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Policy Dissemination: Public Administration Theory and International Organizations

A Case Study on the Convention on the Rights of Persons with Disabilities in the Kingdom of Morocco

Rachelle A. Wilson

Introduction

With the advent of international organizations comes international law. Unprecedented at such a global and influential level, there is no theoretical framework within public administration explicitly focused on administrative structure and strategies for the implementation of international law (GÜNEYSU, 2013). Consequently, the current administrative literature and theoretical framework must be looked to and transposed, as much as possible, to the international stage. By exploring various frameworks within public administration, a comparison to the method of implementation for international law can be drawn. The key question to explore is whether the structures and expectations of International Organizations (like the United Nations) mirror the Orthodox approach to Public Administration. Similarly, this paper seeks to probe the current way in which international law translates into local action.

Conceptual Framework and Literature Review

Top-down and Bottom-up

Though international law has been largely considered apolitical, current literature has begun to challenge that notion and explore its political implications. (GÜNEYSU, 2013; Charlesworth, 1992; Charlesworth, 1999; Kennedy, 1991) The nature of this discussion is one that is reminiscent of Woodrow Wilson's groundbreaking essay, *The Study of*

Administration. His essay explores the practice of public administration as it relates to politicization. He argues that public administration is “removed from the hurry and strife of politics.” Since publication, many theorists have furthered this notion of separation (White, Gulick, Weber, Taylor) while others have challenged it (Follett, Dahl, Long).

The promotion of public administration’s apolitical view has come to be known as Orthodoxy within the discipline. Orthodoxy also contains the top-down approach to administration (Stillman, 2010). The descriptors top-down and bottom-up refer to the direction from which decisions are made. An administration operating as top-down is one where the manager or executive issue a decision which is then disseminated throughout the lower levels, while bottom-up works from the grassroots level to formulate changes which are then passed upwards to management.

Writing within the Orthodoxy framework, Luther Gulick emphasizes the importance of control to remain centralized. He challenges Taylor's notion of multiple supervisors and suggests instead that all individuals report to only one supervisor, maintaining that supervisors should manage only a small number (3-12) of subordinates to sustain efficiency. Though Gulick entertains both top-down and bottom-up (and even some type of forging of the two) supervision strategies, he ultimately promotes top-down as the most effective form of management. He suggests that this is possible by the adoption of assistants and the practice of delegation. The chief executive, then, is mainly responsible for POSDCORB (Planning, Organizing, Staffing, Directing, Coordinating, Reporting, and Budgeting) (Gulick, 1937).

Since Orthodoxy’s initial fame and subsequent decline, thinkers have promoted alternative approaches, some of which focus on a bottom-up framework. Implementation literature traditionally tends to fall closer to one camp or another. As administration has

become more complex, so have the models of implementation theory. As is the case in many fields, the various camps are most often found talking past each other and not to each other, resulting in much research that is difficult to amalgamate for the purposes of this type of analysis.

Synthesizing

Amidst this dichotomy, Richard Matland attempts to synthesize the two extremes into a workable matrix. He highlights the way in which organizations have utilized both top-down and bottom-up approaches, depending on the type of institution or situation. His matrix, then, is a way to classify varying types of organizations in terms of policy implementation practices. Using high or low levels of the two variables, ambiguity and conflict, Matland creates four implementation classifications: Administrative Implementation, Political Implementation, Experimental Implementation, and Symbolic Implementation. Matland's matrix is well supported by the relevant research and extremely detailed. (Matland, 1995)

To help determine the nature of International Organizations' implementation strategies, international law will be viewed in terms of Matland's Conflict-Ambiguity matrix (Exhibit 1). In this way, international law will be held to the same standard as many public policies and judged along the same lines. This study will specifically look at the United Nations' treaties, resolutions, and charters as they relate to other government actors. Though the reasons for focusing on material produced by the United Nations are manifold, the primary factor is that the United Nations (UN) is the largest international organization. All recognized countries are involved as member states, which allows for

accessible, relevant analysis of that particular organization.

When discussing successful implementation within public administration, top-downers and bottom-uppers would have different criteria. According to Matland, “Top-down theorists desire to measure success in terms of specific outcomes tied directly to the statutes that are the source of a program. Bottom-up theorists prefer a much broader evaluation, in which a program leading to ‘positive effects’ can be labeled a success (Palumbo, Maynard-Moody, and Wright 1984).” The varying operational definitions of successful implementation cause confusion and make it difficult to measure. Though adherence to goals can be used as a measure when the goals are clear, in cases of ambiguity, societal norms and values must be reviewed (Matland, 1995).

Policy conflict is often looked to as the amount of goal congruence at the various levels within the implementation process. Oosterwaal and Torenvlied explore how the factors contributing to policy diversion indicate cases of implementation failure. They specifically look at how political conflict may affect policy dissemination in the field of public administration. They incorporate research from both the bureaucracy literature and the public administration literature to explore the struggle for control, identifying the types of conflict and measures to which conflict have an impact on implementation decisions. (Oosterwaal and Torenvlied, 2012)

Matland highlights two main types of conflict identified in the literature among rational and bureaucratic politics models. The former suggests there are agreed upon goals but dissension regarding how best to meet them. The latter argues that there are no agreed upon goals and coercion is used to streamline actions. Both types of conflict are incorporated within Matland’s matrix.

Policy ambiguity primarily manifests in two ways, “ambiguity of goals and ambiguity of means.” Top-down administration focuses on minimizing ambiguity as much as possible. Those focusing on bottom-up administration, however, realize the importance ambiguity plays in promoting creativity and innovation. Ambiguity can relate to goal implementation strategies, policy means, or tool utilization methods. (Matland, 2010)

Ambiguity-Conflict Matrix: Policy Implementation Processes

		CONFLICT	
		Low	High
AMBIGUITY	Low	<p><i>Administrative Implementation</i></p> <p>Resources</p> <p>Example: Smallpox eradication</p>	<p><i>Political Implementation</i></p> <p>Power</p> <p>Example: Busing</p>
	High	<p><i>Experimental Implementation</i></p> <p>Contextual Conditions</p> <p>Example: Headstart</p>	<p><i>Symbolic Implementation</i></p> <p>Coalition Strength</p> <p>Example: Community action agencies</p>

**Ambiguity-Conflict Matrix originally published in “Synthesizing The Implementation Literature: The Ambiguity-Conflict Model Of Policy Implementation” by Richard Matland.*

In view of Matland’s matrix, four potential categories for public organizations are emphasized. Top down administrations that focus largely on minimizing conflict and

minimizing ambiguity (which are two heavy focuses within top-down literature) will fall under the administrative implementation category. Gulick's notion of administration would fit into this category. Gulick focused on direct communication and interactions with one's supervisor. His ideal workplace would be one that is within Matland's idea of administrative implementation. In this category, goals are clear and unified, means are clear and unified, and there is not much room for deviation, creativity, or innovation.

An administrative organization that has low policy ambiguity yet high policy conflict would be classified under political implementation. Power is what determines the outcome. Though there may be agreed-upon goals, proposed implementation methods may differ. Much of what determines the outcome in this category has to do with who controls the resources. This model fits most appropriately with more modern top-down models. Modern top-down models incorporate various political factors that influence resources and approaches of implementing certain goals.

When an organization has high policy ambiguity and low policy conflict, the context is typically what determines the outcome. Participants' level of activity and interest will influence which path an organization might take. For this classification, entitled experimental implementation, there is no standard outcome but varying manifestations of the same goals from site to site. Being more in tune with context, this approach is apparently ecological. Bottom-up theorists would promote this type of approach. In this model, innovation and creativity are encouraged and facilitated.

The combination of high policy ambiguity and policy conflict is considered symbolic implementation. Some see symbolic policies as playing a political role in goal movement (Olsen, 1970). Though these types of policies will be political, local actors will

mainly determine the outcome. This model does not easily fit into either a top-down or a bottom-up framework.

Application: Exploring Current Literature

By adopting a public administrative lens to the realm of international law, the question arises regarding where and how the UN fits into such a framework. It seems the first step would be to determine the levels of ambiguity and conflict that have been displayed in UN interactions on the global stage. By exploring these two factors, the UN can be placed in a category that helps determine which type of implementation strategy the organization is either attempting or traditionally executes. Using the two factors of ambiguity and conflict this study will try to identify the levels exhibited by the United Nations according to what data are currently available.

Exploring interactions on the global stage between the UN and other local and regional bodies provides insight to the historical level of conflict regarding international laws in general. Matland's definition of conflict addresses varying and incongruent implementation strategies for the same goals. In view of this definition, this study looks at literature that probes this question.

In the paper *The Global and The Regional In The Responsibility To Protect: Where Does Authority Lie?*, Bernard Ntahiraja focuses on a conflict between the United Nations and the African Union. In this case study, he covers a specific event in which the African Union was denied permission to intervene in Tunisia by the United Nations. This restriction was cited as an implementation of the powers granted to the UN through the UN charter. Chapters 7 and 8 of the charter issue preference to the Security Council over

other governing bodies in the way of enhancing or promoting peace and security in non-domestic affairs. Both organizations aimed to work towards the expressed goal of peacekeeping, but the issue came down to *who* was responsible for such involvement. This case is a clear example of high conflict regarding which international entity is allowed to intervene on the national level.

Some authors suggest that to violate the Security Council is to undermine the United Nations as a whole (Hakimi, 2007). Ntahiraja explores other cases in which organizations engage in intervention or peacekeeping efforts when the UN does not condemn nor prevent. The difference between those cases and this particular event has to do with consultation with or incorporation of the Security Council. The author suggests that the main difference is that in other cases the organizations were including the Security Council-- the action steps and posture of the organizations were aligned with the will of the Security Council. But for the case in question, the AU did not seek out approval by the Security Council before acting, leading to the subsequent hindrance.

The larger question at hand regards whose responsibility it was to intervene in the first place. Many bottom-up theorists would argue that the African Union is closer to the conflict and therefore better equipped to know which action steps would be most beneficial for the issue at hand. The intervention and blockage of the Security Council to the response initiated by the African Union can be leveraged to argue that the Security Council does not see the UN as a bottom-up organization. This case study highlights the type of visible and public conflict that can happen when organizations are involved in the same region with similar goals of promoting peace and protection. Not only was the African Union hindered in their action plan of response but also they were embarrassed on the world stage. Actions of this nature by the Security Council might also lead to

weakening of the legitimacy of regional organizations, like the African Union, in times of global insecurity.

Case studies regarding conflict between international law, regional organizations, and local governments are in no short supply. Cases ranging from refugee treatment (Freedman, 2010) to land rights for Nomadic peoples (Gilbert, 2012) to post-conflict peace building strategies (Bruch, Boulicault, Talati, and Jensen, 2012) and many in between discuss the conflict involved with implementing international law. Some, however, address both conflict and ambiguity.

Johanna Kalb turns to the United States to explore the way in which specific states incorporate international human rights law into their state legislatures. A question rising from the article is whether states taking these actions are circumventing the federal government. However, for international law to come to fruition, state and local action is required. When states implement and incorporate international human rights without the directive of the federal government they are still acting in line with the federal government's expressed goals.

Kalb explores cases in the United States in which states have failed to implement international law. In the explored cases, there was a lack of federal directive to do so, however, states were still held accountable for the violation. The author demonstrates how the federal government has been hesitant to impose international law within states, while at the same time states have been passive in terms of "filling the gap." She identifies two main reasons for the state's inability to fill the gap, "lack of knowledge, and the lack of capacity. (1052)" For the United States particularly, federalism has negatively affected the judicial system's process of disseminating international law on the state and local level. Some researchers suggest that this is the result of the resistance to national law while

others simply see it as a "missed opportunity." By increasing state's engagement, states would be brought into the implementation dialogue and thus begin to minimize federalism as a barrier to more national engagement. Some argue that doing this would weaken the United States' federal image by detracting from a unified voice. However, the author suggests that the United States is already speaking with a plurality of voices at the international level, by action and interaction.

Kalb posits a conflicting conclusion, however, regarding the optimal future steps the federal and local governments should take:

The task of treaty implementation thus demonstrates a wide range of possible partnerships and shows both how ambiguity can stymie initiative and how structure can enable it. The cases that I have reviewed demonstrate that greater state participation will require a more explicit reframing of the question of responsibility for ratified human rights treaties. The model of jurisdictional authority should shift away from the current dichotomy (that either the federal or the state government is responsible) toward an ongoing collaboration (where the state and federal governments have a shared and overlapping responsibility for ensuring that the United States' commitments are kept). Moreover, greater subnational engagement will demand a process by which the requirements of these treaties are given more explicit definition. The role of the federal government in this process should therefore be to stimulate, enable, and moderate an ongoing "diagonal" dialogue about how to evaluate and implement these treaty rights. The federal role would thus look different than it did in the cases examined [here] in that it would be less about educating states as to their part in a predesigned implementation program, and more about encouraging and harnessing state and local innovation. (Kalb, 112-113)

Her paper provides a plethora of evidence that the current condition in the United States is one of conflict on all possible levels. On the one hand, she promotes greater clarification for the states and on the other; she suggests more room for innovation. She is also unclear as to whether her diagnosis for the root issue is one of ambiguity or conflict or both. She seems to jump between the two without clear operational definitions.

From the cases explored in Kalb's article it is difficult to determine if the issue at hand is ambiguity or conflict. One could say that the United States' goals are not clear on the state level. If international law, federal government, and provincial actors are operating under different goals sets, the disconnect would be one of ambiguity. However, the issue could be seen as conflict, in which the goals are clear but the way to implement them is what is unclear.

Leslie Wexler explores these big questions in an article entitled, *The Promise And Limits Of Local Human Rights Internationalism*. She addresses questions such as how to choose policies, which policies to assess, which governmental entity should conduct them, and what consequences outflow from a human rights assessment or impact statement. The focus is how international law is submitted on the local level.

As evidenced by the cases highlighted here, conflict can be seen as prevalent throughout the international law system. What is less clear, however, is the extent to which ambiguity is found. In many examples where it seems ambiguity is present, the case could be made that the issue regards responsibility for implementing international law (which puts the situation back into the realm of conflict.) Ultimately, the questions at hand are: How ambiguous is the United Nations regarding the international law dissemination process and is conflict inevitable when involving so many actors at so many levels?

To explore these questions, this study will research the congruency between the expressed goals and means of the UN and those of their regional/national/provincial/local counterparts. Since international policy goes from the UN down through the local dissemination implementation process, this path will be evaluated. By exploring the perceived goals and perceived means of implementation,

ambiguity and conflict can be highlighted.

To sufficiently explore and measure this process, the United Nations continues to be the international organization of analysis. More specifically, this study examines the United Nations' *Convention on the Rights of Persons with Disabilities* (CRPD) and how it has been implemented in the Kingdom of Morocco. The reasons for this are manifold. First, the United Nations (UN) is the largest international organization with all recognized countries involved as member states. Second, though not all UN resolutions are adopted by all member states, this convention is. Third, the data for Morocco regarding this topic are accessible in English and well documented. These factors allow for accessible analysis of that particular convention in this particular country.

Delimitations

As with any study, several delimitations will present themselves. While it would be highly robust to gather information for all nations, that is not practical considering the magnitude. A more realistic approach would be to focus the study to one international law and one particular nation. This study focuses on the Kingdom of Morocco and explores its particular relationship to the *Convention on the Rights of Persons with Disabilities*. The findings based on one country may not be globally applicable, but as with any case study, the findings will provide some insight to the question and help direct further research.

Collection of Data

The *Convention on the Rights of Persons with Disabilities* (CRPD) must be examined first. The most important pieces of the CRPD as it pertains to this research are: 1) the

definition of disability, 2) the goals and objectives for the ratifying parties, 3) how the expressed goals are to be implemented, and 4) the parties responsible for monitoring and reporting. By gathering information put forth by the CRPD regarding these four factors and comparing it to the national and regional information available, an initial analysis of conflict and ambiguity is possible.

In view of Morocco having ratified the *Convention on the Rights of Persons with Disabilities and Optional Protocol* in 2009, the conditions in Morocco preceding this ratification seem best suited to form a comparison regarding its effectiveness. And while all changes cannot be directly attributed to the ratification of the CRPD, a basic analysis can at least provide a starting point as to whether progress is occurring or not.

It is also important to review the status of disabilities within the Kingdom of Morocco. The National Censuses, being conducted in both 2004 and 2014, will be two primary sources of data regarding the number of reported persons with disabilities within the nation, who is affected (age, gender, rural/urban), and what type of disabilities are most prevalent. The 2004 census serves as the pre-CRPD measure and the 2014 census serves as the post-CRPD measure. Additionally, National Surveys published by the Kingdom of Morocco in 2006 and again in 2014 will serve to help analyze conditions in Morocco pre- and post-CRPD ratification, along with any additional research to help paint the most accurate picture possible. By gathering and comparing this data, the effectiveness of the CRPD and the United Nations' implementation strategy regarding in can also be analyzed.

UN Protocol: At the National Level in the Kingdom of Morocco

The United Nations' *Convention on the Rights of Persons with Disabilities and Optional Protocol* (CRPD) was ratified by the required 20 member states by May of 2008. Specifically, Morocco ratified the CRPD in April of 2009. Though the CRPD covers many topics relating to persons with disabilities, this paper will particularly look at the CRPD's operational definition of disability, goals and objectives, implementation strategy, and monitoring and reporting procedure.

Definition of Disability

Despite being an extensive document with 50 Articles, the CRPD presents a very short, straightforward definition of what defines a person with a disability. According to the CRPD, "persons with disabilities included those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." (4) This brief definition opens the document in Article 1 but has a caveat found in the Preamble noting, "Disability is an evolving concept." (1) Aside from these two instances, the subject of who this convention is designed to reach is not again discussed explicitly.

Goals and Objectives

The principles of the convention are clearly listed in Article 3:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
- (b) Non-discrimination;*
- (c) Full and effective participation and inclusion in society;*
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
- (e) Equality of opportunity;*
- (f) Accessibility;*

- (g) Equality between men and women;*
(h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The 37 page document then proceeds to outline very specifically how the principles should be honored in various cases, including but not limited to humanitarian emergencies, education, employment, and community participation. A large part of the Convention focuses on affording persons with disabilities the same rights as their peers as set forth in other UN Conventions, like the Convention on the Rights of the Child or the Convention on the Elimination of All Forms of Discrimination against Women. For these areas, the Convention focuses on minimizing discrimination for rights that have already been established through international law.

The areas where the Convention introduces topics not explicitly addressed or fully captured in other conventions are as follows: Article 8: Awareness-raising, Article 9: Accessibility, Article 11: Situations of risk and humanitarian emergencies, Article 15: Freedom from torture or, in humane or degrading treatment or punishment (specifically on the topic of scientific experimentation without consent), Article 18: Liberty of movement and nationality, Article 19: Living independently and being included in the community, Article 20: personal mobility, Article 21: Freedom of expression and opinion, and access to information (specifically on the topic of alternate forms of communication like sign language or Braille), and Article 26: Habilitation and rehabilitation.

Though the convention addresses a wide array of areas the ratifying nations are committing to comply with, the principles stated in Article 3 sufficiently capture the goals of the Convention. These principles are integrated throughout the document and are made clear for each area of focus.

Where the document falls short, however, pertains to issuing clear objectives. The goals are not translated into a measurable format conducive to an action plan. For instance, in Article 24: Education, paragraph 3 states, “States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community.” (17) The Convention advocates “full and equal participation” and yet offers no measure for equal participation, process through which this should be attempted, nor a timeline by which this should be achieved.

Implementation and Monitoring and Reporting

Articles 31 through 40 vacillate between the topics of reporting, implementation, and monitoring the goals set forth in the Convention. The convention first commissions States Parties as the entity responsible for collecting data from within their country. They suggest that the information gathered should be used to direct any steps taken within the country to meet the standards set forth by the Convention.

Next, the convention condones the involvement of outside organizations. It specifically mentions “international and regional organizations and civil society” as being important to the success of the convention. (24) Ultimately, though, the State Parties are the actors responsible for its implementation. The convention states that to do this, each State Party must identify an entity within the government that is responsible for the oversight of the implementation of the Convention in alignment with the national government structure. This government entity is additionally responsible for monitoring such action steps.

Finally, the Convention calls for a Committee of elected members whose role it is to oversee reports submitted by State Parties. The reports are to be submitted at a minimum frequency of every four years containing information regarding the adherence to the standards set forth by the convention. The Committee, upon receiving the report, may respond to the State Party with recommendations regarding the implementation of the Convention. By ratifying the Convention, the State Parties are agreeing to adhere to any suggestions offered by the Committee. The Committee is additionally responsible for reporting its activity every two years to the General Assembly and to the Economic and Social Council.

Pre-CRPD Data: 2003-2009

Pioneering research conducted in 2003 about the disabled population in Morocco gathered that the three primary conditions contributing to preventative disabilities within the country are lack of education regarding disability-causing diseases (such as diabetes), road accidents, and lack of quality medical care for infants and children. Authors Boutayeb and Chetouani control for these three factors within Morocco and, considering factors such as death rate, fertility, and handicapping rate over age and time for both disabled and healthy populations, are able to predict how a decrease in road accidents, for instance, would affect the percentage of the population considered disabled annually for different age groups. The data they provide displays the dynamics of disability in each age category at different times.

They conclude that a large portion of disabilities found in Morocco are preventable, recommending the country focus on increasing education, increasing road

safety, and increasing quality medical care for infants and children. Their trajectory regarding how quickly the handicapping rate can be reduced varies depending on age group, but their data shows a unanimous improvement among all ages when these three factors are improved.

According to the Moroccan Census in 2004, 680,537 people reported having a disability, amounting to 2.3% of the total population. Of those reporting a disability, 18.8% were categorized as Mental, 24.9% were categorized as Sensorial, and 56.2% were categorized as Physical. Of those reporting a disability, 56.3% were male and 43.7% were female.

In February 2006 the Kingdom of Morocco issued a National Survey on Disability, which was conducted by the Secretariat of State in Charge of Family, Childhood, and Disabled Persons (SSFCDP). This survey declares itself to be both qualitative and quantitative stating the following:

- *A qualitative survey conducted on a hundred Persons with Disabilities (PWDs).*
- *A quantitative survey conducted on 9,674 households gathering more than 54,000 persons with a detailed analysis of the living conditions of 2,777 PWDs identified within their milieu*
- *A qualitative survey led on a hundred actors from ministries, State departments, associations etc.*
- *A bibliographical study of the aggregate of statistical studies, and the available analyses on the deficiencies' causes. (2006 National Survey, 4.)*

The National Survey pulls from *The International Classification of Impairments, Disabilities, and Handicaps* (ICH) as did the National Census for its approach to defining disability, but also incorporates other sources.

Instead of being viewed from an exclusively medical angle, the disability situation shall be considered in the light of all the PWDs' environmental and personal factors which can - either positively or negatively - influence these persons' conditions. The main references used for the elaboration of this framework rely on the disability Creation Process, elaborated by the Quebec Committee on the International Classification of Impairment, Disabilities, and Disability Situations and the new International Classification of Disability Situation and Health Functioning published by the World Health Organization in 2001. In light of the multidisciplinary approach adopted, a disability situation is not perceived as the sole consequence of a particular health problem but as an interaction between functional limitations caused by this health problem and other factors which may be personal (identity, social status, etc.), environmental (living environment, entourage, etc.) and proper to the PWDs. (2006 National Survey, 7)

According to this survey, 5.12% of the total household sample reported one or several members living with “long lasting health problems which prevented them from fulfilling a number of important daily life activities and being integrated in the socio-economic level.” (2006 National Survey, 13) This number is surprisingly higher than the 2.3% reported on the National Census only two years prior. Though the census had more broad access to the general population, the National Survey was using an operational definition of what qualified an individual as a person with a disability that would ultimately align more closely with the one set forth in the future by the United Nations. The numbers on the National Survey could be higher in part because it takes more deficiencies into consideration to be classified as disabling.

When considering the data collected from the National Survey, the percentages were reportedly higher in rural areas compared to urban (5.62% versus 4.81%) as well as among males compared to females (5.49% versus 4.75%). The survey also measured the distribution of disabilities by age group. (Tables 1, 2, and 3) Disabilities increased steadily

over time and were significantly higher for those over 70 years of age; the survey explicitly suggests, like Boutayeb and Chetouani, that this is largely in part due to preventative issues. And although half of the population reports only having one deficiency, a significant percentage of those reporting disabilities live with two or more deficiencies.

The types of disabilities reported were broken down into eight larger categories. The categories are as follows: Mobility Disability, Multifold Disability, Psychic and Mental Disability, Visual Disability, Visceral and Metabolic Disability, Hearing Disability, Speech and Language Disability, and Aesthetic Disability. They are listed in order from highest to lowest, ranging from 26.46% to .37% of the total persons reporting a disability. (Table 4)

The survey then reports on the causes of those disabilities and categorizes the data based on living environment (urban/rural) and gender (Table 5). The four categories listed for causality are: 1) Problems of hereditary/congenital/perinatal origins, 2) Acquired diseases, 3) Accidental origin, or 4) Health problems linked to aging. Men rank higher than women in the first and third categories; consequently the inverse is true for the second and fourth categories. On average, acquired diseases ranks the highest at 38.4% for the most commonly reported cause of disability, followed by accidental origin at 24.4%.

When reviewing disabilities caused by accidents, 24.4% of those surveyed reported an accidental origin, 28.6% males and 19.2% females. When reviewing the breakdown of the types of accidents (Table 6) the leading type of accidents reported were traffic accidents at 19.5%, harkening back to the recommendation of Boutayeb and Chetouani three years earlier linking issues regarding road safety to the high number of preventable disabilities within Morocco.

The survey reviews many more components regarding daily life and health of persons with disabilities, including but not limited to employment, divorce and celibacy, victimization, and health care. Another major area of focus regards the basic needs of the population in question. A close look at the basic needs and their change over time, as reported in the post-CRPD data, is necessary to determine whether or not action-steps taken by the government are making a positive difference. Responses range from needs regarding medical care, to education, to transportation, to counseling. The survey provides both a general look at reported needs as well as a breakdown of this information by category of disability type (Tables 7 and 8).

The data collected by the 2006 National Survey not only captures much more detail than the 2004 Census, but are more robust. The data regarding the types of disabilities goes beyond three general categories and probes into limitations, demographics, origins, and specific causality. Though the sample set is smaller, it is still significant; the results provide a clearer picture of the disabled population within the Kingdom of Morocco.

Post-CRPD Data: 2009-Present Day

The most recent census in the Kingdom of Morocco took place in 2014. 1,353,766 people identified as disabled, amounting to 4.1% of the total population. Of those reporting a disability, 10.9% were under the age of 15, 38.3% were aged 15-59, and 50.6% were 60 and up. Contrary to the previous reports, women reported a higher number of disabilities than men. Of those reporting a disability, 52.5% were women and 47.5% were men. This census also reported a higher number of people with disabilities in

urban environments than rural, 56% to 44% respectively.

Regarding education, a vast majority of those reporting disabilities also report never having received any formal schooling, 73%. Fifteen percent of the affected population report having attending primary school, 8.5%, secondary, and 1.5% higher level. Consistent with the pre-CRPD data, the correlation between no formal education and women with disabilities was reportedly very high. Over 80% of women reporting disabilities also reported having no formal education, as opposed to 58.2% of men.

A second National Survey was conducted in 2014. This survey was wider reaching than its predecessor, capturing responses from 2,264,672 persons reporting a disability, 6.8% of the general population. Unlike the survey from 2006 the micro data for this survey is not yet publically available.

Analyzing Data

First, a comparison will be drawn regarding the prevalence and impact of disabilities among the people of Morocco between the pre and post-CRPD data. The comparison will be used to determine whether conditions regarding persons with disabilities within the Kingdom of Morocco have been improving, stagnant, or declining since the ratification on the CRPD in 2009. Understanding the status of persons with disabilities within the country will provide a context from which determining the implementation strategy according to Matland's matrix can be viewed. By analyzing pre- and post-CRPD data, the later discussion of implementation strategy can be judged on effectiveness.

Second, the available data as well as international, national, and regional initiatives

will be analyzed in terms of Ambiguity and Conflict. Matland’s matrix will then be used to initially evaluate what type of organization strategy the United Nations has employed when disseminating the CRPD, specifically as evidenced in the case of the Kingdom of Morocco, as well as how effective this strategy seems to be.

Comparing pre- and post-CRPD data

When looking analytically at the data, there are discrepancies between the studies regarding the operational definition of what constitutes a disability, rendering a direct comparison problematic. Even after the CRPD was ratified in 2009 and a standardized definition adopted by the Kingdom of Morocco, the most recent census and National Survey, both conducted in 2014, produced different data regarding what percentage of the population have a disability. The 2014 census reported 4.1% of the population qualify as disabled, while the national survey reported 6.8%, resulting in a difference of 2.7%.

Despite the inconsistency of the available data, the trend of all averages from all the sources point to an increase within the general population of people who report living with a disability. On average, the Kingdom of Morocco has seen a 1.74% increase between the pre-CRPD and post-CRPD data.

<i>Percentage of total population reporting disability</i>	Pre-CRPD	Post-CRPD	Difference
Census	2.3%	4.1%	+1.8%
National Survey	5.12%	6.8%	+1.68%
Average	3.71%	5.45%	+1.74%

The increase in people reporting disabilities could be a result of several things: 1) more types of ailments are being considered as disabling, 2) the potential stigma attached to claiming a disability is less of a deterrent, and/or 3) more people have contracted disabling injuries or conditions. While there are other possible reasons the percentage of the population reporting disabilities could have increased, none of them point to an effective implementation of the CRPD. The CRPD promotes people's right to "services designed to minimize and prevent further disabilities," which are either not being offered or not offered effectively. (CRPD, 18) This increase in reported persons with disabilities within the Kingdom of Morocco raises more questions than answers when considering the CRPD and its implementation. Taking a closer look at the data and the CRPD in terms of ambiguity and conflict can perhaps provide some insight into the reasons for this increase.

Through the Lens of Matland's Matrix

The process through which an international law must pass begins with the United Nations. From there one must look at regional organizations, national government, state or provinces, and finally, city, town, or village. When looking at this process through Matland's Matrix the two factors, ambiguity and conflict, must be captured as best as possible.

According to Matland, the definition of ambiguity assesses whether goals and means of implementation are unclear leading to uncertainty of responsibility. The two independent variables, then, will be (1) expressed goals and (2) means of implementation. The dependent variable is the certainty or uncertainty of responsibility, which determines

the intensity of ambiguity. One major issue is that Matland does not delineate what denotes high or low ambiguity. Additionally, as evidenced in the previous review of current literature as it relates to the implementation of international law by the United Nations, assessing when an issue is rooted in conflict or rooted in ambiguity is not always an easy distinction to make. Both factors use clarity of goals and implementation as key variables.

For the sake of a clearer understanding of these two determining factors, this paper will further distill the separation of the two concepts used as the backbone of the analysis. Ambiguity will be determined by 1) the congruency of the definitions of disability and 2) the alignment of goals between the involved actors. Conflict in turn will be determined by a unified and clear understanding of who is responsible for 1) the means of implementation and 2) monitoring and reporting.

Evaluating Ambiguity

As previously noted when gathering and comparing the data from the censuses and National Surveys within the Kingdom of Morocco, the operational definitions used when collecting data were not standardized. Using different definitions to define and measure who qualifies as a person with a disability will affect 1) the number of citizens considered disabled, 2) the types of disabilities thought prevalent, 3) the areas in which the Kingdom of Morocco must focus its policies and activities to better align with the CRPD, and 4) what changes qualify as progress. To analyze the level of coherency, the definitions used by the four data sets will be reviewed in terms of the definition put forth by the CRPD.

As previously stated, the definition provided by the CRPD is rather straightforward. The intention of the Convention does not seem to be one focused on standardizing the definition of what qualifies an individual as a person with a disability, but rather focuses on stating and protecting the rights of such persons. The document does however provide the readers with a basic definition for the purposes of better understanding the document. It states, “persons with disabilities included those 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 (CRPD, 4).”

Both the 2004 National Census and the 2006 National Survey state that their definition of disability was based on the definition initially published in 1980 by the World Health Organization’s *International Classification of Impairments, Disabilities, and Handicaps* (ICD) and updated in 2001. This 207 pages document is devoted in its entirety to defining impairments, disabilities, and handicaps. Concerning disability specifically, the document defines and characterizes it as such:

In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Disability is characterized by, Excess of deficiencies of customarily expected activity performance and behavior, and these may be temporary or permanent, reversible or irreversible, and progressive or regressive. Disabilities may arise as a direct consequence of impairment or as a response by the individual, particularly psychologically, to a physical, sensory or other impairment, and as such it reflects disturbances at the level of the person. Disability is concerned with abilities, in the form of composite activities and behaviors, that are generally accepted as essential components of everyday life. Examples include disturbances in behaving in an appropriate manner, in personal care (such as excretory control and the ability to wash and feed oneself), in the performance

of other activities of daily living, and in locomotor activities (such as the ability to walk.) (ICD, 142)

The subsequent pages proceed to categorize impaired situations as 1) behavior, 2) communication, 3) personal care, 4) locomotor, 5) body disposition, 6) dexterity or 7) situational disabilities. Devoting 21 pages to defining and characterizing disability alone, the document takes pains to be thorough and clear. Additionally, the publication acknowledges that disabilities fall on a spectrum of severity and describes in detail how an individual reporting a disability should be assessed. It provides a scale that measures severity of disability based upon potential recovery, improvement, or assistance, stability, potential amelioration, or deterioration.

The 2014 National Survey and National Census, however, based their definitions on the *International Classification of Functioning, Disability, and Health (ICF)* released by the World Health Organization in 2001. This 303 page document not only offers a detailed analysis of each contributing factor (like body function) to understanding disability and functioning, it also provides a synthesization of current approaches towards disability as well as case examples. The definition of disability is a little more difficult to pinpoint as so many pages are devoted to thoroughly discussing how it can be defined and characterized. Though the document does not offer a neat little few sentence summary of the operational definition for the reader, the following passage best depicts how the concept is regarded throughout the document.

A variety of conceptual models have been proposed to understand and explain disability and functioning. These may be expressed in dialectic of “medical model” versus “social model”. The medical model views disability as a problem of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Management of the disability is aimed at cure or the individual’s

adjustment and behavior change. Medical care is viewed as the main issue, and at the political level the principal response is that of modifying or reforming health care policy. The social model of disability, on the other hand, sees the issue mainly as a socially created problem, and basically as a matter of the full integration of individuals into society. Disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence the management of the problem requires social action, and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is therefore an attitudinal or ideological one requiring social change, which at the political level becomes a question of human rights. For this model disability is a political issue. ICF is based on an integration of these two opposing models. In order to capture the integration of the various perspectives of functioning, a "biopsychosocial" approach is used. Thus, ICF attempts to achieve a synthesis, in order to provide a coherent view of different perspectives of health from a biological, individual and social perspective. (ICF, 20)

When comparing these definitions for the sake of determining ambiguity, there is a surprising lack of words that the two selected passages share. The first one released by the ICD heavily focuses on performance of *expected activities*. It uses words such as *person* and *individual* in reference to the subject of such discussion, but also when considering the responsible party for any psychological disturbances that may hinder integration. Contrastingly, the ICF, while also using *individual* to describe the party with the limitation, it makes use of words like *social*, *collection*, and *environment* when considering integration. This passage does not use the word *activity* when discussing the functioning level of those in question, but rather *participation*.

From these selected passages alone, it is clear that the perspectives guiding the operational definitions used pre- and post- CRPD are not aligned. The ICD definition, which guided both the 2004 National Census and the 2006 National Survey, is primarily focused on *ability*, *behavior*, and *performance* of individuals. This perspective is only

further evidenced by the vocabulary and language used throughout the entirety of the document. The ICD goes on to categorize an individual as disabled based upon their level of functioning in tasks such as lifting, kneeling, communication, washing, gripping, etc., all measurable in a very personal way.

When considering the vocabulary used to shape the perspective of the ICF however, the document guiding the 2014 National Census and National Survey, the scope seems to broaden beyond measuring the individual level to include social integration more heavily than its predecessor. Stating, “every category can be interpreted as individual functioning (activity) as well as societal functioning (participation), (ICF, 236).” The word *participation* appears 181 times throughout the 303 pages. Compared to the 8 occurrences of that same word found in the ICD, the concept seems significantly more formative to understanding disability for the ICF. Though both documents seek to measure individuals’ ability level, the ICF states that by incorporating the concept of participation they are better able to capture the environmentally adjusted ability of the individual.

Consequently, the definition guiding the most recent data regarding individuals with disabilities within the Kingdom of Morocco seems to cast a wider net than the one used previously. This may explain in part the 1.74% increase in persons categorized as disabled within the country between the two timeframes. Though the varying definitions might have contributed to the increase, there most likely are many other influences as well. Though the purpose of this paper is not to analyze every possible factor, the discrepancy in operational definitions certainly adds a level of ambiguity and restricts accurate comparisons between the two data sets.

As previously mentioned, the Convention's purpose was not to define disability but to proclaim the rights of the disabled. The document does make an effort to reference other UN conventions and bills regarding basic humans rights, so it is curious then that it does not explicitly refer the reader to a document like the ICD or the ICF for a comprehensive operational definition of disability. The definition of the CRPD, while not directly citing the ICF, harkens back to the document by pointedly including *participation in society* within its brief definition. The definition offered however is not extensive enough to determine which of the two definitions aligns most closely to that put forth by the Convention.

The scope of the Convention is very wide-reaching yet extremely specific. It is abundantly clear so that there is hardly room for misinterpretation. The State Parties committing to the CRPD are pledging to include all members with disabilities into society, complete accessibility, equal opportunities to pursue education and work, and respect for their will and autonomy. What is less clear is when these goals are expected to be realized and what are the milestones signifying progress.

When focusing upon the Kingdom of Morocco specifically, many of the entities working towards the improvement of conditions for those with disabilities within the country cite the CRPD as the source that guides their activity. The goals of the country are pronounced to be the goals of the Convention, but to avoid ambiguity, the government agencies need to provide clearer objectives.

When considering both components of ambiguity- operational definitions and goals- this particular case fails to present itself as one of strong solidarity. The definitions cited by the Kingdom of Morocco as guiding their research pre- and post-CRPD use wildly different language, not to mention the lack of the CRPD itself to cite a comprehensive

source for its operational definition. And while the goals are clear and mostly uniform, the manner in which these goals are to be measured are non-existent. Despite Matland's lack of criteria, the CRPD in general, but specifically as it pertains to the Kingdom of Morocco, can be classified as High Ambiguity.

Evaluating Conflict

While the goals of the CRPD may be abundantly clear, the convention itself teeters into ambiguity, however, when examining implementation. Understandably, the convention says little of how its resolutions ought to be made a reality. Seeing as how this convention is designed to be applicable to over 160 nations, the *how* of the matter is left to the countries themselves; it's the *what* the convention is concerned with.

The breadth of the CRPD is such that various governmental departments will most likely be called upon to implement changes to adhere to the standards set forth by it. Departments focusing on education, health, building and many more will need to incorporate the principles of the convention more directly into their existing policies. Countries inevitably vary when it comes to what the scope of each department is responsible for and capable of implementing as well as what entity is responsible for monitoring such policy changes.

In the case of Morocco, responsibility for overseeing implementation and the responsibility for monitoring and reporting do not belong to the same government entities. While the National Human Rights Council of the Kingdom of Morocco is "responsible for monitoring, inspecting, and following up on the human rights situation at the national and regional levels," another government entity has been referenced as the responsible party for implementation (Morocco Initial Report, 62). According to the initial

report submitted to the Committee of the CRPD, the Ministry of Solidarity, Women, Family and Social Development is the “sector responsible for the coordination of governmental action on disability-related issues” and “assigned the task of coordinating governmental action in all aspects of the implementation of the Convention.” (Morocco Initial Report 11, 62)

Despite the Ministry of Solidarity, Women, Family and Social Development being listed as the responsible party for implementation, there are no publications or reports made public by this party regarding their efforts towards implementing the CRPD. The only place where this role is made public is on the report to the Committee for the CRPD, raising suspicion concerning transparency and activity.

As previously reviewed, the CRPD created a committee responsible for receiving reports at the International level. The initial report is to be submitted within the first two years of ratification and every four years subsequently or at the committee’s request. Who is responsible for creating such report within the country is at the discretion of the respective State Parties.

Having ratified the CRPD in 2009, the Kingdom of Morocco’s initial report was due in 2011. However, Morocco’s only report so far was submitted in 2014. This delay was attributed to the adoption of a national constitution in 2011 and Morocco’s desire ensure that the constitution itself addressed the rights put forth in the CRPD (Morocco Initial Report, 4-5). The committee has not yet published their response to this report.

The definition and data Morocco uses in this report to the Committee are from the 2004 National Census, both of which this paper has already reviewed at length. Structurally, the report addresses the articles from the CRPD, either individually or in small groupings, and provides an account of what various ministries have done to

promote that article within the country. Many of the actions taken within the Kingdom of Morocco pertaining to the CRPD involve legislation. For example, Morocco has recently criminalized discrimination, ensuring that the definition of such actions is comprehensive enough to include crimes against persons with disabilities (Morocco Initial Report, 10).

Morocco has also issued a number of royal decrees to address the Traffic Code, orphans, establish a national Ombudsman, regulate various health concerns (physical and psychological), and aid victims of industrial accidents which they posit aligns with the CRPD (Morocco Initial Report, 16-17, 19, 24, 37, 39, 52). However, the legislation listed on the report all appears to be addressing the general issue and not persons with disabilities directly. The Kingdom of Morocco lists these initiatives because they can include persons with disabilities, yet none are explicitly designed to further the rights of the concerned persons.

Aside from listing legislative action, the report lists national initiatives but in some sections does not provide sufficient supporting data. For instance, regarding articles 1-4 the report notes a renovation of public buildings to render them more accessible. However it fails to provide an adequate picture; it does not list how many buildings or what kinds of renovations. (Morocco Initial Report, 10) Or under Article 8: Awareness-raising, the report states “a significant number of radio programs are produced and broadcast... To make the public more aware of the need to respect the Traffic Code and avoid road accidents which are among the principal causes of disability.” (Morocco Initial Report, 12) It lists the type of action being pursued, but does not provide the information needed to assess the scope of such actions or the effectiveness.

Contrastingly, however, there are sections of the report that give specific information regarding implementation. Details are provided on the amount of money the

Ministry of Solidarity, Women, Family, and Social Development has invested towards promoting the wellbeing of the target group. (Table 11) Additionally, the report provides a listing of centers that work towards improving the conditions of persons with disabilities. (Table 12) But even with the specifics regarding the number of active centers, the report does not capture how many persons with disabilities the centers are reaching and what sort of progress is being made. Aside from these few instances the report does not include much micro-data to justify the implementation efforts listed.

Since Morocco's initial report was submitted to the committee, reports have circulated regarding a national law specifically designed to protect the rights of persons with disabilities. The new draft law is considered by some to be an inferior reincarnation of a draft law that was begun in 2008. This original law is said to have included input from associations of persons with disabilities. Yet when a new minister to the Ministry of Solidarity, Women, Family, and Social Development was appointed in 2008, the law was reportedly thrown out. The president for Morocco's Collective for the Rights of Persons with Disabilities claims that the current draft law has not included the input or feedback from associations for persons with special needs. This exclusion would be a blatant violation of Morocco's commitment to the CRPD, which promotes inclusion of persons with disabilities at all levels of implementation. In 2015 a critique of the draft law was released by the Human Rights Watch, claiming the draft did little to protect the rights of persons with disabilities, especially in regard to education for children with disabilities. The Human Rights Watch went so far as to proclaim that the shortcomings of this draft law were so severe it renders the draft law "in conflict" with the CRPD. (The Guardian, 2015)

In October 2015 the Human Rights Watch submitted an open letter of concern to Morocco's Parliament. This letter very directly examines Morocco's draft law in comparison to the CRPD. The letter suggests that the draft law falls short in the following areas: 1) explicitly protecting the rights of persons with disabilities by insisting Moroccan communities adjust to include them in society, 2) overturning existing laws which give president of legal rights to guardians as opposed to the individuals themselves, 3) expanding the understanding of discrimination to include a refusal to accommodate disabled students in the classroom as such, 4) shifting the burden of providing education for disabled students from families and outside entities to the state, and 5) directly incorporating disabled persons into all stages of draft law development. (Human Rights Watch, 2015)

Since the Human Rights Watch submitted this critique, the draft bill seems to have been halted at the Parliamentary level. Despite informal reports that the National Human Rights Council of Morocco work-shopped the draft law with groups of persons with special needs across the country and brought their critiques back to Parliament, nothing confirming this action officially has been published. Additionally, no status reports have been released to the public regarding the draft bill's current situation.

In view of the conflict indicators, implementation and monitoring and reporting, unlike other United Nations resolutions this paper has reviewed, there seems to be an agreement concerning which party is responsible for which task. At the UN level, implementation responsibility is fully shifted to the State Parties and they have created a committee that oversees monitoring and reporting. At the national level in Morocco these responsibilities technically lie with the Ministry of Solidarity, Women, Family, and Social Development and the National Human Rights Council of the Kingdom of Morocco

respectively. Though how active these entities are might be debatable, that they claim responsibility for these duties is not.

However, both associations for persons with disabilities and actors on the international stage have decried the one major action step taken by the country to implement the CRPD. The only direct reform that has been attempted by the Kingdom of Morocco has been controversial and considered in conflict the CRPD. It seems that despite the clarity of goals and implementation responsibility, there is still a level of conflict associated with this particular international law. Whether this type of conflict is significant enough to classify an organization as one of *high conflict* is not made clear by Matland.

The fact that all parties concerned criticize this draft law raises suspicion regarding the goals; if the goals of the Kingdom of Morocco are aligned with the CRPD, how can this draft law be so problematic? When considering the goals in terms of ambiguity, this paper addressed the lack of clear objectives on the part of the CRPD. In order to measure and define progress, quantifiable objectives and an expected time frame is necessary and would mitigate the current conflict surrounding the draft law.

It seems the high level of ambiguity of how the goals would look when realized has contributed to the controversial, attempted implementation of the CRPD within the Kingdom of Morocco. Though responsibility is clear, what proper implementation should look like is not. In view of the conflict surrounding Morocco's only significant action step towards realizing the CRPD, this paper classifies the CRPD in the Kingdom of Morocco is one of High Conflict.

Applying the Matrix

Having considered the Convention on the Rights of Persons with Disabilities and Optional Protocol and its status in the Kingdom of Morocco, the case can be looked at through the lens of Matland's matrix to help provide insight into the modern global practice of International law dissemination. After reviewing 1) the operational definitions used by the CRPD and the Kingdom of Morocco regarding classifying persons with disabilities and 2) the goals of the CRPD and the Kingdom of Morocco as they pertain to improving the conditions for said persons, the relationship between the CRPD and the Kingdom of Morocco is one of high ambiguity. Furthermore, upon closely evaluating 1) the implementation strategies employed by the Kingdom of Morocco to realize its commitment to the CRPD and 2) the systems in place for monitoring and reporting the nation's progress, the CRPD's status within the Kingdom of Morocco is one of high conflict.

Therefore, according to the matrix suggested by Matland for categorizing an organization's implementation approach, in this particular case the United Nations would be classified as an organization of symbolic implementation. The combination of high ambiguity and high conflict is one that neither fits into top-down or bottom-up framework. With this classification, the effectiveness of a resolution like the CRPD is contingent upon the strength of local coalitions and available resources. This implementation strategy can sometimes mirror political implementation in that political actors might try to use power or coercion to sway a conflict. Despite this similarity, Matland suggests that as the policy moves down, their power over implementation decreases. (Matland, 1995)

Symbolic implementation is unique and yet shares characteristics with other implementation strategies. For a policy in the category, Matland explores its structure and policy dissemination process,

When dealing with cases of symbolic implementation, identifying the competing factions at the local level, along with the microlevel contextual factors that affect the strengths of the competing factions, is central to accurate explanations of policy outcomes. Neither the top-down nor bottom-up models appear entirely appropriate in describing the implementation process when there is substantial conflict and an ambiguous policy. The macroimplementers who are so prominent in the top-down models see their powers diminish. Policy ambiguity makes it difficult for the macroimplementers to monitor activities, and it is much more difficult to structure actions at the local level. Nevertheless, centrally located actors do constitute an important influence through provision of resources and incentives and through focusing attention on an issue area. Because of the higher level of conflict, the process is likely to be highly political, but it will be dominated by local actors. The bottom-uppers are correct in that the local actors are paramount, but their models do not emphasize the strongly political nature of the interactions. (Matland, 1970)

He does not see high ambiguity as a negative, but rather views it as a characteristic that allows for creativity and innovation. When implementation varies, he suggests it organically encourages a type of experimentation that allows for the best strategies to come forth. According to Matland, in order for this approach to be effective those at the top should avoid trying to fit the policy into “an artificially constrained form.” He fears this would result in “superficial compliance” as well as limit the resource of local implementers’ knowledge. (Matland, 1995)

However, an average increase of persons with disabilities of 1.74% between the pre- and post-CRPD data calls the effectiveness of this approach into question. With this strategy, effectiveness is contingent upon those at the grassroots level. There is an implied prerequisite of resources and commitment of local actors for this to be successful. While it would be unfair to state that nothing was being done within the Kingdom of Morocco, it does appear that little is being done by the government’s initiative. However,

international organizations like UNICEF, the United States Peace Corps, the Special Olympics, and Disability Council International to name a few are currently active within the country. Additionally, countless local and regional associations claim to be active within towns and villages.

Limitations

One key limitation is access to information. Communities will have to have kept records of previous progress as well as be engaged in some form of implementation to accurately measure progress and alignment. There is also the concern that local governments may not be transparent. This concern can arise from the nature of the regime and political climates in Morocco. A lack of transparency could also come from a community hoping to appear more aligned with the UN or the national goals than is actually the case.

Additionally, since the data gathered from a census or survey are based on the individuals self-identifying, there may be an issue of a person not fully disclosing their condition, the extent of their disability, or their disability's origin. When looking at Table 6 from the 2006 National Survey, for instance, intra-familial violence is listed as a possible cause. Though 2% of men and 3% of women cited this reason to be the cause of their disability, it is possible that in a household where the family members are all present during the survey or questioning, individuals may not be transparent due to the perpetrator's presence, causing the numbers to be skewed.

Furthermore, considering the strength of social and religious norms in the Kingdom of Morocco, any disabilities caused from actions that might be religiously

prohibited or socially frowned upon might go unreported or reported in an inappropriate category. Poisons consumed accidentally from purchasing alcohol on the black market or diseases contracted through religiously prohibited sexual acts are some examples of causes that might go unreported or misreported.

Similarly, this study will also face the issue of controlling for outside effects that may be helping progress towards the CRPD (like NGOs). Methods will have to be explored in an effort to isolate the data collected from local governments from other efforts afoot in the communities or regions. National or international efforts might also intermingle with local efforts, making the action steps difficult to attribute to one particular actor.

Additionally, locating information detailing potential conflicts within the government are unlikely to be publically available. While the CRPD is generally considered highly contested regarding responsibility for implementation within Morocco, all government publications consistently point to the Ministry of Solidarity, Family, Women, and Social Development. The perception of civil society is not quantified or published. So all research regarding the responsibility of implementation seems to be one of solidarity, despite informal reports claiming the opposite is true.

Lastly, Matland had not provided a measure by which to judge an organization high or low in terms of conflict and ambiguity. His paper does provide characteristics of such classification, which aligned with the situation in Morocco. However, retroactive confirmation of classifying an organization is not ideal.

Contributions

Though much research has been done regarding both public administrative theory and international law implementation, I have found none that looks at those two literatures alongside one another. This study hopes to allow governments the ability to draw some connections between implementation theory and the practices employed on a global scale. By aligning these two areas, international law can be approached with decades of implementation theory in view.

Much of the literature explored here highlights the breakdown that occurs between the international level and the local level. Utilizing existing practices might allow this process to be carried out more effectively. This study can also help identify the point within implementation of highest breakdown. An international initiative goes through many layers of government before reaching those whom the law is intended to affect. By looking at each step in this movement individually, the area of most need can be targeted.

Future Research

Though it is not yet apparent where the CRPD on an *international level* will fall on Matland's spectrum, from the current literature, it is evident that the process is not currently a purely ecological one. Trouwborst explores some rare cases in which ecological approaches have been employed. Though he finds no firm hold of this approach on a broad scale, he is able to identify several characteristic that make the ecological approach successful. He finds that the ecological approach is marked by "(1) the holistic management of human activities, (2) based on the best available knowledge on the components, structure and dynamics of ecosystems, (3) and aimed at satisfying human

needs in a way that does not compromise the integrity, or health, of ecosystems. (28)”

Future research could explore the ecological approach to international law as it relates to Matland’s Conflict-Ambiguity matrix. This could serve one example of a classification within his matrix. As research expands, communities operating within the various levels of conflict and ambiguity could be identified to exemplify each of the four categories. From here, a comparative study could be done to display which approach is the most effective concerning international law. This would of course need substantial examples of each category to be robust. By conducting research regarding implementation studies from within public administration literature, an ideal amount of cases for each category could be identified.

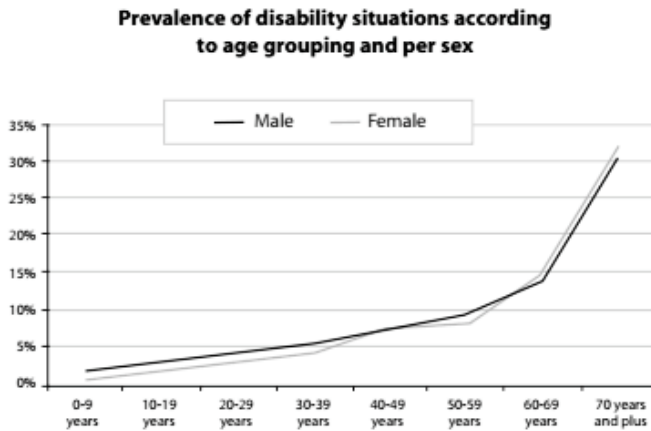
For this to be possible, this particular study could be replicated within various communities in a diverse number of nations and regime types. By sampling a wide variety of cultures and government structures, a holistic picture can be drawn regarding current practices and future potential for international law dissemination. The goal of this study is to help further the way in which international efforts are approached by assisting in an assessment of methods and practices to move towards identifying which approach is best suited for which communities. The hope of this study is that it can help merge public administrative theory with the global initiatives and move research to explore this topic further.

Graphs and Charts*

**Tables 1-10 originally published in Morocco's 2006 National Survey*

**Tables 11-12 originally published in Morocco's initial report to the Committee for the CRPD*

Tables 1, 2, and 3 (clockwise from top left)



Prevalence of disability situations according to age grouping	
0 – 9 years	1.4%
10 – 19 years	3%
20 – 29 years	4%
30 – 39 years	4.9%
40 – 49 years	7.8%
50 – 59 years	9%
60 – 69 years	14.8%
70 years and over	31.5%
Average total	5.12%

Distribution of the PWDs according to the total number of deficiency per person		
	%	Total number of PWDs related to the total population of the country
1 deficiency	50%	765,000
2 deficiencies	31.2%	477,360
3 deficiencies	13.2%	201,960
4 deficiencies	5.1%	78,030
5 deficiencies	0.4%	6,120
6 deficiencies	0.1%	1,530
Total	100%	1,530,000

Table 4

Structure of the PWD population, per type of disability situations		
	%	Total number of PWD in relation with the total population of the country
Mobility Disability:	26.46%	404,850
- Mobility deficiency only	18.78	
- Associated with visceral and metabolic deficiencies	6.30	
- associated with aesthetic deficiencies	1.39	
Multifold Disability (Psychic and Mental handicaps exclusive)	24.85%	380,200
Psychic and Mental Disability including:	22.69%	347,200
- Psychic /mental deficiencies only	7.72	
- Associated with other deficiencies	14.97	
Visual Disability including:	10.32%	157,900
- Visual deficiencies only	6.99	
- Associated with visceral / metabolic deficiencies	3.18	
- Associated with aesthetic deficiencies	0.15	
Visceral and Metabolic Disability (only)	10.14%	155,150
Hearing Disability:	4.14%	63,400
- Hearing deficiencies only	0.88	
- Associated with language and speech impediments	2.67	
- Associated with visceral / metabolic deficiencies	0.55	
- Associated with aesthetic deficiencies	0.04	
Speech and language Disability including:	1.03%	15,600
- language and speech deficiency only	0.7	
- Associated with visceral / metabolic deficiencies	0.3	
- Associated with aesthetic deficiencies	0.03	
Aesthetic Disability (only)	0.37%	5,700
Total	100%	1,530,000

Table 5

Rational causes of health problems, reported by persons with disabilities per living environment and sex					
	Urban	Rural	Male	Female	Total
Problems of hereditary / congenital / perinatal origins	22.4%	23.7%	24.2%	21.2%	22.8%
Acquired diseases	40.7%	34.3%	37%	40.1%	38.4%
Accidental origin	22.7%	27.4%	28.6%	19.2%	24.4%
Health problems linked to ageing	14.2%	14.6%	10.3%	19.5%	14.4%
Total	100%	100%	100%	100%	100%

Table 6

Types of accidents reported by persons in disability situation situations per sex			
	Male	Female	Both
Work accidents	20%	3%	14.2%
Traffic accidents	22%	15%	19.5%
Other public road accidents	4%	10%	6.1%
School accidents	1%	1%	0.9%
Sports accidents	7%	6%	6.7%
Battle injury or in connection with military activities	3%	0%	2.0%
Surgical operations or subsequent to medical treatment	8%	14%	10.2%
Intra-familial violence	2%	3%	2.6%
Social violence (in the street, in public places, etc.)	8%	1%	5.5%
Poisoning (adulterated oil, medicines, etc.)	2%	3%	2.0%
Felodese	1%	1%	0.9%
Other accident or injury	22%	44%	29.4%
Total	100%	100%	100%

Table 7

The PWD'S basic needs	
Better access to medical care services	55.3%
Financial help to cater for basic needs	52.5%
Better access to medication	21.3%
Better access to technical devices (chairs, equipment, fittings, etc.)	17.5%
Better access to the job market	7.9%
Financial/and or technical help to set up an enterprise / commerce	5.2%
Accommodation	4.4%
Better access to school or university education	4%
Better communication with the others	2.1%
Better institutional support	2.1%
Counseling and guidance to manage the situation of handicap	1.8%
Vocational or technical training	1.2%
Better access to public transportation	1.1%

Table 8

Basic needs of PWDs according to disability situation type						
	Mobility disability	Multiple disability situation	Psychic/ mental disability situation	Visual impairments	Visceral/ metabolic disability situation	Hearing impairments
Better access to medical care services	51.3%	53.5%	58.5%	52.1%	72.2%	34.5%
Financial assistance for basic needs	53.7%	58.8%	59.1%	56.4%	27.1%	40.7%
Better access to medication	17.8%	19.6%	19.3%	21.3%	43%	7.1%
Better access to technical assistance	23.9%	24.1%	9%	12.1%	6.1%	35.4%
Better access to the job market	11.9%	5.3%	4.4%	7.4%	5.8%	19.5%
Financial assistance to set up businesses	5.8%	6.3%	4.1%	7.4%	2.5%	4.4%
Accommodation	4.7%	3.5%	4.3%	6.7%	5.1%	2.7%
Better access to education	1.9%	2.7%	7.3%	3.2%	2.5%	8%
Better communication	0.4%	2.1%	3.6%	0.7%	0%	11.5%
Better institutional support	1.7%	1.2%	4.4%	2.1%	1.4%	0.9%
Counseling and guidance	1.5%	0.8%	3%	1.4%	0.7%	2.7%
Technical or vocational training	1.1%	0.5%	1.9%	0%	0.4%	5.3%
Better access to public transportation	1.4%	0.8%	0.9%	1.1%	1.4%	0.9%

Table 9

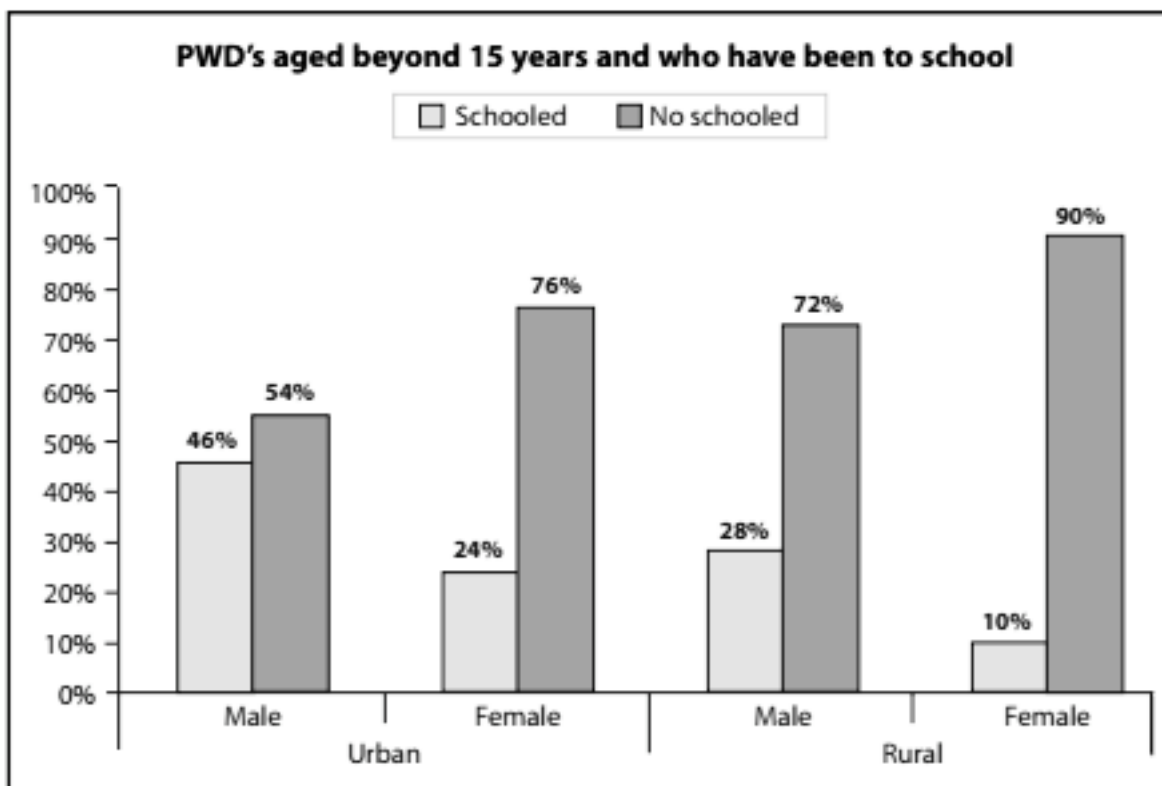


Table 10

Disability/ reason for non-schooling / people aged more than 15 years old							
	Mobility disability situation	Multiple disability	Psychic/ mental disability	Visual disability	Visceral/ metabolic disability	Hearing disability	All types of disability
Yes	13.8%	12.6%	40.1%	8.2%	0.01%	50.9%	18.2%
No	86.2%	87.4%	59.9%	81.8%	99.9%	49.1%	81.8%
Total	100%	100%	100%	100%	100%	100%	100%

Table 11

<i>Programme</i>	<i>Amount (millions of dirhams)</i>	<i>Percentage of the investment budget</i>
Programme to help to provide better opportunities for persons with disabilities to access information, training and employment	13.2	7.4 %
Programme to support the establishment of centres for persons with disabilities	6.2	3.5 %
Programme to help to improve the physical and mental health of persons with disabilities	4.01	2.3 %
National festival programme for children with special needs	3.11	1.8 %
Programme to enhance the physical capacities of persons with disabilities to access means of transport and communication	0.45	0.3 %

Table 12

<i>Region</i>	<i>Number of centres for persons with disabilities</i>
Tanger-Tétouan	5
Taza-Al Hoceïma-Taounate	8
Fès-Boulemane	6
Meknès-Tafilalet	4
Tadla-Azilal	2
Doukkala-Abda	3
Rabat-Salé-Zemmour-Zaër	11
Greater Casablanca	18
Eastern region	10
Marrakech-Tensift-Al Haouz	6
Chaouia-Ouardigha	4
Gharb-Chrarda-Béni Hssen	4
Souss-Masa-Drâa	10
Guelmim-Es Semara	1
Laâyoune-Boujdour	2
Total number of centres	94

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