environmental conditions that are not ideal. These problems are considered public, requiring government action to resolve them. These problems are a result of crises or feedback from programs that attract public attention. People define a problem based upon their understanding of a desired state of affairs. The problem stream highlights public issues subject to interpretation by the different policy actors; therefore, issues of interpretation arise in problem identification. This was seen in the study when other policy actors were interviewed. For example, most participants were concerned with poor access to disability services. Accessibility in itself was defined differently in the policy and by the different policy actors. There is, therefore, need to define the problem clearly and clearly state the policy purpose with its specific objectives.

The policy stream in this study was represented by the policy measures from the disability policy. The policy stream considers policy alternatives and outputs from experts who examine the problems and propose solutions. Several possibilities for policy action and inaction are identified, assessed, and narrowed down to some options in this stream. For this study, the policy actions were narrowed down into policy objectives and measures presented in the Zambian national policy on disability. If the policy problem is perceived differently by the policymakers, this will result in vague and abstract policy objectives that may not be achievable. In the case of this study, the policy is drafted mainly per the standards of the international bodies, which in itself is not problematic.

However, the statistics of the Zambia national disability survey also rely on data from international reports such as the world health report. Without proper engagement with the policy recipients, their actual needs will not be addressed.

The political stream involved the political will to make a policy change. It consists of the political atmosphere concerning which issues are significant and how interests should be balanced. As was demonstrated in the findings, governmental officials largely influence and shape policy decisions. The results show political will as one of the factors that greatly affected the quality of services. According to Kingdon (1984), although the three streams could work independently of each other, the three streams still needed to come together for a policy outcome to occur. The three policy groups were involved in examining the disability policy implementation process. The findings show that networking and collaboration are important factors for the policy groups to work together and be ready when a window of opportunity opens. The results of this study confirmed Ridde's (2009) assertion that there is a tendency to find solutions to issues that are much easier to resolve. Because of financial capacity, some policy objectives, such as public transportation and infrastructure development, were considered too complicated and were not implemented. Another of Ridde's observations was evident in this study per his application of the multiple-streams framework to the study of public policy implementation in a low-income country, Burkina Faso in West Africa. The findings echo Ridde's assertion that low-income countries' policies are almost always developed in response to external influences, often involving strict international directives, especially in a context of continued dependence on external funding. Some

participants talked about the government's lack of capacity and reliance on international partners who might have their own agendas regarding disability issues:

The issue of depending so much on international implementing partners is that they may have their own agendas which may not necessarily fit in well with what the government is looking to do. We are at a disadvantage when it comes to international players as far as implementation help because we lack the capacity to actually run some of these programs.

Another observation in this study echoing the policy streams theory was ambiguity in the policy objectives and measures. The measures were too broad and interrelated so that policy success would be hard to attain. A policymaker who was directly involved in the formulation of the disability policy stated, "Now looking at these excerpts from the policy, I see that we were too overzealous when coming up with this policy; these measures are too broad and are too interrelated."

The success or failure of meeting some policy objectives was directly reflected in the results of the other objectives. For example, because of lack of sensitization, some families were not aware of their services and could not access them. On the other hand, some families were aware of the services but could not access them either because of lack of transportation, lack of mobility aids, or financial burden. Consequently, success in a few measures still did not entail policy success.

Findings from this study confirmed DeLeon and DeLeon's (2002) and Hill and Hupe's (2014) claim that administrative discretion shapes implementer behavior, affects public service delivery, and is central to ambiguity and that an essential interaction occurs among problems, policies, and politics during the policy implementation process. It was

interesting to see how the different streams interact in the policy environment and how perceptions of each policy group translated into the success or failure of the policy. Some service providers and policymakers noted that overall, policy success is dependent on capacity and political will, attitudes, and decisions of implementers. A participant said,

It also sometimes boils down to what kind of Minister you have to drive your policy. If you have somebody that understands what you're doing, you will make headway. So political wheel for me is always key in policy implementation. Zambia, as a country, I think we have very good documents; we have very good drafters, but implementation is usually hampered by political will and the availability of finances because a lot of these activities require money. If there's no financial backing, it will be very difficult.

Finally, a common observation in this study was that policy implementation is a specific instance of collective action as it requires collective choices and responsibilities from numerous policymakers (Hill & Hupe, 2014). As illustrated earlier in the literature review's theoretical framework section, the policy streams model demonstrates how policy implementation success is based upon all three policy groups: the policy recipients, service providers, and policymakers. The policy groups need to collaborate and align their interpretation of the problem, the possible policy alternatives, and the desired outcomes to achieve policy implementation.

Summary

This chapter presented the research findings obtained through an analysis of the Zambian national policy on disability. The first part of the chapter detailed how the

policy implementation measures have affected the quality of services for children with developmental disabilities through analysis of relevant documents. This document analysis focused on the main policy ideas of the policy document presented through the objectives and the national disability survey. The second part of the chapter examined families' experiences as recipients of the disability policy, service providers, and policymakers' perceptions regarding Zambia's national policy on disability.

As reported in this chapter, families' experiences, service providers, and policymakers' perceptions indicated that the disability policy was well written. The information provided addressed the relevant aspects of disability issues and services well. However, the quality of services was strongly impacted by a number of issues related to accessibility, lack of awareness, little to no access to special education, financial challenges, networking and partnership, equality of opportunities, empowerment, and political will. Many families' experiences related to access to services or lack of services. The chapter concluded with a discussion of the findings of this study from the policy streams theory perspective. In Chapter 5, I explain from a public administration perspective why only a few of the objectives in the policy document were implemented.

CHAPTER 5: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The previous chapter presented the research findings obtained through an analysis of the Zambian national policy on disability. The first part of the chapter explored, through an analysis of relevant documents, how the policy implementation measures have affected the quality of services for children with developmental disabilities.. This document analysis focused on the main policy ideas of the policy document presented through the objectives and the national disability survey. The second part of the chapter examined families' experiences as recipients of the disability policy, service providers, and policymakers' perceptions regarding Zambia's national policy on disability. It concluded with a discussion of the findings of the study from the policy streams theory perspective.

This concluding chapter provides a discussion about how the policy implementation measures have affected the quality of services for children with developmental disabilities and addresses why so few of the disability policy objectives were implemented. Then, I discuss the experiences and perceptions of parents, service providers, and policymakers regarding Zambia's national policy on disability. Finally, this chapter concludes with a discussion of the contributions and limitations of this research study and provides recommendations for action and further research.

Major Findings

Findings – Research Question 1

The disability policy implementation has negatively affected the quality of services for children with developmental disabilities. Social policy is reflected primarily in the services it provides for its citizens. Therefore, policy outcomes are evaluated in

terms of the quality of services (Seidle, 1995) evident in this study. Overall, participants were dissatisfied with the unavailability and poor quality of services for persons with disabilities. Findings from this study agreed with Seidle's (1995) report regarding the general feeling of frustration about the inaccessibility of services and service deliverers. A lack of information was evident in this study. One of the major concerns was the lack of awareness of services on the part of policy recipients and service providers and policymakers' lack of awareness of the actual needs and lived experiences of the policy recipients in the communities. On the part of service providers, a lack of expert knowledge on the different developmental disabilities was seen through the experiences of the children and their families. One of the parent experiences noted in Chapter 4 related to poor preventative measures. The child was discharged from the hospital, and she continued with her regular wellness checks, but the health providers did not detect that she was born with Rubella until she lost her sight and hearing at the age of nine. Rubella is a cause of developmental disabilities. If care had been taken, this condition could have been prevented during pregnancy and after birth. After her case with the hospital, the parent narrated that the Rubella vaccine had since been introduced for pregnant mothers.

Sensitizing the communities at large will help address awareness issues and break the effects of cultural barriers. Some parents do not go to the hospital for delivery because of health facilities being far away, lack of transportation, poor financial resources, and cultural beliefs. Instead, the mothers give birth at home with the help of trained or untrained midwives in the communities. Hence, some issues related to developmental disability cannot be detected at birth. A service provider stated,

Even when they talk of prevention, for example, when a child didn't cry during birth, they have no idea about disabilities that maybe it means the child may have some developmental challenges, they can't even hint to the parent. The parent only comes to know the effects of not crying at birth when the child is five years old when they come for assessment for school placement. Nothing is mentioned. If these nurses can have some hints on these disabilities at birth, they would be monitoring the developmental milestones. But in that policy, they talk like they know about prevention about all those things, but on the ground, even when you go to antenatal, there are no talks on disabilities.

As most of the service providers stated, the government needs to address the awareness issue vigorously. Just as the policy draft is mainstreamed into the different sectors, awareness needs to be included in all forms of communication using all the local languages to reach the communities. This should include sensitization at health facilities before, during pregnancy, at birth, and during under five wellness checks. Also, sensitization needs to be done on television, local radio stations, and outreach in the communities because not everyone has access to television and radio networks.

In terms of accessibility, another major concern was that the services were not close to the communities where the families lived. The disabled children had no wheelchairs or mobility aids, and the parents had no transportation to get to the facilities where the services were being provided. A service provider stated,

For example, some disabled children need rails to walk on, some need wheelchairs . . . so it's really a challenge for us to implement because the facilities

are not there. Yes, the policy is there but when it comes to implementing, even if you came on the ground, you would see it's not the way it's supposed to be.

A service provider also gave an account of a disabled child in a rural area whose family could not afford to get to these facilities. She noted that the policy objectives favor a child living in the urban area. Participants were also frustrated with the lack of accommodation for the disabled in Zambia's public transportation. Related to this concern was the issue of inaccessible spaces at the facilities providing disability services. Participants from all policy groups described the issue of transportation and inaccessible buildings as an area where implementation was nonexistent. A policymaker reinforced this point:

So, to enable persons with disabilities to live independently and participate fully in all aspects, accessibility to facilities and services are key. I think I mentioned that even in the infrastructure development, these people are supposed to factor the access points for people with disabilities.

The issue of mobility and transportation was a major factor in poor service provision and access to services. Policy success in this study was measured through the outcomes, the experiences of the policy recipients. Therefore the policy has failed even though some services are available, but the policy recipients cannot get to the services. There is a need for equal opportunities for the disabled. People with disabilities are deprived of that right if they cannot easily get on public transportation and access buildings just like other citizens. The public buses have no provision for wheelchairs and allocated sitting places for the disabled. Parents still carry their children on their backs because they cannot use public transportation even if they have a wheelchair. When

these children grow, the parents are no longer able to carry them around. Hence, they stay at home and cannot access any services. There are no proper sidewalks or allocated spaces for the disabled. Some buildings have no elevators and hence are inaccessible to persons with disabilities. A parent said,

When you move around in the street, people start pointing at you, saying put your baby in the back properly. When you take them to the clinic for under five people start pointing fingers. It got to the point where I just feel like not going back there, and just stay home. I feel every mother should be free to move around with their child without society pointing at them, without them being looked at like they did something wrong to have such a child.

Public transportation and infrastructure issues indicate a significant problem to be resolved through capacity building with proper governance of taxation and spending. This issue will take a long time to implement. However, with effective governance systems and political will, it is achievable. Other public administration principles such as monitoring and regulations are not the issue currently but will help maintain the sustainable structure and systems once built. The issue of disability needs to be placed as a priority and included in matters of national development. Disability issues need financial backing and capacity to achieve policy implementation. The government needs to respond vigorously to the issue of disability, as a matter that affects national and economic development. It is not enough to have concerns addressed only on paper. The policy needs to have measures and objectives that are achievable and implementable and not abstract and vague.

The lack of and poor access to education services for children with developmental disabilities is an area of great concern. The parents expressed frustration that there were no schools that could accommodate their special child. In contrast, those who could attend a school had no reasonable accommodations ranging from infrastructure, mobility, and transportation and unavailable special equipment such as hearing aids or provision of sign language and braille.

Zambia still has a long way to go as far as achieving appropriate special education in public schools. Specialized special education schools are yet to be fully established, yet inclusive education has been introduced. Each disabled child needs to have an Individualized Education Plan (IEP) to cater to his or her special needs and associated impairments. The IEP for each child with a developmental disability would have to be in line with the special education rights and responsibilities. Special education schools should also address related disability services that may impact children with disabilities. Related services are other supportive services required to assist a child with a disability benefit from special education. These services include speech-language therapy, audiology services, psychological services, physical therapy, recreation, early intervention and assessment of disability services, counseling services, rehabilitation, mobility and transportation, and medical diagnostic and evaluation services. One parent gave an account of a case where her child became blind at the age of nine because she was born with rubella that was left untreated. The child was placed in a boarding school for the blind. The child developed depression while attending boarding school. The child was sent home and placed on depression and sleeping drugs as a remedy. Without the drugs, the child would not sleep but would spend the night talking to herself about

incidents before she became blind. Even when the child stabilized and went back to school, she had no access to other services such as counseling and psychological services while at school. The parent said,

With the onset of this depression, it affected a bit of her speech. She doesn't speak the way she used to. It kind of like took her back sort of like a recession, where now she will speak more like a child compared to the way she used to speak. Where we are, there are no therapy places where you can take her.

Although with the school, like I said, we don't have a lot of options here because the way I feel, we should have something where in as much as she's blind, but she's going through something else, she should be with experts that can be able to deal with both the blindness and the depression while at school. And if you look at the school that she's at, those only specialize in dealing with blind children and teaching. So, it's a bit difficult, it hasn't been easy. So, the progress is slow, but well, I'm sure eventually we'll get there.

Schools should provide related services that will help create conducive learning environments for children with developmental disabilities. One of the service providers suggested that having a multidisciplinary approach with the provision of related services within the school would help the teachers concentrate on the learning in the classroom and refer services needing the help of experts. Most participants in service provision expressed related concerns because of poor financial resources on the part of the government. A service provider shared that when grants are awarded toward inclusive education to accommodate children with developmental disabilities, only 5% is given toward the grant's intended purpose. She said,

When the special needs school in my area receives a grant, we have only been given like 5% of that grant. And that is usually very, very little that it doesn't go a long way to help us. Financial capacity is needed to run some of these programs. Sometimes it has taken international bodies to help implement most of the programs. Although the policies are there, like I said. The government does not have enough resources to go around.

Transparency and accountability in bureaucratic structures are hard to attain if mismanagement and corruption are present. Good governance of taxation and spending is pertinent to building and sustaining financial capacity to address the issue of disability. Where there is a lack of sustainable systems and structures to support policies such as the Zambian national policy on disability coupled with poor political will, implementation failure will continue to be the norm.

Findings – Research Question 2

The disability policy was drafted as a policy that would address disability issues and improve service provision. However, the policy has failed in its implementation as noted from the families' experiences and the perceptions of service providers and policymakers. The disability policy implementation failed in view of the participant responses from all three policy groups in this study. According to Jennings (1983), policy failures are usually a function of the failure of some significant actors to respond in the manner it was assumed that they would. Participants felt that the policy had failed in many ways, but mainly because of accessibility of services. Most participants acknowledged that the policy was well written in terms of addressing the needs of the

disabled. However, there was consensus that the policy implementation was still lagging. A service provider echoed this view:

What I've seen is that what is written and what is on the ground are parallel. . . . I think it is very well done in theory. It is well written, and we have the policy, and we have also human standards of care. But in practical life, very little is done.

Unavailability of services was not an unexpected outcome. The general perception in the communities was that there were no services for the disabled; partly because of lack of sensitization, and because of families' experiences regarding disability issues.

The policy was not well written as perceived by the participants. The policy is ambiguous and therefore explains why it is not successfully implemented. The policy objectives and measures are not measurable. As indicated in the national disability survey and by some policymakers, the policy was drafted in response to the obligations of the international classification of functioning, disability, and health and recommendations listed in the World Health Organization (WHO) report. The drafting was done without proper account of local capacity to achieve the global goals, leading to the continual reliance on international bodies for implementation.

The participants felt that the policy had no financial backing and political will to implement it. All participants noted that networking and partnership with service providers was a key factor in ensuring implementation because service providers are in direct contact with the policy recipients more than the policymakers. As Weir (1992) noted, policy ideas may reach the national agenda and even be selected by politicians, but policymakers need to build supportive alliances for policy action. A service provider reiterated this view, stating,

There is a lot that the government maybe is not aware of, which these organizations who are with the people in the community are aware of, which takes time, which takes protocol, which takes a very huge process for the government to come to know such. So, if the government can give audience to such organizations, then a lot can be achieved.

Most programs related to developmental disabilities in Zambia are funded by private and nongovernmental organizations. The government, through the Ministry of Community Development and Social Services, helps with the placement of these vulnerable children into care homes. The government also has a subsidizing plan called the social cash transfer to help the vulnerable with some cash to help with basic needs. Participants expressed frustration with being listed on the fund but that they have never received any funds yet. If properly implemented, this would help with basic survival. However, this does not resolve the actual needs of people with developmental disabilities. The parents of children with developmental disabilities need to be supported and empowered within sustainable structures that can help them achieve independence and contribute both socially and economically. The government needs to invest in skills training centers to help children with developmental disabilities learn daily living activities and their families learn skills that can help them be self-sustainable. Most of the children with developmental disabilities cannot go to school. Those who attempt to go to schools do not advance into high school and end up in communities with no skills and are therefore considered a burden to the family. A service provider said,

It would be good to enhance whatever skill a child is good at, and see how that skill can help them for their future endeavors. For skill training, long time ago it

used to happen in the previous governments, especially the first government, but now very little or nothing is happening. Because of the mushrooming of a lot of nonprofit organizations, the government now would like to leave almost everything to these no profit organizations to do it for them. So, if the government really brings back and enhances the skill trainings, it is going to help many disabled in order to fend for themselves even when others are not there, so that they can stand on their own.

The service provider also expressed the need to have skills training centers to empower children in their various strengths and allow them to be productive and independent. He stated,

A skills training center is not just going to look at skills like maybe tailoring or these other skills like wood wedge. We would like to also look at other skills like a sport, art. Because if you look at these children living with autism, especially those who are able to speak, these children are talented in different ways. So, I'd like to enhance their strengths. So, if this child is good at games like Chess, we enhance that, let them be experts so it can help them in future. Some autistic people are footballers, and others are musicians, others are wrestlers.

Some of the reasons for policy failure, as identified by Hudson et al. (2019), that relate to this study's findings include overly optimistic expectations, implementation in misplaced governance, inadequate collaborative policymaking, and the notions of the political cycle, which are part of the policy stream. Corrupt practices regarding mismanagement and diversion of funds have highly contributed to policy failure in Zambia. Some of the

services are not provided or are of poor quality because of lack of funds and misallocation of funds from intended purposes.

The findings of this study agree with the literature and the recommendation by WHO. The role of government policymakers is to ensure equal access to services, policymaking, and implementation, suggesting that governments should regulate service provision, set and enforce standards, and fund services for people with disabilities. However, although these objectives are cardinal to the policy implementation process, the case of Zambia indicates a problem with issues related to governance systems and structure. Without proper governance, there is not much that factors such as regulation of service provision can do to alleviate the problem of developmental disability in Zambia. Capacity and political will have a lot to do with why disability services cannot be fully executed. A policymaker mentioned that providing services within their department depended highly on those driving the policy agenda. She stated,

It sometimes boils down to what kind of Minister you have to drive your policy. If you have somebody that understands what you're doing, you will make a way. You will be setting trends, and you'll be changing lives if you have somebody, which is almost always the case, who is not interested in social welfare. That doesn't usually work very well. We'd be pushing an agenda that they don't understand. And half the time, that's our fate as government institutions or government bodies. You'll be given somebody at the top who totally doesn't get it. And for the longest times they are in the ministry you are teaching them. So, if you have somebody that easily adapts, and they develop a passion for what you're doing, it becomes an easy job but if you have someone that totally doesn't

get it, you'll be at a loss. So political will for me is always key in policy implementation.

The Zambia national policy on disability's objectives include measures to prevent disability. According to the participants, these measures look good because they state what seems to be lacking in the communities. However, this objective is vague. The objective is not broken down into specific implementation plans to curb incidences of disability. Factors related to prevention, which are lacking, include education and health care issues. These factors need to be fully tackled before the issue of developmental disability can be addressed. Addressing the issues of disability should begin from before, during, and after pregnancy, not only for the mothers but also for service providers, policymakers, and the community at large. Education will help break the cultural barriers affecting inclusion, participation, and service provision for persons with developmental disabilities and their families. A social worker narrated a case in which the community development and social services ministry took on an autistic child and placed the child in a care home because the parents believed that their child was mentally disturbed and could not handle it. The service provider said,

I will give you an example of one child, a case at social welfare department. This woman brought her child who is autistic but from an uninformed point of view. This parent thought the child was a mental case, like he's not normal. So, it took us a lot of time to try and explain and educate the mother to say he is not mentally disturbed, he has a condition and it's called autism and it can be managed. So, we had to take that child away from her for some time. We took him to hospital, they had to manage him, put him on some medication until he was okay. Then after

some time we invited the mother to this facility where we were keeping the child and she was shocked: “This is my son”; yes this is your son. They let him roam where he was found at a cemetery where he was eating from shallow graves, it was just a bad thing. So, when she actually saw the child, she was surprised; she actually shed tears. “I had no idea my son can actually have a conversation like this.” So there’s very little education and information on disabilities, even just within the homes where a child is born.

Another service provider involved, particularly with autistic children, also expressed concern with the lack of information and awareness of cases such as autism in Zambia.

The service provider gave an account of a child stating,

A lot of people do not know what autism is, so even channeling their resources to helping such children is very difficult because they know little or nothing about such a disability. There should be networking to raise awareness in terms of involving the local people, our local leaders to network with policymakers, to network with organizations that are taking this information to them, as well as to network with stakeholders like teachers, stakeholders like people in health, stakeholders like people in courts, because for example, a child was fond of certain colors and picked up a phone which appealed to his eyes; he was picked up and beaten up, and taken to the police as a petty thief. So, there is a need for these policies to be simplified, put into smaller booklets in local languages. And when it is done, then people of different languages, people from all parts of our country, will be able to understand different types of disabilities, as well as see how these people living with different disabilities can be accepted in their

community to start with, as well as be given a chance also to explore their abilities, because being disabled is not being unable to do absolutely anything.

To reiterate the lack of information and awareness regarding the different developmental disabilities and services available, a service provider observed that cultural backgrounds had played a part, stating that these cultural beliefs have been hard to unlearn. She stated,

You find that someone has a condition like spina bifida. First of all, they are ashamed of this child. They will be keeping this child in the home, hiding this child from maybe even the rest of the siblings or the rest of the family, and it's like a shame to have a child with a disability. There are very few families that you see that have a child with a disability that actually is thriving in their home because they love them the way they are, they are taking care of them, and they are so proud of the family, they play, they go to school. I think it comes from our African background. Coming from that, our cultural background has taken us a very long time to unlearn some of these things and actually accept the children as they are. As social welfare, we don't force parents who are not able to take of those children to do so; we would rather safeguard the life of the child, counsel the family in time, encourage them, and sometimes when they get to visit the child, and they see that actually this child can be managed or all this child needed was care and protection, they take the child back in, and we keep monitoring. At the family level, the biggest challenge that we have is information dissemination.

Implementation of the disability policy will require education on the different developmental disabilities, their causes, preventative measures, a clear understanding of the problem, an understanding of the actual needs of persons with disabilities, and what it

will take to address this issue fully. Bardach and Patashnik (2019) recommended in their eight-fold path to effective problem solving that it is important to define the problem first before constructing the different criteria for problem resolution. Concerning the policy-making process, the issue with the case of Zambia's disability policy lies with the implementation and evaluation of local capacity to execute the policy.

To execute the disability policy in Zambia, I recommend using the instrument of taxation and spending to secure funding programs such as disability policy implementation to build local capacity. For example, to address the issue of accessibility and transportation, it will be important to include conventional transport methods on new infrastructure and pricing policies. This will help build local capacity. The instrument of regulation and standards will be helpful in monitoring and ensuring accountability when sustainable systems and governance structures have been built.

Limitations

This qualitative study had a few limitations: the multiple case study approach was time-consuming for providing detailed analysis, and conducting the interviews virtually presented another limitation. The participants were located in Zambia, a low-income developing country. Hence, there were challenges with internet connections, and some interviews had to be rescheduled several times because of the time differences. The participants were unavailable initially, especially on the part of the policymakers. There was a general reluctance to participate from all three policy groups because of unfamiliarity with Zoom video conferencing for a research interview. However, once I set the expectations and they understood the interview process, the participants who

engaged in the study were transparent and provided valuable information about their views, perceptions, and experiences regarding the disability process.

Conclusion

This qualitative study was conducted to examine the Zambian disability policy implementation process and evaluate its outcomes. I explored implementation analysis considering the formulation of implementable policies and policy success as key outcomes. I interviewed 10 parents of children with developmental disabilities (policy recipients), 10 service providers from the Zambia Association of Persons with Disabilities, Ministry of Community Development and Social Services, and policymakers. The findings of the study revealed that disability policy implementation has negatively affected the quality of services for children with developmental disabilities. In this study, policy outcomes were evaluated in terms of the quality of the services provided. A major finding was concerning access to services. There was a gap between the provision of services and access to the services. Additionally, participants' perceptions were that the policy was well written on paper, but what was on the ground was contrary. Overall, there was consensus among participants that the policy was well-drafted and addressed disability issues well. However, the implementation of the policy was not successful.

Implications for Action

The findings from this study could help improve the quality of services provided to children with developmental disabilities and their families. The results revealed that the policy was well formulated, with the needs of individuals with disabilities well documented. However, the policy implementation was not successful. The themes that

emerged from the study might help direct efforts to tailor the policy objectives to the specific needs of the children with developmental disabilities and their families. Major emphasis on accessibility of services, on the factors that can help improve the quality of services, and consideration of the perceptions of all policy actors could help translate the policy's intent into action. Successful implementation of the national policy on disability might promote independence and benefit children, families, and communities with resources on health, mobility, education, inclusion, and participation. Implementing the disability policy could help improve disability services, thereby creating an enabling environment for independent living. Overall, conclusions drawn from this study contribute to the discipline of public administration and policy implementation literature.

Recommendations

With the notion that policy outcomes are evaluated in terms of the quality of services provided, it was important to examine the perceptions of those with the mandate to implement the policy, those with the role of execution through service provision, and most importantly, the policy recipients. Considering the results of this study, the following are the recommendations:

1. Increase collaboration. Policymakers should actively engage families and service providers in the policy process. A robust communication plan should be developed to eliminate the continued lack of awareness regarding disability issues.
2. Develop family-oriented policies to tailor services to the specific needs of individual families. This especially should be done for children with developmental disabilities. These children are dependent on their families. Hence, the services need to be family-oriented to meet the needs of the disabled child and the family.

3. Consider the different types of disabilities in formulating and implementing the disability policy. Not all the needs of the disabled can be addressed under one umbrella. Children with developmental disabilities need to have tailored services addressing their specific needs and associated health impairments.

For each policy objective and service provided, access to the services should be a major factor. The tools to access the services should be addressed, because this directly translates into policy success or failure.

Implementation capacity needs to be evaluated against the policy implementation plans and governance structures and reviewed periodically. In addition, disability policy implementation should be placed high on the policy agenda. Once governance structures and systems regarding developmental disability are fully established, the instruments of taxation and spending will help build capacity to implement. Thereafter, transparency and accountability measures will be crucial. Monitoring and regulation will then be more meaningful at this stage to maintain and strengthen capacity. This will bridge the gap between a well-drafted policy and a successful policy. Smith (1973) argued that even though a policy is the most rational and elaborate, it is not meaningful if the administrators do not have the tools to implement it.

With the above recommendations in place and the three policy groups coming together, the policy could have a better chance at implementation when windows of opportunity emerge, as described in Kingdon's (1984) policy streams theory, and it will create a link between policy intent and policy action.

Concluding Remarks and Reflections

The research process was challenging and yet enormously gratifying. This research revealed key issues with disability policy implementation. The findings revealed access to services is a primary factor in the successful implementation of the policy. It was interesting to note that some of the disability services were available through the Ministry of Community Development and Social Services. Yet some of the parents were not aware the services even existed. It was also sad to note that some services were available and inaccessible to the policy recipients because of challenges such as stigma, mobility, transportation, and lack of financial resources. Because of these challenges and families' experiences, the perception of the disability policy was mainly negative. It is pointless to have a policy that is well formulated and drafted and yet does not practically address the needs of the policy recipients.

Another crucial point to note from the findings is that most of the positive perceptions emerged from objectives that were vague and not fully satisfied. Still, the parents and service providers acknowledged the efforts made by the government so far. Although this research was challenging because of the amount of information that needed to be analyzed, it was equally gratifying for the contribution made to the field of public administration and policy implementation. My expectation is that this research will be utilized to translate the disability policy's intent into action and policy theory into practice. I understand the degree of importance of the successful implementation of the disability policy. Failure to implement the policy continues to impact the children with developmental disabilities and their families negatively. Failure to implement the policy will deprive disabled children of their human rights and a chance at an independent life

just like any other citizen. To continue to move implementation of this public policy forward, I will meet with stakeholders to provide an awareness of the issues preventing successful implementation of the national policy on disability and advocate for change for quality service provision for the children and their families.

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APPENDICES

APPENDIX A

PERMISSION TO RECRUIT PARTICIPANTS FROM SOCIAL MEDIA

8432 Magnolia Ave
Riverside CA 92504
UNITED STATES OF AMERICA
Cell: x-xxx-xxx-xxxx
Email: xxxxxxxxxxxxxxxxxxxxxx

Dear Social Media Administrator,

RE: REQUEST FOR PERMISSION TO RECRUIT RESEARCH PARTICIPANTS

My name is Inonge Lifanu. I am a doctoral student at California Baptist University. I am conducting research titled *“Evaluating Policy Implementation: A Case of Children with Developmental Disabilities in Zambia.”* The purpose of the study is to evaluate disability policy implementation processes and evaluate outcomes for children with developmental disabilities and their families. The study is significant to research because successful implementation of disability policy will help improve disability services.

I write to seek your permission to recruit research participants from among your social media network members upon the university’s Institutional Review Board approval. The study will involve qualitative interviews that will draw the views and perspectives of parents or guardians of children with developmental disabilities. The interviews will last approximately forty-five (45) minutes. Participation is entirely voluntary. California Baptist University’s Institutional Review Board requires research participants to sign a consent form that details research participants’ rights, research requirements, and expectations. To ensure confidentiality, I will ask that commenting on the recruitment post be turned off. The recruitment post will have clear instructions for those interested to express their interest directly to me through email.

Yours Sincerely,

Inonge Lifanu,

Doctoral Student, California Baptist University

APPENDIXB

CONSENT REQUISITION MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

8432 Magnolia Ave
Riverside CA 92504
UNITED STATES OF AMERICA
Cell: x-xxx-xxx-xxxx
Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
December 7, 2020

The Permanent Secretary
Ministry of Community Development and Social Services
Private Bag xxxxx
Lusaka 10101
ZAMBIA

Dear Sir/ Madam,

RE: CONSENT REQUISITION LETTER

My name is Inonge Lifanu. I am a Zambian final year female doctoral student at California Baptist University. In part-fulfillment of my Public Administration doctorate academic requirements, I am conducting a research study titled ***“Evaluating Policy Implementation: A Case of Children with Developmental Disabilities in Zambia.”*** The purpose of the study is to evaluate disability policy implementation processes and evaluate outcomes for children with developmental disabilities and their families. The study is significant to research because successful implementation of disability policy will help improve disability services; thereby creating an enabling environment for independent living. It is envisaged that the study will fill a research-gap through an interpretive approach to the study of policy implementation.

In view of the foregoing, I write to your esteemed office, seeking your consent to recruit select few research participants from among members of staff in the Ministry of Community Development and Social Services. Kindly note that I am yet to identify and Nava’s solicit participation consent from prospective research participants.

The study will involve qualitative interviews that will draw the views and perspectives of policy implementers at the ministry. The interviews will last

approximately forty-five (45) minutes. Participation is entirely voluntary. California Baptist University's Institutional Review Board requires research participants to sign a consent form that details research participants' rights, research requirements and expectations. In conformity to the University's Protocol, kindly note that participant names and organizations will not be made public. All identifying information will remain confidential. At the end of the research, a copy of the research findings will be made available to your esteemed office for your information and record.

I have attached a draft copy of a consent letter for your consideration. For your ease of reference, I have also attached a sample copy of the Research Participant Consent Form.

I look forward to receiving your, hopefully, kind, and favorable consideration of this request and any other valuable information incidental to this research that you may deem necessary. For any clarifications, please contact the undersigned.

Yours Sincerely,

Inonge Lifanu,

Doctoral Student, California Baptist University

APPENDIXC

CONSENT REQUISITION ZAMBIA AGENCY FOR PERSON'S WITH DISABILITIES

8432 Magnolia Ave
Riverside CA 92504
UNITED STATES OF AMERICA
Cell: x-xxx-xxx-xxxx
Email: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Zambia Agency for Persons with Disabilities,
Plot No. xxxxxxxx, P.O Box xxxxx,
Leopards Hill Road, Lusaka, Zambia
Dear Sir/ Madam,

RE: CONSENT REQUISITION LETTER

My name is Inonge Lifanu. I am a Zambian final year female doctoral student at California Baptist University. In part-fulfillment of my Public Administration doctorate academic requirements, I am conducting a research study titled ***“Evaluating Policy Implementation: A Case of Children with Developmental Disabilities in Zambia.”*** The purpose of the study is to evaluate disability policy implementation processes and evaluate outcomes for children with developmental disabilities and their families. The study is significant to research because successful implementation of disability policy will help improve disability services; thereby creating an enabling environment for independent living. It is envisaged that the study will fill a research-gap through an interpretive approach to the study of policy implementation.

In view of the foregoing, I write to your esteemed office, seeking your consent to recruit select few research participants from among members of staff at the Zambia Agency for Persons with Disabilities. Kindly note that I am yet to identify and persons solicit participation consent from prospective research participants.

The study will involve qualitative interviews that will draw the views and perspectives of policy implementers at the organization. The interviews will last approximately forty-five (45) minutes. Participation is entirely voluntary. California Baptist University's Institutional Review Board requires research participants to sign a consent form that details research participants' rights, research requirements and

expectations. In conformity to the University's Protocol, kindly note that participant names and organizations will not be made public. All identifying information will remain confidential. At the end of the research, a copy of the research findings will be made available to your esteemed office for your information and record.

I have attached a draft copy of a consent letter for your consideration. For your ease of reference, I have also attached a sample copy of the Research Participant Consent Form.

I look forward to receiving your, hopefully, kind, and favorable consideration of this request and any other valuable information incidental to this research that you may deem necessary. For any clarifications, please contact the undersigned.

Yours Sincerely,

Inonge Lifanu,
Doctoral Student, California Baptist University

APPENDIXD

INTERVIEW PROTOCOL AND SCRIPT FOR PARENTS AND GUARDIANS

Interview Protocol & Script (Parents and Guardians)

STUDY TITLE: An Analysis of Policy Implementation: A case of children with developmental disabilities in Zambia

TIME OF INTERVIEW: _____ DATE: _____

GENDER: _____ HIGHEST EDUCATION LEVEL OBTAINED:

AGE OF CHILD WITH A DEVELOPMENTAL DISABILITY:

DIAGNOSIS: _____ AGE AT DIAGNOSIS: _____

The following provides an outline to guide the interview process for each participant to maintain consistency.

I. Introduction

Welcome and overview of session:

Hello, and thank you for your participation in my research study on Policy Implementation. My name is Inonge Lifanu. I am a doctoral candidate at California Baptist University, Online and Professional Studies. You have read, acknowledged, and signed the informed consent letter that explains the study's intent and characteristics and the authorization form to video and audiotaping of this interview. I will ask you seven questions regarding disability policy and services from a policy maker and service provider's perspective. The interview duration is 45 minutes. I will let you know when we get close to the end of the interview. We will not go beyond that time unless you agree to do so.

Background:

A Public policy acts as a guide for organizations to direct programs and services targeted at addressing public problems. Consequently, policy decisions made by those in power affect nearly every aspect of daily life. Through public policy, public administrators create platforms for analyzing and resolving service issues. Families rely on institutional solutions provided through public policy to access disability services and participate socially. In this study, the focus is on disability policy implementation and its effect on the quality of services offered to families of children with developmental disabilities.

Purpose:

The purpose of this research is to evaluate the disability policy implementation and examine its impact on services provided to families with children with developmental disabilities in Zambia. In this study, policy makers and service providers will be defined

as employees who have experience with policy and services for children with developmental disabilities and are over 18.

Ground Rules:

Please be aware, your participation in this study is strictly voluntary, and you may withdraw from the study at any time without repercussions. All responses will be kept confidential. For your participation, you will receive a \$10 gift card which will be emailed to you at the conclusion of the interview. Feel free to disclose as much about your experiences as you feel comfortable. Any reference to your responses contributing to the study will be coded and any identifiable information will be removed. If there are any questions that you cannot answer or do not feel comfortable answering, we can skip over those questions. In addition, I may be taking notes during our conversation and audio recording it for a transcript. There are no foreseeable risks to you from participating in this study. There are no incorrect responses; say whatever comes to mind. Again, our discussion will focus on a policy maker and service provider's experience with disability policy implementation and services.

Do you have any questions before we get started?

II. Interview Questions

1. Can you tell me about your child's disability?
 - (a) How did you learn about the disability?
 - (b) What are your experiences raising a child with a developmental disability?
2. What type of services has your child received since you learned about the disability?
 - (a) What were your experiences with these services?
 - (b) How satisfied were you with the services?
 - (c) How were the services beneficial for your child?
 - (d) How could the services have been better for your child?
3. Can you tell me about the services your child currently receives?
 - (a) What are your experiences with these services?
 - (b) How satisfied are you with the services?
 - (c) How are the services beneficial for your child?
 - (d) How could the services be better for your child?
4. Overall, how do you think current or previous services have impacted
 - (a) Your child's life?
 - (b) Your life?
 - (c) Your family life?
5. What other services do you think your child needs?
 - (a) How would the services benefit your child?
 - (b) Why do you think your child is not receiving these services?

6. What kind of services would improve the quality of life for:
 - (a) Your child?
 - (b) For you?
 - (c) For your family?
7. Here are some objectives from the National Policy on Disability. This document stipulates measures and goals for public policy towards individuals with disabilities.
 - (a) What do you think these objectives mean?
 - (b) How have you seen these objectives put into practice?
 - (c) In your opinion, how do you think the policy objectives affect service provision for children with developmental disabilities?
8. Is there anything else you would like to discuss concerning the services for children with developmental disabilities and their effects on families?

The following probes may accompany interview questions:

Can you tell me more about...?
Could you be more specific?
Can you give me an example?
What do you mean by "..."?
How do you feel about that?
What was that experience like for you, your family, and your child?

III. Debriefing

Thank you for your participation. The information and responses you shared with me today will

remain confidential. I will not use your name, your organization name, or any other identifying

information in the dissertation. I will be emailing your Starbucks gift card to your email account.

Excerpts from the National Policy on Disability

(The researcher will present each excerpt to participants separately)

Policy objectives and measures

In order to achieve government's vision of ensuring that persons with disabilities live decent and productive lives without any barriers, the following policy objectives and measures will be pursued:

Excerpt 1

Prevention of disability

Objective

- (a) to develop and promote programs that prevent and reduce incidences of disability.

Measures

- (a) Increase public awareness on the availability of programs and activities aimed at prevention of disability;
- (b) Build and strengthen capacities of organizations and institutions dealing with the prevention of disability;
- (c) Promote research on causes and prevention of disability;
- (d) Develop and promote programs and activities aimed at prevention of disability; and
- (e) Conduct monitoring and evaluation on activities targeting prevention of disability.

Excerpt 2

Habilitation and rehabilitation

Objective

- (a) Facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society.

Measures

- (a) Promote the community-based habilitation and rehabilitation of persons with disabilities;
- (b) Promote and provide access to technical aids, assistive devices, equipment and facilities for the habilitation and rehabilitation of
persons with disabilities;
- (c) Provide capacity building to communities and institutions involved in the provision of habilitation and rehabilitation services;
- (d) Promote micro-credit facilities for self-employment and income generating activities to persons with disabilities;
- (e) Provide welfare services that will improve the quality of life of persons with disabilities;
- (f) Provision of survival skills to persons with disabilities;
- (g) Promote public awareness on existing habilitation and rehabilitation facilities for persons with disabilities;

- (h) Sensitize and link persons with disabilities found on the streets to habilitation and rehabilitation services and empowerment programs;
- (i) Construct new rehabilitation facilities and upgrade the existing ones and
- (j) Conduct monitoring and evaluation on activities targeting habilitation and rehabilitation of persons with disabilities;

Excerpt 3

Human rights

Objective

- (a) Ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others.

Measures

- (a) Develop programs and activities that aim at raising awareness on the rights and obligations of persons with disabilities;
- (b) Promote and conduct research on human rights issues relating to persons with disabilities;
- (c) Promote inclusion of persons with disabilities in formal and non-formal education, vocational and skills training and in employment;
- (d) Promote gender equity in the provision of services to persons with disabilities;
- (e) Enforce laws that protect persons with disabilities against discrimination and abuse;
- (f) Ensure that persons with disabilities are able to exercise their labor and trade union rights on an equal basis with others; and
- (g) Conduct monitoring and evaluation on human rights mainstreaming activities for persons with disabilities in their programs.

Excerpt 4

Equity of opportunities

Objective

- (a) ensure equitable access to opportunities by persons with disabilities;

Measures

- (a) Link persons with disabilities to appropriate services such as bursaries, welfare assistance and empowerment schemes;
- (b) Develop and promote programs for equalization and integration of persons with disabilities into mainstream society;

- (c) Develop and enforce mandatory standards on infrastructure to facilitate access for persons with disabilities;
- (d) Recognize sign language as an eighth (8th) national local language and enforce the use of sign language in public and private institutions to increase access to information, literature by persons with disabilities and encourage people to learn sign language;
- (e) Promote the transcription of documents into Braille and encourage people to learn, write and read in Braille;
- (f) Develop programs and activities that aim at raising awareness on the plight of persons with disabilities;
- (g) Promote intra disabled persons organization's democracy within the disability movement;
- (h) Create employment opportunities through deliberate positive discrimination; and
- (i) Conduct monitoring and evaluation of activities targeting equal opportunities and participation of persons with disabilities.

Excerpt 5

Networking and partnership

Objective

- (a) Ensure that all programs for persons with disabilities are implemented in a holistic and integrated manner.

Measures

- (a) Encourage community and private participation in activities aimed at supporting persons with disabilities;
- (b) Promote collaboration and networking among local and international organizations working in the areas of improving the welfare of persons with disabilities;
- (c) Create a database of persons with disabilities and organizations dealing with persons with disabilities;
- (d) Promote participation of persons with disabilities in all areas pertaining to their welfare;
- (e) Participate in national and international fora on disability issues;
- (f) Promote collaboration between North and South disability person's organizations and
- (g) Promote the participation of persons with disabilities in all mainstream programs.

Excerpt 6

Education and skills training

Objective

a) To increase access to appropriate formal and non-formal education and skills training including lifelong learning by putting in place an inclusive education system at all levels;

Measures

(a) Employ teachers including teachers with disabilities, who are qualified in sign language and/ Braille;

(b) Train professionals and staff who work at all levels of education in disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques, and materials to support persons with disabilities;

(c) Ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others;

(d) Facilitate the promotion and use of appropriate materials such as Braille, large prints, and hearing aids;

(e) Ensure that there are opportunities for offering special and inclusive education at all levels that is supported by appropriate infrastructure and bursaries;

(f) Provide reasonable accommodation of the individual's requirements to access education at all levels; and

(g) Conduct monitoring and evaluation on activities targeting educational advancement and skills training for persons with disabilities.

Excerpt 7

Access to quality health care and services

Objective

(a) Increase access to quality healthcare and services at all levels for persons with disabilities;

Measures

a) Provide persons with disabilities with the same range, quality, and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;

b) Provide health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

- c) Provide these health services as close as possible to people's own communities, including in rural areas;
- d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent;
- e) Ensure that health workers receive training in sign language to guarantee confidentiality and dignity of deaf persons;
- f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability;
- g) Increase awareness programs on dangers and prevention mechanisms of HIV and AIDS to persons with disabilities; and
- h) Conduct trainings on usage of prevention mechanisms for HIV and AIDS to persons with disabilities.

Excerpt 8

Adequate standard of living and social protection

Objective

- (a) Safeguard and promote the realization of the right to an adequate standard of living and social protection.

Measures

- (a) Ensure equal access by persons with disabilities to appropriate and affordable basic social services, devices, and other assistance for disability-related needs;
- (b) Ensure access by persons with disabilities, in particular women, girls, and older persons, to social protection and poverty reduction programs;
- (c) Ensure access by persons with disabilities and their families living in situations of poverty to assistance with disability-related expenses, adequate training, and financial assistance such as the introduction of a disability allowance or the social cash transfer scheme;
- (d) Ensure equal access by persons with disabilities to retirement benefits and programs;
- (e) Ensure access by persons with disabilities to public housing programs, and;
- (f) Prohibit discrimination against persons with disabilities in the provision of health insurance and life assurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

Excerpt 9

Disability and accessibility

Objective

(a) Enable persons with disabilities to live independently and participate fully in all aspects of life.

Measures

a) Develop, promulgate, and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

c) Provide training for stakeholders on accessibility issues facing persons with disabilities;

d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;

e) Provide forms of live assistance and intermediaries, including guides, readers, and professional sign language interpreters to facilitate accessibility to buildings and other facilities open to the public;

f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and

h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

APPENDIXE

INTERVIEW PROTOCOL AND SCRIPT FOR POLICYMAKERS

Interview Protocol & Script (Policy Makers)

STUDY TITLE: An Analysis of Policy Implementation: A case of children with developmental disabilities in Zambia

TIME OF INTERVIEW: _____ DATE: _____

GENDER: _____ HIGHEST EDUCATION LEVEL OBTAINED:

YEARS/MONTHS AT THE [ORGANIZATION]: _____

CURRENT POSITION: _____ HOW LONG IN CURRENT ROLE:

The following provides an outline to guide the interview process for each participant to maintain consistency.

I. Introduction

Welcome and overview of session:

Hello, and thank you for your participation in my research study on Policy Implementation. My name is Inonge Lifanu. I am a doctoral candidate at California Baptist University, Online and Professional Studies. You have read, acknowledged, and signed the informed consent letter that explains the study's intent and characteristics and the authorization form to video and audiotaping of this interview. I will ask you seven questions regarding disability policy and services from a policy maker and service provider's perspective. The interview duration is 45 minutes. I will let you know when we get close to the end of the interview. We will not go beyond that time unless you agree to do so.

Background:

A Public policy acts as a guide for organizations to direct programs and services targeted at addressing public problems. Consequently, policy decisions made by those in power affect nearly every aspect of daily life. Through public policy, public administrators create platforms for analyzing and resolving service issues. Families rely on institutional solutions provided through public policy to access disability services and participate socially. In this study, the focus is on disability policy implementation and its effect on the quality of services offered to families of children with developmental disabilities.

Purpose:

The purpose of this research is to evaluate the disability policy implementation and examine its impact on services provided to families with children with developmental disabilities in Zambia. In this study, policy makers and service providers will be defined as employees who have experience with policy and services for children with developmental disabilities and are over 18.

Ground Rules:

Your participation in this study is strictly voluntary, and you may withdraw from the study at any time without repercussions. All responses will be kept confidential. You will receive a \$10 gift card through email after the interview. Feel free to disclose as much about your experiences as you are comfortable. I will code any reference to your responses, and will remove any identifiable information. We can skip over any questions that you cannot answer or do not feel comfortable answering. I may be taking notes during the interview. There are no foreseeable risks to you from participating in this study.

There are no incorrect responses; feel free to express yourself. Again, our discussion will focus on a policy maker's experience with disability policy implementation and services.

Do you have any questions before we get started?

II. Interview Questions

1. Tell me about your background and experience with disability policy and services.
2. Could you tell me what you know about the policy towards children with developmental disabilities in Zambia?
3. Please tell me about the policy implementation measures undertaken in recent years towards children with developmental disabilities.
4. What do you think are the reasons for these measures?
5. How have the policy implementation measures affected the quality of services for children with developmental disabilities?
6. How have these policy implementation measures affected families that have children with developmental disabilities?

7. Here are some of the objectives from the National Policy on Disability. This policy document stipulates measures and objectives for public policy towards individuals with disabilities.
- (a) What do you think these objectives mean?
 - (b) How have these objectives been put into practice?
 - (c) In your opinion, how do you think the policy objectives affect the quality of services for children with developmental disabilities?

The following probes may accompany interview questions:

Can you tell me more about...?

Could you be more specific?

Can you give me an example?

What do you mean by "...”?

How have you come to think this way?

How do you feel about that?

What was this experience like for you and for others you work with?

III. Debriefing

Thank you for your participation. The information and responses you shared with me today will

remain confidential. I will not use your name, your organization name, or any other identifying

information in the dissertation. I will be emailing your gift card to your email account.

Excerpts from the National Policy on Disability

(The researcher will present each excerpt to participants separately)

Policy objectives and measures

In order to achieve government’s vision of ensuring that persons with disabilities live decent and productive lives without any barriers, the following policy objectives and measures will be pursued:

Excerpt 1

Prevention of disability

Objective

- (a) to develop and promote programs that prevent and reduce incidences of disability.

Measures

- (a) Increase public awareness on the availability of programs and activities aimed at prevention of disability;
- (b) Build and strengthen capacities of organizations and institutions dealing with the prevention of disability;
- (c) Promote research on causes and prevention of disability;
- (d) Develop and promote programs and activities aimed at prevention of disability; and
- (e) Conduct monitoring and evaluation on activities targeting prevention of disability.

Excerpt 2**Habilitation and rehabilitation****Objective**

- (a) Facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society.

Measures

- (a) Promote the community-based habilitation and rehabilitation of persons with disabilities;
- (b) Promote and provide access to technical aids, assistive devices, equipment and facilities for the habilitation and rehabilitation of persons with disabilities;
- (c) Provide capacity building to communities and institutions involved in the provision of habilitation and rehabilitation services;
- (d) Promote micro-credit facilities for self-employment and income generating activities to persons with disabilities;
- (e) Provide welfare services that will improve the quality of life of persons with disabilities;
- (f) Provision of survival skills to persons with disabilities;
- (g) Promote public awareness on existing habilitation and rehabilitation facilities for persons with disabilities;
- (h) Sensitize and link persons with disabilities found on the streets to habilitation and rehabilitation services and empowerment programs;
- (i) Construct new rehabilitation facilities and upgrade the existing ones and
- (j) Conduct monitoring and evaluation on activities targeting habilitation and rehabilitation of persons with disabilities;

Excerpt 3

Human rights

Objective

(a) Ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others.

Measures

- (a) Develop programs and activities that aim at raising awareness on the rights and obligations of persons with disabilities;
- (b) Promote and conduct research on human rights issues relating to persons with disabilities;
- (c) Promote inclusion of persons with disabilities in formal and non-formal education, vocational and skills training and in employment;
- (d) Promote gender equity in the provision of services to persons with disabilities;
- (e) Enforce laws that protect persons with disabilities against discrimination and abuse;
- (f) Ensure that persons with disabilities are able to exercise their labor and trade union rights on an equal basis with others; and
- (g) Conduct monitoring and evaluation on human rights mainstreaming activities for persons with disabilities in their programs.

Excerpt 4

Equity of opportunities

Objective

(a) Ensure equitable access to opportunities by persons with disabilities;

Measures

- (a) Link persons with disabilities to appropriate services such as bursaries, welfare assistance and empowerment schemes;
- (b) Develop and promote programs for equalization and integration of persons with disabilities into mainstream society;
- (c) Develop and enforce mandatory standards on infrastructure to facilitate access for persons with disabilities;
- (d) Recognize sign language as an eighth (8th) national local language and enforce the use of sign language in public and private institutions to increase access to information, literature by persons with disabilities and encourage people to learn sign language;

- (e) Promote the transcription of documents into Braille and encourage people to learn, write and read in Braille;
- (f) Develop programs and activities that aim at raising awareness on the plight of persons with disabilities;
- (g) Promote intra disabled persons organization's democracy within the disability movement;
- (h) Create employment opportunities through deliberate positive discrimination; and
- (i) Conduct monitoring and evaluation of activities targeting equal opportunities and participation of persons with disabilities.

Excerpt 5

Networking and partnership

Objective

- (a) Ensure that all programs for persons with disabilities are implemented in a holistic and integrated manner.

Measures

- (a) Encourage community and private participation in activities aimed at supporting persons with disabilities;
- (b) Promote collaboration and networking among local and international organizations working in the areas of improving the welfare of persons with disabilities;
- (c) Create a database of persons with disabilities and organizations dealing with persons with disabilities;
- (d) Promote participation of persons with disabilities in all areas pertaining to their welfare;
- (e) Participate in national and international fora on disability issues;
- (f) Promote collaboration between North and South disability persons organizations; and
- (g) Promote the participation of persons with disabilities in all mainstream programs.

Excerpt 6

Education and skills training

Objective

- a) To increase access to appropriate formal and non-formal education and skills training including lifelong learning by putting in place an inclusive education system at all levels;

Measures

- (a) Employ teachers including teachers with disabilities, who are qualified in sign language and/ Braille;
- (b) Train professionals and staff who work at all levels of education in disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques, and materials to support persons with disabilities;
- (c) Ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others;
- (d) Facilitate the promotion and use of appropriate materials such as Braille, large prints, and hearing aids;
- (e) Ensure that there are opportunities for offering special and inclusive education at all levels that is supported by appropriate infrastructure and bursaries;
- (f) Provide reasonable accommodation of the individual's requirements to access education at all levels; and
- (g) Conduct monitoring and evaluation on activities targeting educational advancement and skills training for persons with disabilities.

Excerpt 7

Access to quality health care and services

Objective

- (a) Increase access to quality healthcare and services at all levels for persons with disabilities;

Measures

- a) Provide persons with disabilities with the same range, quality, and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;
- b) Provide health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) Provide these health services as close as possible to people's own communities, including in rural areas;

- d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent;
- e) Ensure that health workers receive training in sign language to guarantee confidentiality and dignity of deaf persons;
- f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability;
- g) Increase awareness programs on dangers and prevention mechanisms of HIV and AIDS to persons with disabilities; and
- h) Conduct trainings on usage of prevention mechanisms for HIV and AIDS to persons with disabilities.

Excerpt 8

Adequate standard of living and social protection

Objective

- (a) Safeguard and promote the realization of the right to an adequate standard of living and social protection.

Measures

- (a) Ensure equal access by persons with disabilities to appropriate and affordable basic social services, devices, and other assistance for disability-related needs;
- (b) Ensure access by persons with disabilities, in particular women, girls, and older persons, to social protection and poverty reduction programs;
- (c) Ensure access by persons with disabilities and their families living in situations of poverty to assistance with disability-related expenses, adequate training, and financial assistance such as the introduction of a disability allowance or the social cash transfer scheme;
- (d) Ensure equal access by persons with disabilities to retirement benefits and programs;
- (e) Ensure access by persons with disabilities to public housing programs, and;
- (f) Prohibit discrimination against persons with disabilities in the provision of health insurance and life assurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

Excerpt 9

Disability and accessibility

Objective

(a) Enable persons with disabilities to live independently and participate fully in all aspects of life.

Measures

- a) Develop, promulgate, and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) Provide forms of live assistance and intermediaries, including guides, readers, and professional sign language interpreters to facilitate accessibility to buildings and other facilities open to the public;
- f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and
- h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

APPENDIX F

INTERVIEW PROTOCOL AND SCRIPT FOR SERVICE PROVIDERS

Interview Protocol & Script (Service Providers)

STUDY TITLE: An Analysis of Policy Implementation: A case of children with developmental disabilities in Zambia

TIME OF INTERVIEW: _____ DATE: _____

GENDER: _____ HIGHEST EDUCATION LEVEL OBTAINED:

YEARS/MONTHS AT THE [ORGANIZATION]: _____

CURRENT POSITION: _____ HOW LONG IN CURRENT ROLE:

The following provides an outline to guide the interview process for each participant to maintain consistency.

I. Introduction

Welcome and overview of session:

Hello, and thank you for your participation in my research study on Policy Implementation. My name is Inonge Lifanu. I am a doctoral candidate at California Baptist University, Online and Professional Studies. You have read, acknowledged, and signed the informed consent letter that explains the study's intent and characteristics and the authorization form to video and audiotaping of this interview. I will ask you seven questions regarding disability policy and services from a policy maker and service provider's perspective. The interview duration is 45 minutes. I will let you know when we get close to the end of the interview. We will not go beyond that time unless you agree to do so.

Background:

A Public policy acts as a guide for organizations to direct programs and services targeted at addressing public problems. Consequently, policy decisions made by those in power affect nearly every aspect of daily life. Through public policy, public administrators create platforms for analyzing and resolving service issues. Families rely on institutional solutions provided through public policy to access disability services and participate socially. In this study, the focus is on disability policy implementation and its effect on the quality of services offered to families of children with developmental disabilities.

Purpose:

The purpose of this research is to evaluate the disability policy implementation and examine its impact on services provided to families with children with developmental disabilities in Zambia. In this study, policy makers and service providers will be defined as employees who have experience with policy and services for children with developmental disabilities and are over 18.

Ground Rules:

Your participation in this study is strictly voluntary, and you may withdraw from the study at any time without repercussions. All responses will be kept confidential. You will receive a \$10 gift card through email after the interview. Feel free to disclose as much about your experiences as you are comfortable. I will code any reference to your responses, and will remove any identifiable information. We can skip over any questions that you cannot answer or do not feel comfortable answering. I may be taking notes during the interview. There are no foreseeable risks to you from participating in this study.

There are no incorrect responses; feel free to express yourself. Again, our discussion will focus on a service provider's experience with disability policy implementation and services.

Do you have any questions before we get started?

II. Interview Questions

1. Tell me about your background and experience with disability policy and services.
2. Could you tell me what you know about the policy towards children with developmental disabilities in Zambia?
3. Please tell me about the policy implementation measures undertaken in recent years towards children with developmental disabilities.
4. What do you think are the reasons for these measures?
5. How have the policy implementation measures affected the quality of services for children with developmental disabilities?
6. How have these policy implementation measures affected families that have children with developmental disabilities?

7. Here are some of the objectives from the National Policy on Disability. This policy document stipulates measures and objectives for public policy towards individuals with disabilities.
- (a) What do you think these objectives mean?
 - (b) How have these objectives been put into practice?
 - (c) In your opinion, how do you think the policy objectives affect the quality of services for children with developmental disabilities?

The following probes may accompany interview questions:

Can you tell me more about...?

Could you be more specific?

Can you give me an example?

What do you mean by "...”?

How have you come to think this way?

How do you feel about that?

What was this experience like for you and for others you work with?

III. Debriefing

Thank you for your participation. The information and responses you shared with me today will

remain confidential. I will not use your name, your organization name, or any other identifying

information in the dissertation. I will be emailing your gift card to your email account.

Excerpts from the National Policy on Disability

(The researcher will present each excerpt to participants separately)

Policy objectives and measures

In order to achieve government’s vision of ensuring that persons with disabilities live decent and productive lives without any barriers, the following policy objectives and measures will be pursued:

Excerpt 1

Prevention of disability

Objective

- (a) To develop and promote programs that prevent and reduce incidences of disability.

Measures

- (a) Increase public awareness on the availability of programs and activities aimed at prevention of disability;
- (b) Build and strengthen capacities of organizations and institutions dealing with the prevention of disability;
- (c) Promote research on causes and prevention of disability;
- (d) Develop and promote programs and activities aimed at prevention of disability; and
- (e) Conduct monitoring and evaluation on activities targeting prevention of disability.

Excerpt 2

Habilitation and rehabilitation

Objective

- (a) Facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society.

Measures

- (a) Promote the community-based habilitation and rehabilitation of persons with disabilities;
- (b) Promote and provide access to technical aids, assistive devices, equipment and facilities for the habilitation and rehabilitation of persons with disabilities;
- (c) Provide capacity building to communities and institutions involved in the provision of habilitation and rehabilitation services;
- (d) Promote micro-credit facilities for self-employment and income generating activities to persons with disabilities;
- (e) Provide welfare services that will improve the quality of life of persons with disabilities;
- (f) Provision of survival skills to persons with disabilities;
- (g) Promote public awareness on existing habilitation and rehabilitation facilities for persons with disabilities;

- (h) Sensitize and link persons with disabilities found on the streets to habilitation and rehabilitation services and empowerment programs;
- (i) Construct new rehabilitation facilities and upgrade the existing ones and
- (j) Conduct monitoring and evaluation on activities targeting habilitation and rehabilitation of persons with disabilities;

Excerpt 3

Human rights

Objective

- (a) Ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others.

Measures

- (a) Develop programs and activities that aim at raising awareness on the rights and obligations of persons with disabilities;
- (b) Promote and conduct research on human rights issues relating to persons with disabilities;
- (c) Promote inclusion of persons with disabilities in formal and non-formal education, vocational and skills training and in employment;
- (d) Promote gender equity in the provision of services to persons with disabilities;
- (e) Enforce laws that protect persons with disabilities against discrimination and abuse;
- (f) Ensure that persons with disabilities are able to exercise their labor and trade union rights on an equal basis with others; and
- (g) Conduct monitoring and evaluation on human rights mainstreaming activities for persons with disabilities in their programs.

Excerpt 4

Equity of opportunities

Objective

- (a) ensure equitable access to opportunities by persons with disabilities;

Measures

- (a) Link persons with disabilities to appropriate services such as bursaries, welfare assistance and empowerment schemes;

- (b) Develop and promote programs for equalization and integration of persons with disabilities into mainstream society;
- (c) Develop and enforce mandatory standards on infrastructure to facilitate access for persons with disabilities;
- (d) Recognize sign language as an eighth (8th) national local language and enforce the use of sign language in public and private institutions to increase access to information, literature by persons with disabilities and encourage people to learn sign language;
- (e) Promote the transcription of documents into Braille and encourage people to learn, write and read in Braille;
- (f) Develop programs and activities that aim at raising awareness on the plight of persons with disabilities;
- (g) Promote intra disabled persons organization's democracy within the disability movement;
- (h) Create employment opportunities through deliberate positive discrimination; and
- (i) Conduct monitoring and evaluation of activities targeting equal opportunities and participation of persons with disabilities.

Excerpt 5

Networking and partnership

Objective

- (a) Ensure that all programs for persons with disabilities are implemented in a holistic and integrated manner.

Measures

- (a) Encourage community and private participation in activities aimed at supporting persons with disabilities;
- (b) Promote collaboration and networking among local and international organizations working in the areas of improving the welfare of persons with disabilities;
- (c) Create a database of persons with disabilities and organizations dealing with persons with disabilities;
- (d) promote participation of persons with disabilities in all areas pertaining to their Welfare;
- (e) Participate in national and international fora on disability issues;
- (f) Promote collaboration between North and South DPOs; and
- (g) Promote the participation of persons with disabilities in all mainstream programs.

Excerpt 6

Education and skills training

Objective

a) To increase access to appropriate formal and non-formal education and skills training including lifelong learning by putting in place an inclusive education system at all levels;

Measures

- (a) Employ teachers including teachers with disabilities, who are qualified in sign language and/ Braille;
- (b) Train professionals and staff who work at all levels of education in disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques, and materials to support persons with disabilities;
- (c) Ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others;
- (d) Facilitate the promotion and use of appropriate materials such as Braille, large prints, and hearing aids;
- (e) Ensure that there are opportunities for offering special and inclusive education at all levels that is supported by appropriate infrastructure and bursaries;
- (f) Provide reasonable accommodation of the individual's requirements to access education at all levels; and
- (g) Conduct monitoring and evaluation on activities targeting educational advancement and skills training for persons with disabilities.

Excerpt 7

Access to quality health care and services

Objective

(a) Increase access to quality healthcare and services at all levels for persons with disabilities;

Measures

a) Provide persons with disabilities with the same range, quality, and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;

- b) Provide health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) Provide these health services as close as possible to people's own communities, including in rural areas;
- d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent;
- e) Ensure that health workers receive training in sign language to guarantee confidentiality and dignity of deaf persons;
- f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability;
- g) Increase awareness programs on dangers and prevention mechanisms of HIV and AIDS to persons with disabilities; and
- h) Conduct trainings on usage of prevention mechanisms for HIV and AIDS to PWDs.

Excerpt 8

Adequate standard of living and social protection

Objective

- (a) Safeguard and promote the realization of the right to an adequate standard of living and social protection.

Measures

- (a) Ensure equal access by persons with disabilities to appropriate and affordable basic social services, devices, and other assistance for disability-related needs;
- (b) Ensure access by persons with disabilities, in particular women, girls, and older persons, to social protection and poverty reduction programs;
- (c) Ensure access by persons with disabilities and their families living in situations of poverty to assistance with disability-related expenses, adequate training, and financial assistance such as the introduction of a disability allowance or the social cash transfer scheme;
- (d) Ensure equal access by persons with disabilities to retirement benefits and programs;
- (e) Ensure access by persons with disabilities to public housing programs, and;
- (f) Prohibit discrimination against persons with disabilities in the provision of health insurance and life assurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

Excerpt 9

Disability and accessibility

Objective

(a) Enable persons with disabilities to live independently and participate fully in all aspects of life.

Measures

- a) Develop, promulgate, and monitor the implementation of minimum standards and Guidelines for the accessibility of facilities and services open or provided to the public;
- b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) Provide forms of live assistance and intermediaries, including guides, readers, and professional sign language interpreters to facilitate accessibility to buildings and other facilities open to the public;
- f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and
- h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

APPENDIXG

INTERVIEW GUIDE FOR PARENTS AND GUARDIANS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

Interview guide for parents and guardians of children with developmental disabilities

Introduction

The study concerns the implementation of public policy and its outcomes on children with developmental disabilities in Zambia. The disability policy intends to empower and promote the well-being of children with developmental disabilities and their families. For purposes of this interview, public policy refers to the services and programs as stated in the National Policy on Disability.

1. Can you tell me about your child's disability?
 - a. How did you learn about the disability?
 - b. What are your experiences raising a child with a developmental disability?
2. What type of services has your child received since you learned about the disability?
 - (a) What were your experiences with these services?
 - (b) How satisfied were you with the services?
 - (c) How were the services beneficial for your child?
 - (d) How could the services have been better for your child?
3. Can you tell me about the services your child currently receives?
 - (a) What are your experiences with these services?
 - (b) How satisfied are you with the services?
 - (c) How are the services beneficial for your child?
 - (d) How could the services be better for your child?
4. Overall, how do you think current or previous services have impacted
 - (a) Your child's life?
 - (b) Your life?
 - (c) Your family life?
5. What other services do you think your child needs?
 - a. How would the services benefit your child?
 - b. Why do you think your child is not receiving these services?

6. What kind of services would improve the quality of life for:
 - a. Your child?
 - b. For you?
 - c. For your family?
7. Here are some objectives from the National Policy on Disability. This document stipulates measures and goals for public policy towards individuals with disabilities.
 - (a) What do you think these objectives mean?
 - (b) How have you seen these objectives put into practice?
 - (c) In your opinion, how do you think the policy objectives affect service provision for children with developmental disabilities?
8. Is there anything else you would like to discuss concerning the services for children with developmental disabilities and their effects on families?

The following probes may accompany interview questions:

Can you tell me more about...?

Could you be more specific?

Can you give me an example?

What do you mean by "...”?

How do you feel about that?

What was that experience like for you, your family, and your child?

APPENDIXH

INTERVIEW GUIDE FOR POLICYMAKERS

Interview guide for Policymakers

1. Tell me about your background and experience with disability policy and services.
2. Could you tell me what you know about the policy towards children with developmental disabilities in Zambia?
3. Please tell me about the policy implementation measures undertaken in recent years towards children with developmental disabilities.
4. What do you think are the reasons for these measures?
5. How have the policy implementation measures affected the quality of services for children with developmental disabilities?
6. How have these policy implementation measures affected families that have children with developmental disabilities?
7. Here are some of the objectives from the National Policy on Disability. This policy document stipulates measures and objectives for public policy towards individuals with disabilities.
 - (a) What do you think these objectives mean?
 - (b) How have these objectives been put into practice?
 - (c) In your opinion, how do you think the policy objectives affect quality of services for children with developmental disabilities?

Interview questions may be accompanied by following probes:

Can you tell me more about...?

Could you be more specific?

Can you give me an example?

What do you mean by "...”?

How have you come to think this way?

How do you feel about that?

What was this experience like for you and for others you work with?

APPENDIX I

INTERVIEW GUIDE FOR SERVICE PROVIDERS

Interview guide for Service Providers

1. Tell me about your background and experience with disability policy and services.
2. Could you tell me what you know about the policy towards children with developmental disabilities in Zambia?
3. Please tell me about the policy implementation measures undertaken in recent years towards children with developmental disabilities.
4. What do you think are the reasons for these measures?
5. How have the policy implementation measures affected the quality of services for children with developmental disabilities?
6. How have these policy implementation measures affected families that have children with developmental disabilities?
7. Here are some of the objectives from the National Policy on Disability. This policy document stipulates measures and objectives for public policy towards individuals with disabilities.
 - (a) What do you think these objectives mean?
 - (b) How have these objectives been put into practice?
 - (c) In your opinion, how do you think the policy objectives affect quality of services children with developmental disabilities?

Interview questions may be accompanied by following probes:

Can you tell me more about...?

Could you be more specific?

Can you give me an example?

What do you mean by "...”?

How have you come to think this way?

How do you feel about that?

What was this experience like for you and for others you work with?

Excerpts from the National Policy on Disability
(The researcher will present each excerpt to participants separately)

Policy objectives and measures

In order to achieve government's vision of ensuring that persons with disabilities live decent and productive lives without any barriers, the following policy objectives and measures will be pursued:

Excerpt 1

Prevention of disability

Objective

- (a) to develop and promote programs that prevent and reduce incidences of disability.

Measures

- (a) Increase public awareness on the availability of programs and activities aimed at prevention of disability;
- (b) Build and strengthen capacities of organizations and institutions dealing with the prevention of disability;
- (c) Promote research on causes and prevention of disability;
- (d) Develop and promote programs and activities aimed at prevention of disability; and
- (e) Conduct monitoring and evaluation on activities targeting prevention of disability.

Excerpt 2

Habilitation and rehabilitation

Objective

- (a) Facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society.

Measures

- (a) Promote the community-based habilitation and rehabilitation of persons with disabilities;
- (b) Promote and provide access to technical aids, assistive devices, equipment and facilities for the habilitation and rehabilitation of persons with disabilities;
- (c) Provide capacity building to communities and institutions involved in the provision of habilitation and rehabilitation services;

- (d) Promote micro-credit facilities for self-employment and income generating activities to persons with disabilities;
- (e) Provide welfare services that will improve the quality of life of persons with disabilities;
- (f) Provision of survival skills to persons with disabilities;
- (g) Promote public awareness on existing habilitation and rehabilitation facilities for persons with disabilities;
- (h) Sensitize and link persons with disabilities found on the streets to habilitation and rehabilitation services and empowerment programs;
- (i) Construct new rehabilitation facilities and upgrade the existing ones and
- (j) Conduct monitoring and evaluation on activities targeting habilitation and rehabilitation of persons with disabilities;

Excerpt 3

Human rights

Objective

- (a) Ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others.

Measures

- (a) Develop programs and activities that aim at raising awareness on the rights and obligations of persons with disabilities;
- (b) Promote and conduct research on human rights issues relating to persons with disabilities;
- (c) Promote inclusion of persons with disabilities in formal and non-formal education, vocational and skills training and in employment;
- (d) Promote gender equity in the provision of services to persons with disabilities;
- (e) Enforce laws that protect persons with disabilities against discrimination and abuse;
- (f) Ensure that persons with disabilities are able to exercise their labor and trade union rights on an equal basis with others; and
- (g) Conduct monitoring and evaluation on human rights mainstreaming activities for persons with disabilities in their programs.

Excerpt 4

Equity of opportunities

Objective

- (a) Ensure equitable access to opportunities by persons with disabilities;

Measures

- (a) Link persons with disabilities to appropriate services such as bursaries, welfare assistance and empowerment schemes;
- (b) Develop and promote programs for equalization and integration of persons with disabilities into mainstream society;
- (c) Develop and enforce mandatory standards on infrastructure to facilitate access for persons with disabilities;
- (d) Recognize sign language as an eighth (8th) national local language and enforce the use of sign language in public and private institutions to increase access to information, literature by persons with disabilities and encourage people to learn sign language;
- (e) Promote the transcription of documents into Braille and encourage people to learn, write and read in Braille;
- (f) Develop programs and activities that aim at raising awareness on the plight of persons with disabilities;
- (g) Promote intra disabled persons organization's democracy within the disability movement;
- (h) Create employment opportunities through deliberate positive discrimination; and
- (i) Conduct monitoring and evaluation of activities targeting equal opportunities and participation of persons with disabilities.

Excerpt 5

Networking and partnership

Objective

- (a) Ensure that all programs for persons with disabilities are implemented in a holistic and integrated manner.

Measures

- (a) Encourage community and private participation in activities aimed at supporting persons with disabilities;

- (b) Promote collaboration and networking among local and international organizations working in the areas of improving the welfare of persons with disabilities;
- (c) Create a database of persons with disabilities and organizations dealing with persons with disabilities;
- (d) Promote participation of persons with disabilities in all areas pertaining to their welfare;
- (e) Participate in national and international fora on disability issues;
- (f) Promote collaboration between North and South DPOs; and
- (g) Promote the participation of persons with disabilities in all mainstream programs.

Excerpt 6

Education and skills training

Objective

- a) To increase access to appropriate formal and non-formal education and skills training including lifelong learning by putting in place an inclusive education system at all levels;

Measures

- (a) Employ teachers including teachers with disabilities, who are qualified in sign language and/ Braille;
- (b) Train professionals and staff who work at all levels of education in disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques, and materials to support persons with disabilities;
- (c) Ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others;
- (d) Facilitate the promotion and use of appropriate materials such as Braille, large prints, and hearing aids;
- (e) Ensure that there are opportunities for offering special and inclusive education at all levels that is supported by appropriate infrastructure and bursaries;
- (f) Provide reasonable accommodation of the individual's requirements to access education at all levels; and
- (g) Conduct monitoring and evaluation on activities targeting educational advancement and skills training for persons with disabilities.

Excerpt 7

Access to quality health care and services

Objective

(a) Increase access to quality healthcare and services at all levels for persons with disabilities;

Measures

- a) Provide persons with disabilities with the same range, quality, and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs;
- b) Provide health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) Provide these health services as close as possible to people's own communities, including in rural areas;
- d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent;
- e) Ensure that health workers receive training in sign language to guarantee confidentiality and dignity of deaf persons;
- f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability;
- g) Increase awareness programs on dangers and prevention mechanisms of HIV and AIDS to PWDs; and
- h) conduct trainings on usage of prevention mechanisms for HIV and AIDS to PWDs.

Excerpt 8

Adequate standard of living and social protection

Objective

(a) Safeguard and promote the realization of the right to an adequate standard of living and social protection.

Measures

- (a) Ensure equal access by persons with disabilities to appropriate and affordable basic social services, devices, and other assistance for disability-related needs;

- (b) Ensure access by persons with disabilities, in particular women, girls, and older persons, to social protection and poverty reduction programs;
- (c) Ensure access by persons with disabilities and their families living in situations of poverty to assistance with disability-related expenses, adequate training, and financial assistance such as the introduction of a disability allowance or the social cash transfer scheme;
- (d) Ensure equal access by persons with disabilities to retirement benefits and programs;
- (e) Ensure access by persons with disabilities to public housing programs, and;
- (f) Prohibit discrimination against persons with disabilities in the provision of health insurance and life assurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

Excerpt 9

Disability and accessibility

Objective

- (a) Enable persons with disabilities to live independently and participate fully in all aspects of life.

Measures

- a) Develop, promulgate, and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) Provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) Provide forms of live assistance and intermediaries, including guides, readers, and professional sign language interpreters to facilitate accessibility to buildings and other facilities open to the public;
- f) Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- g) Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and

h) Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost

APPENDIXJ

FACEBOOK RECRUITMENT FLYER

RESEARCH PARTICIPANTS NEEDED

**ARE YOU A PARENT OR GUARDIAN OF A CHILD WITH A
DEVELOPMENTAL DISABILITY?**

PURPOSE

This study aims to evaluate disability policy implementation by analyzing cases of children with developmental disabilities through the lens of service providers and policymakers.

SIGNIFICANCE

This study will help improve disability services and create an enabling environment for independent living.

REQUIREMENTS

- Have a child with a developmental disability ranging from 2 to 17 years,
 - Speak English,
 - Can understand questions and articulate experiences, and
 - Live in Lusaka, Zambia.
-

Interviews will be conducted online via Zoom for 45 minutes.
Researcher: California Baptist University doctoral candidate Inonge Lifanu.
If interested in participating, Email inongen.lifanu@calbaptist.edu

APPENDIXK

PARTICIPANT FLYER MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

RESEARCH PARTICIPANTS NEEDED

DO YOU PROVIDE SERVICES TO CHILDREN WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES?

PURPOSE

This study aims to evaluate disability policy implementation by analyzing cases of children with developmental disabilities through the lens of service providers and policymakers.

SIGNIFICANCE

This study will help improve disability services and create an enabling environment for independent living.

REQUIREMENTS

- Service providers with experience working in the immediate provision of services to children with developmental disabilities and their families,
- Involved in the provision of services to children with developmental disabilities from ages 2 to 17 years,

- Works for the Zambia Agency for Persons with Disabilities or the Ministry of Community Development and Social Services in service provision branches or collaboration with Ministry of Community Development and Social Services,
 - Aware of Ministry of Community Development and Social Services policy document or general Ministry of Community Development and Social Services policies,
 - Speak English,
 - Can understand questions and articulate experiences, and
 - Work in Lusaka, Zambia.
-

Interviews will be conducted online via Zoom for 45 minutes.

Researcher: California Baptist University doctoral candidate Inonge Lifanu.

If interested in participating, Email inongen.lifanu@calbaptist.edu

APPENDIX L

PARTICIPANT FLYERS THE ZAMBIA AGENCY FOR PERSONS WITH
DISABILITIES

RESEARCH PARTICIPANTS NEEDED

**DO YOU PROVIDE SERVICES TO CHILDREN WITH DEVELOPMENTAL
DISABILITIES AND THEIR FAMILIES?**

PURPOSE

This study aims to evaluate disability policy implementation by analyzing cases of children with developmental disabilities through the lens of service providers and policymakers.

SIGNIFICANCE

This study will help improve disability services and create an enabling environment for independent living.

REQUIREMENTS

- Service providers with experience working in the immediate provision of services to children with developmental disabilities and their families,
- Involved in the provision of services to children with developmental disabilities from ages 2 to 17 years,
- Works for the Zambia Agency for Persons with Disabilities or the Ministry of

Community Development and Social Services in service provision branches or collaboration with Ministry of Community Development and Social Services,

- Aware of Ministry of Community Development and Social Services policy document or general Ministry of Community Development and Social Services policies,
- Speak English,
- Can understand questions and articulate experiences, and
- Work in Lusaka, Zambia.

Interviews will be conducted online via Zoom for 45 minutes.

Researcher: California Baptist University doctoral candidate Inonge Lifanu.

If interested in participating, Email inongen.lifanu@calbaptist.edu

APPENDIXM

PARTICIPANT INFORMED CONSENT

Study Title: An Analysis of Policy Implementation: A case of children with developmental disabilities in Zambia

Researcher: Inonge Lifanu

Dear Prospective Participant,

You are invited to participate in a research study conducted by Inonge Lifanu at California Baptist University Online and Professional Studies, Doctor of Public Administration program. I hope to explore the perspectives of policy makers, service providers and policy recipients on disability policy and services. For this study, policy makers and service providers are employees of the Ministry of Community Development and Social Services and Zambia Association of Persons with Disabilities, respectively, and have experience with implementing policy and services for children with developmental disabilities. Policy recipients are parents or guardians of children with developmental disabilities. All participants should be aged 18 years and above. You were selected as a possible participant in this study because you match the criteria.

Next steps once you choose to participate in this study

- Your participation will involve an interview through Zoom video conferencing in which you will give your honest responses to eight interview questions regarding disability policy and services.
- The interview will take 45 minutes.
- Your participation is strictly voluntary.
- You have a choice whether or not to participate in this research.
- If you choose to participate, you may withdraw and leave the study at any time.
- There are no consequences for withdrawing from participation during the interview process.
- You may skip any questions you cannot answer.
- Strict procedures are in place to protect your privacy and confidentiality.
- Your responses to the questions will never be linked or identified to you or your organization.
- In the research document, responses will refer to an alphanumeric coding system.
- All interviews will be video and audio recorded for accuracy purposes only.
- Your recorded interview will be downloaded and saved using a password protected file. The file name will refer only to the assigned alphanumeric code and the date of the interview.

- The researcher is the only one who will have access to the cross-reference between the alphanumeric codes and participant names. This information will never be made public.
- The researcher will destroy all electronic and paper documents after publishing the study by shredding paper documents and deleting electronic files.
- You will not be paid for participating in this research study. You will receive a \$10 gift card as a token of appreciation for your time. The gift card will be emailed to you after the interview.

I cannot promise any benefits to you for taking part in this research. However, we believe this research will contribute to the understanding of disability policy implementation from the perspectives of policy makers, service providers, and policy recipients. There are no reasonably foreseeable risks, discomforts, or inconveniences resulting from participating in this research study. Although I do not anticipate any risks, if you experience discomfort, you may contact me (the researcher), or California Baptist University Counseling Center (951-689-1120, <https://www.calbaptist.edu/counseling-center/>). The researcher is Inonge Lifanu. Please feel free to contact the researcher if you have questions, concerns, complaints, or would like to talk to any member of the research team. This research has been reviewed and approved by the Institutional Review Board at California Baptist University (IRB # XXX-XXXX-EXP). They can be reached by emailing at irb@calbaptist.edu if your questions, concerns, or complaints are not being answered by the research team, if you cannot reach the research team, if you want to talk to someone besides the research team, or if you have questions about your rights as a research participant.

Next steps:

The researcher will need a signed Statement of Consent which confirms that the researcher has explained the purpose of this research and the intended outcome.

- The Participant understands that upon receiving the signed Statement of Consent, the researcher will contact them by email to establish a mutually agreeable date and time to participate in an in-person interview.
- The Participant understands that the researcher will ask questions about experiences as a community service officer, social worker, or parent.
- The Participant acknowledges that all interviews will be video and audio recorded and that all recordings will be used for research purposes and will not be used outside the research project.
- The interview will take about 45 minutes.
- The Participant understands that their responses will be confidential, and all identifying information removed.

- The Participant acknowledges that their name and their organization's name will not be associated with any results of this study.
- The Participant may contact the researchers or irb@calbaptist.edu for additional questions.