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SITUATIONAL ANALYSIS
OF THE RIGHTS OF PERSONS WITH DISABILITIES

ZAMBIA

COUNTRY REPORT

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES IN ZAMBIA

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Disclaimer

The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the author in consultation with the United Nations country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. This report does not necessarily reflect the position of the UNICEF.

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ACRONYMS

8NDP	Eighth National Development Plan
AFZ	Albinism Foundation of Zambia
AT	Assistive Technology
CBID	Community Based Inclusive Development
CBM	Christian Blind Mission
CBR	Community Based Rehabilitation
CHAI	Clinton Health Access Initiative
CHSZ	Cheshire Homes Society of Zambia
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DDCC	District Development Coordination Committees
DMIS	Disability Management Information System
DRW	Disability Rights Watch
FCDO	United Kingdom Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
GIZ	German Development Cooperation
GRZ	Government of the Republic of Zambia
ICT	Information and Communications Technologies
IE	Inclusive Education
ILO	International Labour Organization
IT	Information Technology
IFAD	International Fund for Agricultural Development
KII	Key Informant Interview
LMMU	Levy Mwanawasa Medical University
LNOB	Leaving No One Behind
MCDSS	Ministry of Community Development and Social Services
MoH	Ministry of Health
MoE	Ministry of Education
NAD	Norwegian Association of Disabled
NDP	National Development Plan
NGO	Non-Government Organisation
OHCHR	The Office of the High Commissioner for Human Rights
OPD	Organisation of Persons with Disabilities
SDG	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SCT	Social Cash Transfer
SitAn	Situational Analysis
SV	Site Visit
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDIS	United Nations Disability Inclusion Strategy
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNJPSP	United Nations Joint Programme on Social Protection
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNZA	University of Zambia
UTH	University Teaching Hospital
ZAPD	Zambia Agency for Persons with Disabilities
VNR	Voluntary National Review

WHO	World Health Organization
WMO	World Meteorological Organization
ZAEPD	Zambia Association for Employment of Persons with Disabilities
ZAHSB	Zambia Association for Hydrocephalus and Spina Bifida
ZAFOD	Zambia Federation of Disability Organisations
ZAPCD	Zambia Association of Parents for Children with Disabilities
ZIEP	Zambian Inclusive Education Program
ZNAD	Zambian National Association for the Deaf
ZNTFPD	Zambia National Trust Fund for Persons with Disabilities

EXECUTIVE SUMMARY

This situation analysis explores the way in which the Convention on the Rights of Persons with Disabilities (CRPD) is domesticated and implemented in Zambia. Multiple stakeholders were consulted, including persons with disabilities with reference to legislation, policies, national plans, guidelines, websites and reports. The study applied literature and policy reviews, focus group discussions, meetings with existing multisectoral committees, key informant interviews and site visits as detailed in Annex 1.

A timeline with milestones since the ratification of the Convention in 2010 and the promulgation of the Persons with Disabilities Act in 2012, indicates significant progress in terms of inclusive and non-discriminatory legislative and policy frameworks, commitments made to improve accessibility and inclusivity and assessments of rehabilitative services and assistive technology availability.

A stakeholder analysis found a host of civil society organisations, organisations of persons with disabilities, international and regional non-government organisations and international cooperating partners committed to advancing the rights of persons with disabilities. Despite the absence of structured coordination and monitoring mechanisms and a comprehensive database on organisations working in this sector, community based inclusive development networks operate effectively with the help of social media communication channels in 46 of the 116 districts.

Exploration of preconditions pertaining to the agency of individuals found a pattern of good legislative and policy frameworks, supported with honest reviews, but with limited capacity to follow through with implementation of policies and the recommendations from reviews. Overall, there is a growing awareness of rights amongst persons with disabilities but challenges to claim these rights include poor services in rural areas, prevailing sense of shame and stigma, costs to households and lack of knowledge on entitlements such as social cash transfer.

Enquiry into preconditions pertaining to the more institutional functions – CRPD compliant budgeting and governance and accountability – revealed a similar pattern. The draft Disability Policy states clearly that there are gaps in coordination, budget allocations, inclusive service delivery and incomplete data management systems. However, the policy in its current draft state does not incorporate remedies to this dearth of data, unpredictable coordination, inconsistent planning and absence of monitoring mechanisms. On the positive side, the following opportunities exist: a) in 2022 census and 2022 Living Conditions surveys, undertaken by the Zambia Statistics Agency (official bureau for national data management), included the Washington group of questions and will therefore update the national dataset on persons with disabilities and b) two relevant policies, which are in the making, and if well formulated to include monitoring mechanisms, budget allocations and coordination systems have potential to shift the planning and delivery of services for, and with, persons with disabilities. The two policies include a revision of the Disability Policy (2015) and the Social Protection policy (2014). In addition, national mainstreaming guidelines for disability inclusion have been formulated and will be operational after validation and approval by the Ministry of Community Development and Social Services (MCDSS).

Data on persons with disability are scarce, since the registration of persons with disabilities led by Zambia Agency for Persons with Disabilities (ZAPD) is incomplete. It has registered only 63,340 persons as at August 2023. The tendency is to rely on outdated data from the 2015 National Disability Survey,[1] while awaiting the newly calculated disability prevalence to be generated from the National Census of Population and Housing of 2022. Under the 2015 survey, the overall average disability prevalence was estimated to be 7.7 per cent, which with the 2022 population count of 19,610,769 amounts to 1,510,029 persons with disabilities.[2] Broken down further, the 2015 survey found that 10.9 per cent of adults (older than age 22 years) had some form of disability, of these adults 87.6 per cent had children, and an estimated 4.4 per cent of children had some form of disability. The survey found that a substantial proportion of disabilities in Zambia are either congenital or caused by disease exposure very early in life, suggesting that the prevention of disability could

reduce the overall numbers. The proportion of persons with disabilities living in rural areas is higher than that of urban areas and there were marginally more women than men with disabilities.

The United Nations Joint Programme on Social Protection (Phase II, UNJPSP II) has contributed significantly to poverty reduction and system strengthening in the past few years. The social cash transfer has increased its reach as well as the amount of cash distributed to households of persons with severe disabilities. Support was given to the ZAPD to improve their information management systems, which led to increased registration rate, but the gap between registered and estimated number of persons is still high. Additionally, UNJPSP II supports the reviewing of Disability and Social Protection policies and the drafting of disability mainstreaming guidelines.

The United Nations partnership in Zambia can make a strong contribution to the continued strengthening of systems and creating a more enabling environment for persons with disabilities generally and more specifically by capitalising on two current processes: a) the Government of the Republic of Zambia (GRZ) commitment to bring services and resources to the most vulnerable in local constituencies through technical support to parties applying for and disbursing constituency development funds in favour of disability needs and b) reflect on lessons learned, document and take to scale the growing community-based inclusive development network, and pilot initiatives, such as in inclusive education and case management within the social cash transfer programme.

Recommendations for follow up action are consolidated into six key areas: a) independent monitoring to improve governance and accountability b) national coordination to improve mainstreaming and accountability, c) local coordination to improve inclusive service delivery and accessibility, and d) disability inclusive budgeting to improve disability allocations within line ministries and local constituencies. Effective data management is essential to each of these priority areas and is therefore supported by the UNJPSP II. Each of the recommendations include capacity building and system strengthening components relevant to the intended outcomes. Lastly, it is recommended that secondary analyses be done on census and living conditions data once they are released. A follow up Disability Survey be undertaken to add depth to the census data and reviews of existing versus required professional human resource be commissioned.

1. BACKGROUND

1.1 PURPOSE OF THE COUNTRY ANALYSIS

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), in their dedication to the implementation of the Convention on the Rights of Persons with Disabilities (CRPD), support country United Nations teams and disability stakeholders to design future PRPD programmes on the basis of situation analyses that identify key bottlenecks to inclusive policies and service delivery. In 2022, the UNPRPD called for country specific proposals for their support to identify and address key bottlenecks and priorities, and, to this end, the Zambia United Nations team has undertaken this situation analysis (SitAn). The overall objective is to gain a comprehensive understanding of the current state of disability inclusion in Zambia and assess the level of implementation of the CRPD with the following objectives:

i. To broadly analyse the following through a participative, gender and disability sensitive lens, namely:
   - Contextual, legislative and policy factors affecting the CRPD and Sustainable Development Goals (SDG) implementation.
   - Preconditions for disability inclusion which include:
     - Stakeholder and coordination with a focus on the capacity of rights holders and duty bearers
     - Equality and non-discrimination
     - Inclusive service delivery
     - Accessibility
     - CRPD compliant budgeting
     - Accountability and governance
     - Cross cutting issues on participation, gender and inequalities

ii. To inform the proposed UNPRPD-supported interventions and ensure they are based on expressed national needs, identified bottlenecks and that they respond to national challenges experienced by persons with disabilities.

The aim of the SitAn is to identify strategies to effectively safeguard and advance the rights of individuals with disabilities in Zambia, leading to improved quality of life and well-being for this population.

The study is framed within a rights-based approach and the principles of inclusive disability development. The enquiry actively involved persons with disabilities and government partners to identify key stakeholders, coordination mechanisms, availability and accessibility of support services, the extent of service inclusivity, and capacities and processes that need improvement for Zambia to deliver on SDGs through CRPD-compliant interventions.

1.2 INTRODUCTION TO DISABILITY IN ZAMBIA

Zambia signed the CRPD in 2008, ratified it in 2010 and domesticated its principles and obligations in the Persons with Disabilities Act in 2012. Since then, definite milestones in the implementation of the CRPD have been reached. Pertinent milestones are noted in this section. Zambia delivered its first post ratification report to the CRPD committee in September 2017 and Organisations of Persons with Disabilities (OPDs) followed with their alternative report in June 2020. The timeline in Figure 1 below summarises key milestones.

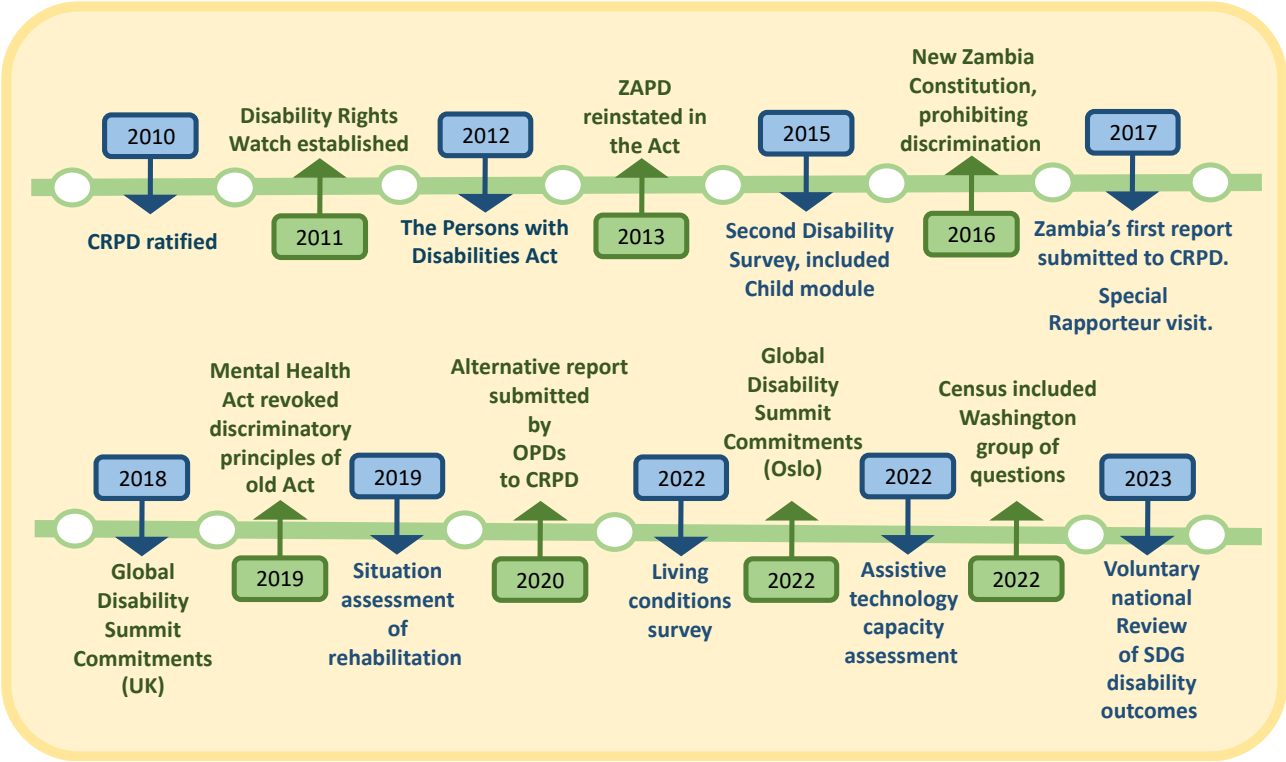


Figure 1 Summary Timeline of Milestones in the implementation of the CRPD in Zambia

The Persons with **Disability Act (2012)** made provision for the continued status of Zambia Agency for Persons with Disabilities (ZAPD), which was established under the repealed Persons with Disabilities Act (1996). The duties of ZAPD were reinstated in the reviewed Persons with Disability Act (2012).

In **2011**, the **Disability Rights Watch** (DRW) was established and registered with ZAPD as an Organisation of and for Persons with Disabilities (OPD) and the Education Act amendments of 2011 promoted inclusive education, in line with the Salamanca framework of education and post UNCRPD ratification.

In **2015,** the second **National Disability Survey** took place (published in 2018). The survey estimated that 10.9 per cent of adults had some form of disability, and an estimated 4.4 per cent of children had some form of disability, one third of which were caused by illness and 40 per cent were congenital. The estimated proportion of the population to have disabilities was 7.7 per cent, which with the current population size of 19,610,769 amounts to 1,510,029 persons with disabilities in Zambia. The proportion of persons with disabilities living in rural areas is higher than that of urban areas (8.5 per cent versus 7.2 per cent respectively) and there are marginally more women than men with disabilities (7.9 per cent versus 7.5 per cent respectively).

In **2016,** Zambia adopted a new **Constitution,** which introduced positive changes, such as the inclusion of disability as one of the prohibited grounds of discrimination in Article 23, contributing to strengthening the protection system for persons with disabilities.

In **2016,** the **Special Rapporteur** on the rights of persons with disabilities visited Zambia and wrote a comprehensive report (2017) which, in addition to the Constitution, noted other policies that were inclusive of persons with disabilities These included the National Child Policy (2015), the National Youth Policy and the Youth Employment and Empowerment Action Plan of 2015.

The **Special Rapporteur's report (2017)** also identified gaps, such as the omission of the right to nationality, respect for privacy and freedom of opinion and expression, and obstacles, such as the Electoral Commission

Act that disqualifies persons with psychosocial illnesses from registering as voters and/or exercising their right to vote.

Zambia submitted their **first report** to the Committee on the Rights of Persons with Disabilities in **2017** and this was followed by an **alternative report** submitted by Organisations of Persons with Disabilities in **2020.**

In **2018 and again in 2022**, the GRZ participated in the **Global Disability Summits** in the UK and Oslo respectively and on each occasion signed the commitments. Progress against these goals has not been documented (*See* Annex 1 for list of 2018 goals that have not been monitored).

In **2019, the Mental Health Act** (No. 6 of 2019) revoked the discriminatory practices of the Mental Disorders Act of 1951.

In **2019,** the Ministry of Health with the support of the World Health Organization (WHO) did a Situation **Assessment of Rehabilitation in Zambia,**[3] and found that a significant number of needs for rehabilitation in the population were unmet.

On **21st November 2021**, UNICEF marked the **World Children's Day** with strong advocacy messages for the rights of children with disabilities. A poem was written and presented by a child with a disability, who is also a member of Namibian Children's Parliament, to Heads of State of Botswana, Namibia, Zambia and Zimbabwe on the Kazungula Bridge between Zambia and Botswana.[4]

In **2022,** an assessment of Zambia's capacity to provide **assistive technology** (AT) was undertaken.

The latest **census in Zambia, in 2022**, included the Washington group questions on disability, thereby asking about level of functionality as opposed to degree of impairment.

In reviewing progress towards the SDGs,[5] Zambia has undertaken two **Voluntary National Reviews** (VNR), the **first in 2015 and the second in 2022**. In the second review, the GRZ and partners recognized progress despite the setbacks and challenges associated with the COVID-19 pandemic. One of the success stories is the increased reach of the social cash transfers (SCTs) programme. (*See* Poverty Reduction, Inclusive Services for details).

2. APPROACH

2.1 GUIDING PRINCIPLES

The analysis was guided by six core principles of the CRPD: full and effective participation and inclusion; equality of opportunity; accessibility; equality between men and women; respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.[6] Persons with disabilities participated in the inception workshop, in all levels of the data collection and in the validation meeting before finalising the report. These principles served as the foundation for assessing the disability situation.

2.2 METHODOLOGY USED

A combination of qualitative methods was used to ensure a comprehensive and realistic exploration of the factors affecting the realisation of the rights of persons with disabilities in Zambia. The guidance provided by the UNPRPD helped to shape the research questions.[7] (Please *see* Annex 2 for details of the primary data collection schedule.) The following range of data collection methods allowed for triangulation of data:

Inception workshop: An inception workshop was held from 20th to 24th March 2023 with stakeholders from every sector, focusing on the principles, obligations and pre-conditions for the domestication of the CRPD. The UNPRPD material provided a comprehensive guideline with detailed content,[8] which was a well-informed launchpad for the situation analysis amongst a group representative of government, OPDs and the United

Nations. This also provided an excellent opportunity for the researcher to engage with OPDs and to plan the data collection processes with government and United Nations parties.

Literature and document review: A structured review was conducted of legislation, policies, published and unpublished papers, reports and reviews (since 2010) as well as websites. The review used the leading questions on preconditions provided in the UNPRPD as a guide.

Meetings with District Development Coordination Committees (DDCC): Two meetings with representatives from different line ministries and OPDs on the Human and Social Development Pillar of the DDCC were held for the full purpose of the Situation Analysis. The focus of the meetings was on their joint and individual roles in advancing the rights of persons with disabilities within their responsibilities on the DDCC.

Focus Group Discussions (FGD): Three FGDs were held. One with a team of rehabilitation professionals, one with a cohort of OPDs, and one with a group of women with disabilities who were part of a support and income generation project. The latter was also included as a site visit. The participants of all three groups were encouraged to share and respond to personal and professional experiences to bring a realistic notion to the study.

Key informant interviews (KIIs): Eighteen semi-structured interviews with open ended questions were held with role-players, including OPDS (one woman-led), international non-governmental organisations (INGOs), government service providers and civil society organisations (CSOs).

Site visits (SV): Five SVs to disability inclusive organisations and institutions provided insight to lived experiences in these different contexts – community-based support and livelihoods project of women with disabilities, inclusive education at primary and tertiary levels, community-based rehabilitation services, a unique hospital-based, holistic rehabilitation centre and an inclusive school with a section for children with severe intellectual disabilities and a section for deafblind children.

The **primary data collection** mission was organised by the MCDSS and ZAPD in collaboration with United Nations partners. Participants were purposefully selected based on their roles within the disability networks and within the government structures and conveniently selected, based on their availability. Roles included representing their Ministry (MCDSS, Health and Education), secretariat of an OPD, fundraising for their OPD, advocacy, networking, capacity building, skills development and awareness raising. The active involvement of persons with various disabilities was ensured through inclusive representation during focus group discussions, meetings and site visits.

All primary data was collected with integrity and respect for respondents' view, recorded, with consent of the participants and respondents, transcribed and deductively analysed according to the key questions posed by UNPRPD for the SitAn.

Validation meetings: Two validation meetings were held in June 2023, one with United Nations partners (UNDP, UNFPA, ILO and UNICEF) and another with the group of people, mostly men and women with disabilities from OPDs, who participated in the Inception Workshop. This group represented persons with psychosocial disabilities, women with disabilities, persons with albinism, persons with intellectual disabilities, persons with sensory impairments and children with disabilities. The draft SitAn report was presented on both occasions for stakeholders to comment on. This version of the report includes their comments.

2.3 SCOPE AND LIMITATIONS

There were several limitations to this country situational analysis. This section outlines how five of the limitations were mitigated.

Availability and quality of recently published material: Availability and quality of recently published material specifically focusing on disability services in Zambia was limited. Although the census (2022) and Living Conditions Survey (2022) both used the Washington group of questions and although preliminary reports are

available, the data on persons with disabilities had not been processed by the time this study took place. Similarly, there is no up-to-date database on active organisations working with disability issues. Documentation on services and pilot projects with reliable data was also scarce. Interviewees would typically refer to Facebook pages and WhatsApp messages for organisational details, and although these were interesting with encouraging narratives, they were not comprehensively informative of the history, organisational structure, resources, scope of services and outcomes for persons with disabilities. The research therefore relied heavily on grey literature and primary data collection for details that were not otherwise available.

Sample selection: Primary data collection took place amongst a sample that was conveniently and purposefully selected by the MCDSS in consultation with United Nations partners, and this was limited to one province due to the vast distances that needed days of road travel between provinces and the availability of OPDs and service providers in other areas. On the one hand this limited the potential range of data from a more randomly selected sample of respondents, but on the other hand this selection process ensured full buy-in from government partners. Furthermore, within the one province visited, a host of meetings, FGDs and site visits were held allowing rich discussions across a range of OPDs and service providers. Furthermore, key informants generally spoke to national issues pertaining to all provinces, thereby extending the findings beyond the one province.

Flexible focus group discussions: The researcher was dependent on respective government partners and representatives of OPDs in Zambia to organise interactions with selected respondents and this process relied on local networks for messages to be sent out. There was no way of knowing in advance who would be there, and research design had to be adapted accordingly. For example, the MCDSS (national and provincial officers) called for research-dedicated meetings with the DDCC, which ended up being large gatherings of representatives from government departments and OPDs, too large for focus group discussions. Whilst the level of group interaction could have been seen as a limitation, the researcher adapted her facilitation methods and shaped very specific questions on roles, responsibilities and experiences around accessibility and discrimination that everyone could answer, thereby ensuring that everyone participated.

Access to Interpreters: Since invitations to these meetings relied on word of mouth in the local disability networks there was no knowing in advance who would attend these meetings. On two occasions, Deaf persons attended. An interpreter could be called for the one that was held in an urban setting, but for the other, which was in a rural setting, the researcher had to rely on a form of local interpretation by a member of the group. Furthermore, there was a range of languages spoken by the participants, requiring translation, which could have run the risk of compromised understanding of nuances. The provincial representative from ZAPD generously provided translation services and her colleagues made sure that nothing was missed in translation.

Environmental noises: Data was mostly collected in settings that were not always conducive to recording. Some voices were thus muted by passing traffic, moving chairs, late arrivals and children needing attention. However, this did not happen often enough to detract from the overall thread of conversation in the group and data analysis was able to accommodate these gaps in the transcripts.

3. FINDINGS

3.1 STAKEHOLDER AND COORDINATION ANALYSIS

Stakeholder and coordination analysis is a basic prerequisite for a country analysis. This section therefore lays the foundation for the rest of the SitAn by identifying roles and responsibilities of government departments and the function of civil society, including OPDs, in upholding the principles and fulfilling the obligations of the CRPD in Zambia and ends with an analysis of the gaps.

The extent to which a state party upholds their commitment to the CRPD is contingent upon effective implementation of dedicated and responsible parties. Article 33 of the CRPD calls States Parties to designate one or more focal points within government for the implementation of the CRPD and to establish a coordination mechanism within government to "facilitate related action in different sectors and at different levels". Coordination with OPDs is equally important, as is their full participation in society, particularly decisions that concern persons with disabilities. Monitoring implementation is likewise a critical function of government, which is covered in the section on governance and accountability.

3.1.1 OUTLINE OF KEY STAKEHOLDERS

a) Government stakeholders

Within a rights-based approach, government stakeholders are considered the duty-bearers and OPDs represent the rights holders. In Zambia, the MCDSS is responsible for the implementation of the Persons with Disability Act (2012) and as such is the whole-of government focal point who is required to coordinate and collaborate with other Ministries in the planning and provision of services, infrastructure and legal protection of persons with disabilities. Table 1 summarises the responsibilities of other line ministries as prescribed in the Persons with Disability Act (2012) but does not include sector specific legislation and policies:

Table 1: Roles and responsibilities of line ministries in disability

Ministry	Roles and responsibilities
MCDSS	▪ In consultation with other relevant Ministers take policy measures to achieve the full social integration of persons with disabilities by ensuring that they are provided and have access to rehabilitation, rehabilitation, health care services, education training and employment, and create an environment to enable persons with disabilities to lead independent lives. ▪ Most issues relating to disabilities fall under the jurisdiction of MCDSS.
Education	▪ Ensure that the education system is inclusive at all levels, including vocational training, and that training colleges for teachers include curricula on inclusive education methods. ▪ Designate public educational institutions to provide the necessary facilities, equipment modes of communication (including in the libraries) to enable persons with disabilities to fully benefit from the public educational institutions. ▪ Take measures to ensure that any physical facility at any public educational institution, including public libraries, is accessible to learners with specific education needs. ▪ Establish special schools for persons with disabilities, who by reason of their disability, cannot be enrolled in inclusive education institutions.
Health	▪ Ensure access to health services and prescribe measures to provide persons with disabilities the same range, quality and standard of free or affordable health care and programmes as provided to other persons. ▪ Provide those health services needed by person with disabilities specifically because of their disabilities including early identification and intervention designed to prevent further disabilities. ▪ Provide health services as close as possible to peoples' own communities, including rural areas. ▪ Provide free general and specialist medical care, rehabilitative operation treatment and appropriate assistive devices for persons with disabilities.

Ministry	Roles and responsibilities
	▪ Include the study of disability and disability related issues in the curriculum of training for health professionals to develop appropriate human resources to provide general and specialised rehabilitation services. ▪ In collaboration with state institutions and NGOs organise, strengthen, and extend habilitation and rehabilitation services to enable persons with disabilities to participate in society and live independently.
Labour and Social Security	▪ Provide safeguards, including reasonable accommodation, to promote and protect a person with disability's rights to employment in public and private environments, provide vocational and technical guidance to access the labour market and create opportunities for self-employment though cooperatives. ▪ Promote the right of persons with disabilities to social protection, and an adequate standard of living and continuous improvement of living conditions to ensure their independent living. ▪ Take measures to ensure equal access to appropriate and affordable services, devices and other assistance for disability-related needs; access is also important, especially for women and girls with disabilities, to social protection and poverty reduction programmes, public housing programmes, retirement benefits and programmes.
Transport	▪ Take appropriate measures to ensure that persons with disabilities access, on an equal basis with others, transportation. ▪ Take measures to identify and eliminate obstacles and barriers to access transportation. ▪ Ensure that the needs of persons with disabilities are considered in the design, construction and operation of the transport network (rail, air, water and road) including aid for movement in ports and ensuring that owners or operators of public transport services reasonably accommodate persons with disabilities.
Works and Buildings	▪ Take appropriate measures to ensure that persons with disabilities access, on an equal basis with others, the physical environment in urban and rural areas; eliminate barriers and obstacles to accessibility. ▪ Prescribe minimum standards and guidelines for the accessibility of facilities and services provided to the public. ▪ Take effective measures to ensure personal mobility with greatest possible independence for persons with disabilities. ▪ Ensure that private entities offering facilities and/or services consider all aspects of accessibility for persons with disabilities.
Communication	▪ Take appropriate measures to ensure access for persons with disabilities on an equal basis to information and communication. ▪ Identify and eliminate obstacles and barriers to access information, communication and other services including electronic and emergency services. ▪ Prescribe minimum standards and guidelines for the accessibility to buildings through signage in Braille, and 'easy to read and understand' forms. ▪ Provision of guides, readers, and professional sign language interpreters and technologies to facilitate access facilities open to the public as well as information and communication, including the Internet.
Sport and National Arts	▪ Provide adequate facilities, programmes and incentives for persons with disabilities to have access to sports, leisure, recreation and cultural events conducted in public spaces.

The ZAPD, which was reinstated by the Persons with Disability Act in 2012, is a government agency, reporting to the MCDSS. It has the "function and powers to promote the participation of persons with disabilities with equal opportunities in the civil, political, economic, social and cultural spheres, and to provide for mainstreaming of disability issues as an integral part of all policies and strategies of sustainable development

… .And provide for the domestication of the CRPD… ."[9] with the specific responsibilities as summarised in Table 2.

Table 2: Functions and responsibilities of ZAPD[10]

Functions	Roles and Responsibilities
Registers	▪ Keep and maintain a register of persons with disabilities and a separate register for organisations of and for persons with disabilities. ▪ This includes the provision of Disability Certification Cards and the maintenance of the Disability Management Information System (DMIS).
Standard setting	▪ Set standards and regulations for technical services and accommodation of persons with disabilities. ▪ Plan, promote and administer services for all categories of persons with disabilities. ▪ In collaboration with ZamStats, keep statistical records relating to incidence and causes of disabilities, which may be used for the planning, promotion, administration and evaluation of services for persons with disabilities.
Inspectorate	▪ Inspect premises, services or amenities for accessibility and compliance with institutional standards.
Provide rehabilitation, training and welfare services to persons with disabilities	▪ Promote research into general rehabilitation programmes for persons with disabilities. ▪ Promote public awareness relating to the prevention of disabilities and the care of persons with disabilities. ▪ Cooperate with ministries and other organisations in the provision of preventive, educational, training, employment, and rehabilitation and other welfare services for persons with disabilities. ▪ Facilitate and coordinate habilitation, rehabilitation and welfare services provided to persons with disabilities by ministries and voluntary associations. ▪ Promote, directly and indirectly, the development of human resources in the prevention of disabilities and in the provision of rehabilitative education, training and the general welfare of persons with disabilities.
Collaboration with the MCDSS	▪ Advise the minister on matters relating to the social and economic development and the general well-being of persons with disabilities.

ZAPD has offices in all provinces and in some select districts. The Persons with Disability Act (2012) makes provision for a board, which is made up of representatives from different categories of disability (intellectual, visual, physical and hearing) and from the Federation of Employers. The following ministries are also represented: Housing and Infrastructure, Education, Community Development and Social Services, Finance and National Planning, Information and Media, Labour and Social Security, and Health as well as a representative from the Attorney General's office and a representative from a Youth Disability Organisation.

The Ministry of Finance and National Planning is not listed in the Persons with Disability Act (2012) but carries key responsibilities in terms of disability inclusive planning and budgeting as well as the implementation and monitoring of the SDGs. It potentially plays an important role in assisting budget planning within and across lead ministries.

b) Disability Movement (OPDs)

Disability movements (or OPDs) can be considered the composite body of rights-holders, within which there are civil society organisations, faith-based organisations and umbrella bodies for disability groups.

There is no composite list of OPDs in Zambia. ZAPD is mandated to register and support OPDs as well as service providing organisations, but despite the Persons with Disability Act (2012) stating that an OPD "shall not be required to register under the Non-Governmental Organisations Act, 2009, or Societies Act, and shall

be exempt from the provisions of those Acts",[11] there is nothing to stop OPDs from registering with the Non-Government Organisation (NGO) Registrar under the MCDSS, or with Patents and Companies Registration system. Additionally, there is no obligatory synchronisation across these registration systems to create an accessible database of OPDs and it appears there is no obligation for OPDs to furnish ZAPD with regular reports, so there is no way of knowing if the registered entities are still active. There are reportedly about 400 organisations registered on the ZAPD system, but only about 100 of these are active [Key Informant Interview (KI)I#8]. It is not known how many of these organisations are OPDs or service providing organisations. A summary of this SitAn enquiry on OPDs is provided in Annex 3. This list includes 14 OPDs but is by no means exhaustive.

The Zambia Federation of Disability Organisations (ZAFOD) is the non-government umbrella body for OPDs. ZAFOD was formed by a group of national OPDs with the main purpose of creating a platform for the national disability organisations to network and raise a united voice. It was founded in 1985 and registered as an NGO in 1990,[12] with at least 11 national affiliates representing males, females, adults and children with disabilities. ZAFOD is donor funded and has experienced financial and governance challenges since its inception. Norwegian Association of Disabled (NAD) and Disability Rights Watch (DRW) are amongst their supportive agencies. Their objectives include awareness raising, advocacy, capacity building, providing information especially when prompt action is required, evidence generation, and representation of women and youth. Concerns were raised regarding the tendency of ZAFOD to not give full recognition to the emerging organisations of persons with disabilities, mostly represented by youth in Zambia. The voices of the well-established national OPDs are allegedly more amplified than those of the recently founded organisations.

Nevertheless, at a national, sub-national and local level, OPDs are well networked and supportive of each other. The Community Based Inclusive Development (CBID) movement, which is present in all provinces and 46 of the 116 districts, has established a network amongst OPDs throughout Zambia. The Zambia CBID movement, which is also part of the global CBID movement, evolved organically during the COVID-19 pandemic. NAD, a local civil society organisation that supports OPDs, was elected to be the agent to establish the network and to disburse funds to strengthen OPDs. This was done through a democratic process during a meeting with community-based rehabilitation (CBR) practitioners, OPDs and other stakeholders. (Please *see* Annex 4 for a descriptive narrative of the "organic" CBID process.)

Through the SitAn inquiry processes, a wide range of interests and reasons for the existence of OPDs were identified. The national OPDs, such as those that attended the induction programme,[13] have affiliates in provinces and districts and their mission is obvious from their name. Local OPDs that participated in the SitAn inquiry processes have one or more of four purposes: income generation through farming and/or crafts, rights awareness raising, advocacy and mutual support of members.

Whilst the enthusiasm of OPDs to champion their rights was readily expressed in the SitAn enquiry processes, what was less palpable was the collective drive to advance the preconditions of the CRPD.

c) Service providing organisations (OPDs, CSOs and INGOs)

A summary of service providing organisations that the SitAn enquiry identified is provided in Annex 3, with eight CSOs/NGOs and nine INGOs. As with the list of OPDs, this list is by no means exhaustive and until there is a comprehensive and up to date register of OPDs, NGOs, CSOs and INGOs operating in this field in Zambia, it will not be possible to estimate the extent to which this list covers the range of service providing organisations, nor the extent to which these organisations address the need for services.

Please refer to Annex 5 for insights and information provided by Key Informants on the service providing organisations.

d) International Cooperation (United Nations Agencies and Donors)

Donors

The Zambia Ministry of Foreign Affairs and International Cooperation formulates and administers Zambian foreign policy and is responsible for establishing and maintaining relationships with international cooperation partners. This includes coordinating regional cooperation activities, such as with the African Union on the African Disability Rights Protocol and facilitating development cooperation with bilateral and multilateral institutions to contribute to Zambia's socioeconomic development. Within this capacity, they are also responsible for tracking incoming funding. Most agreements are entered into through the Ministry of Finance and National Planning, after verification by the Ministry of Justice. However, this **funding information is not publicly available** in the government budget book. The only way to retrieve this information is to go directly to fund recipients, who generally have multiple sources of financial and technical support from international cooperatives.

The funding partners and their focal areas described in Table 3 were identified through stakeholder engagements but should not be considered a comprehensive list:

Table 3: Cooperative partners and focal areas

Cooperative Partners	Focal areas
Able Child Africa, supported by Vital Foundation in partnership with ZAPCD	▪ Early Childhood Education
Catholic Church, Lillian Foundation	▪ CBR and CBID ▪ CSOs supporting OPDs and disability support services
Commonwealth Foundation	▪ Disability Rights Watch
Dutch Development Cooperation (Sexual Reproductive Health)	▪ CSOs supporting OPDs and disability support services
Embassies	▪ One time donations
European Union	▪ Inclusive Education
Finnish International Development Agency Finnish Political Parties for Democracy	▪ Special needs teaching (training) ▪ Disability Rights Watch
German Catholic Bishop's Organisation for Cooperation Development	▪ Rehabilitation and social services to persons with disabilities
German Development Cooperation (GIZ)	▪ Nutrition ▪ SCT programme ▪ Disability Rights Watch
Irish Aid Programme	▪ Nutrition ▪ SCT programme
Martha's Association (Finnish NGO)	▪ Home Economics
NAD with NORAD funding	▪ CBR and Community Based Inclusive Development (CBID); Inclusive Education; sub-granting to OPDs
Swedish International Development Cooperation Agency (SIDA) with Cheshire Homes	▪ Economic empowerment/ Financial inclusion
SIDA	▪ SCT programme
Swiss International Cooperation	▪ Poverty through social protection programme
The World Bank	▪ SCT programme
United Kingdom Foreign, Commonwealth and Development Office (FCDO)	▪ Nutrition ▪ SCT programme
Validity Foundation (Hungary)	▪ Mental Disability support through Disability Rights Watch

Three interviews were held with cooperative partners: Irish Aid, FCDO and the GIZ. All three of these donors recognise the critical importance of incorporating disability in their programmes, however, they were not specific about how this was done. They all support the SCT programme and believe that through this there is a good coverage of persons with disabilities. They also support efforts to reduce stunting through the SUN II programme, but again, there appears to be a missed opportunity to identify disability (for example maternal mental health issues) and intervention to prevent further severe malnutrition and neglect:

> "I come from a social development and protection side, and I was looking at it from a poverty vulnerability piece, and I don't think the SUN II program had [disability] well designed. Because I think when you look at it from that angle, you would see whether its cleft palate or mothers with mental disability, all of those are going to be a high risk in terms of children with malnutrition issues and then they develop [other disability] issues because of that. I feel there is a focus on the wider rate of stunting, which is important, but if we took a vulnerability angle Include think we could figure out what works for the most vulnerable and then figure out how to treat those who are at high risk of severe malnutrition" (KII#17. FCDO)

The GIZ also supports infrastructure, water and sanitation projects and would like to be more strategically conscious of how to include disability rights in this area of support to the government.

Representatives from Irish Aid and FCDO expressed strong concern about the inadequacy of national and subnational data on disability in Zambia.

The UK Government also has some centrally managed projects that do not go through FCDO, such as their global advocacy and awareness raising programme on disability rights.

United Nations

In line with the United Nations reform strategy, the United Nations Country Team (UNCT) work together to promote the disability rights agenda at all opportunities, official occasions with senior members of the government and on field visits. Attention is brought to the heterogeneity of disabilities in policy and programme formulations and persons with disabilities are always included in strategic meetings. As the disability focal point person in the Resident's Coordinators Office said, "We don't talk about disability without having people with disabilities at the table" (KII#14).

The United Nations Disability Inclusion Strategy (UNDIS), which provides the foundation for sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations, is being implemented in Zambia. To date training on disability inclusive strategies, audits on accessibility to all United Nations buildings and revision of all operational and human resource protocols have taken place. The disability inclusion lens is brought into some United Nations mainstreaming programmes. Examples of these are the SCT programme, prevention of gender-based violence, HIV prevention and response, and support to children on the move.

The UNPRPD project includes the following United Nations partners who are coordinated under the Residents' Coordination Office: ILO, UNFPA, WHO, UNDP, UNICEF and UNAIDS. These United Nations partners collaborated on implementing the "Promoting disability inclusion in HIV, sexual and reproductive health and social protection in Luapula Province, Zambia" project from 2019 in Mansa and Samfya Districts in Luapula Province, with a particular emphasis on women and girls with disabilities, and linkages to social protection.[14]

An inter-agency "Leaving No One Behind/Disability Inclusion Group" (LNOB) was established by the United Nations Zambia and focuses on coordinating inter-agency efforts to protect the rights of persons with disabilities and all other vulnerabilities. The group is currently chaired by IOM, and meetings are held once per quarter.[15] Some of the issues addressed by the LNOB/Disability Inclusion Group include:[16]

- Ensuring that the LNOB agenda is mainstreamed in the results group and in their 2023 workplans.

- Members' completion of the UNDIS Disability Scorecard.
- Planning, funding, advocacy and coordinating activities to commemorate international days and weeks, for example the International Day of Persons with Disability (2 December) and World Day of Autism and People with Down Syndrome (21 March).
- Promoting the inclusion/mainstreaming of disability in the commemoration of all international days and weeks, not only in the disability related.
- Organising and sharing information on relevant training workshops for example, the United Nations Sustainable Development Cooperation Framework (UNSDCF).

Specific contributions from individual United Nations agencies are mentioned in other sections of the report (support services, climate change and humanitarian contributions).

e) Other Key Stakeholders: Academic and Private Sector

Academic stakeholders

The SitAn identified four academic institutions with disability inclusion, rehabilitation and training programmes.

London School of Hygiene and Tropical Medicine: The London School of Hygiene and Tropical Medicine, funded by the FCDO, runs a Programme for Evidence to Inform Disability Action (PENDA). They work with FCDO funded Disability Inclusive Development programmes, led by Sightsavers, to evaluate which of their inclusion interventions have the greatest impact on the lives of people with disabilities. The programme is building a body of knowledge on what works in inclusive education and health programmes and how to improve livelihoods and reduce stigma. PENDA also builds research capacity, particularly researchers with disabilities. The programme is developing and validating tools to help assess what does and doesn't work in disability inclusive development. This includes quantitative indicators and qualitative approaches, which are being included in trials for testing effectiveness of inclusive services.[17]

University Teaching Hospital (UTH) Rehabilitation Centre: The UTH Prosthetic and Orthotics departments, with the support of the coordinator for rehabilitation services in the Ministry of Health, partnered with the Levy Mwanawasa Medical University (LMMU) to deliver a Diploma Programme. In addition, LMMU has also been supported by NAD to develop curricula and initiate training at bachelor's degree level in Occupational therapy as well as Speech and Language therapy to contribute to enhanced rehabilitation knowledge, skills building and service provision.

University of Zambia (UNZA) Department of Education: UNZA houses the Zambia Institute for Special Education, which was initially funded by Christian Blind Mission. This unit networks with the Ministry of Education (MoE) and the Ministry of Health (MoH), but it is felt that the planning and coordination should be improved. (KII#10, Kalima Assessment Centre). The UNZA Department of Education also trains students on inclusive education and supports the Department of Special Education who work with Cheshire Homes Society of Zambia (CHSZ) in developing training manuals for services and care of persons with intellectual disabilities.

Levy Mwanawasa Medical University (LMMU): In partnership with NAD and in collaboration with the MoH technical working group, LMMU developed curriculum for Occupational Therapy, Speech and Language Therapy, and Prosthetics and Orthotics. The first cohort of Prosthetic and Orthotic specialists trained in Zambia will graduate in 2023.

Private Sector Stakeholders

The Persons with Disability Act (2012) (Article 37) incentivises private sector to employ persons with disabilities and offer reasonable accommodation through tax exemptions: "The government shall grant a person who employs a person with disability a tax rebate of the taxable income in respect of each person with disability employed … and shall grant special incentives to person with disabilities engaged in business

and business organisations that employ persons with disabilities." Persons with disabilities are also entitled to tax exemption. However, the SitAn enquiry was not able to identify any real uptake of these incentives within the private sector. This is not to say they do not exist, it is more indicative of the availability of relevant data.

Apart from one mention of Pick and Pay as an example of a household retail store with affirmative action policies, and reference to Tradeking wholesalers who employ Deaf people, the private sector never appeared as active participants in the advancement of the rights of persons with disabilities. ILO has also partnered with ZAPD and ZAFOD to pilot a project on placement of persons with disabilities in employment, with anecdotal evidence indicative of good results as most employers were satisfied with the contribution of employees with disabilities placed in their companies. However, no hard data was available on this pilot.

Recommendations on how this situation could be improved included Sightsavers' advocacy for improved access to resources in the informal sector, for those who want to set up their own businesses. Additionally, Sightsavers advocate for government and quasi-government institutions to actively recruit and mentor persons with disabilities in their workforce. Sightsavers in the region have positive stories about partnering with academies, such as Information Technology (IT) Bridge Academy, and assisting young people with disabilities to find a career at an inclusive private company in the IT sector, such as Safari.com.[18] This is an example of what Sightsavers in Zambia visualise for their country as they partner with ZAFOD, ZAPD and Zambia Federation for employers to pilot support to affirmative action in the private sector.

3.1.2 KEY STAKEHOLDER COORDINATION MECHANISMS

Article 33 of the CRPD prescribes the national coordination process: "States Parties, in accordance with their system of organisation, shall designate one or more focal points within government for matters relating to the implementation of the Convention, and shall give due consideration to the establishment or designation of a coordination mechanisms within government to facilitate related action in different sectors and at different levels." The Persons with Disability Act (2012) (Part IV) domesticates this obligation and delegates the coordination function to ZAPD, who reports to MCDSS, and therefore limits the independence of ZAPD in this function. The MCDSS and ZAPD are thus jointly responsible for coordinating stakeholders.

Each Ministry and relevant stakeholder have a focal person who represents their sector in meetings and liaise on matters that pertain to their sector. All participants in this SitAn recognised ZAPD as a critical stakeholder in the coordination, planning, and management of data and services within the sector. However, the disappointment in the extent to which this is done was expressed by respondents from all sectors.

As one of the participants in a focus group discussion said, "There are no statistics on persons with disabilities…our information system has not captured all…which is something that is affecting service delivery…how do you budget and plan without statistics? [For example] When someone goes to the office to ask how many wheelchairs are required, they are just given the number from the report, which is incomplete."

The coordination amongst key stakeholders is therefore more informal than formal. The focal person within the MCDSS has the phone numbers of representatives from government and OPDs and connects with all of them through social media, primarily messaging through WhatsApp. Formal correspondence from the Permanent Secretary of the MCDSS is also sent to authorise the training, strategising and advocacy gatherings, but the participants are informed in advance through their mobile phones as the formal invitations are often delayed in bureaucratic processes. Lack of resources was often cited as a challenge for coordination meetings, which means there is a dependence on cooperation-partner-funded events, such as the CRPD Situation Analysis inception and validation meetings, for stakeholders to meet.

Another example of informal coordination is where support to ZAPD is shared amongst stakeholders, such as Christian Blind Mission (CBM) and Sightsavers, who together, without a formal agreement, work with ZAPD to enhance governance, data management and general management skills (KII#11, Sightsavers).

OPDs are to a lesser extent coordinated by ZAFOD. They have extended their network beyond "traditional" disabilities to the less well known, such as albinism and parents of children with disabilities. ZAFOD focuses on coordination, capacity building and advocacy, and not on implementing programmes. They encourage their members to develop leadership and management skills to be able to run programmes effectively. ZAFOD has limited funds. Participants in one of the FGDs in Livingstone spoke about the difficulties in getting transport and covering costs to stakeholder meetings in their area. ZAFOD therefore works with established organisations, such as World Vision, by joining their missions by 'riding on their backs' to reach remote communities in their vehicles. ZAFOD also works with government.

"We've got someone in Lusaka who represents us in governmental meetings, talking about different issues and summits of disabilities, and lobbying for the rights of persons with disabilities." (KII#7, ZAFOD).

As mentioned under the Disability Movement/OPD section, the CBID network is present in all provinces and therefore acts as a glue for OPDs. When asked how they coordinate themselves on disability issues, the members of the Livingstone District Development Coordination Committee (Mtg #1) said it was through CBID, which is sometimes also referred to as CBR. Representatives of the disability stakeholders in the Social and Human Development Pillars of the DDCCs in Southern Province reported CBID as their network.

"CBID is one network that has really tried efforts to bring networks together…. it's different activities that bring us together, but under CBID…they talk about the Convention of the Rights of Persons with Disabilities and talking about policy and different national events." MGT#1, Livingstone DDCC.

In the absence of a formal coordination system, OPDs have formed their own local networks with other stakeholders, such as local CSOs and government service providers. A spokesperson for NAD explained that they could not wait for coordination from the top, so they decided to work through their local CBID networks to coordinate. The organisations that they work with thought "we cannot wait, it takes time for government to coordinate… . We meet every Friday on social media, WhatsApp to share experiences, there's a topic to discuss… . We have over one hundred persons with disabilities sitting in development committees in 39 districts… ." NAD works and coordinates with OPDs and government stakeholders in all ten provinces.

A spokesperson for CHSZ referred to a coordination structure hosted by MoH, dealing with issues pertaining to rehabilitation, which they welcomed. He also mentioned their collaborative efforts to improve their data on disability cases by segregating their data collection to be more accurate and informative on disability cases.

"With regards to health, there is a lot of work to do. We are lobbying a number of issues…one of them is data. Some of the problems are compounded…disability, HIV, rural communities…if we work together, we can understand and appreciate each other." (KII#9, CHSZ Homes).

On the question of critical gaps, a senior representative of Sightsavers said: "Everyone wants to champion their particular disability as being more critical, so we see a lot of fragmentation…and we know there are limited resources, which is a challenge…the main gap really is in ensuring there is proper coordination, and some agreement in terms of agenda [priorities]."

3.1.3 STAKEHOLDER CAPACITY GAPS

Gaps within the mandated and assumed roles of stakeholders need to be seen through the budget, accountability and governance perspectives that are reported on in preconditions five and six respectively. The reason proffered for poor data and poor coordination was lack of resources, and yet the CBID network

grew with no extra cash, only data bundles for regular communication. This section summarises gaps as they manifested in the field work.

a) Government roles and responsibilities

A participant in the inception programme poignantly mentioned that the terminology used in the Persons with Disability Act (2012) is a weakness as it does not compel responsible ministries to ensure disability inclusivity. For example, "the Minister shall, in collaboration with the Minister responsible for education, ensure that education system is inclusive…",[19] which hinges inclusive education on the collaboration and not on the fulfilment of the right to be reasonably accommodated within a quality assured education system. Implementation of the CRPD and the Persons with Disability Act (2012) is thus contingent upon systemic and predictable coordination across government sectors. A representative from Sightsavers listed the following in reply to the to the question on capacity gaps: "proper governance structures with safeguarding policies in place and proper financing systems, critical communication systems, lobbying and engagement skills." (KII#11, Sightsavers)

The Draft National Policy on Persons with Disabilities (January 2023) acknowledges the positive steps taken in the legislative reforms and the expansion of inclusive education, but also describes the many barriers that persons with disabilities face in all the preconditions required for realising their rights.

It mentions that "accessibility continues to be a challenge…majority of bus stops and stations are not accessible… Braille and Sign Language are not nationally available…the cost of assistive devices is beyond many… poor access to land, employment and other economic opportunities deprives persons with disabilities of self-determination." The Policy also identifies the need for improved capacity and budgetary allocation for improved and streamlined service delivery for persons with disability to reach the goals and objectives of the Vision 2030.[20]

As mentioned previously, ZAPD has 400 OPDs registered on their system but it is not clear whether all of these are active. There is no obligation for the organisations to submit annual reports, nor does ZAPD have an organisational support and monitoring system. (KII#17, FCDO) ZAPD also does not have an official coordination system, but through their network organise at least one event per year for the International Day of Persons with Disabilities. [21]

b) Coordination of services

The CRPD (Article 33) as well as ZAPD's strategic plan (2017–2021)[22] refer to focal points who will "give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels."[23] For this purpose, Zambia has focal point persons within relevant ministries to work with the MCDSS on mainstreaming disability within their policies and programmes. An inquiry into the effectiveness of focal point person approach in Zambia, investigated their work as prescribed in the Parliamentarians Handbook, interviewed them and found a discrepancy between their expectation to be supporting mainstreaming and the other tasks associated with the accessibility and realisation of the CRPD.[24] Recommendations were to revise and clarify the focal point system accountability measures to improve coordination and ensure the participation of line ministries in CRPD related action.

ZAPD has recently undergone reforms, including the development of a Strategic Plan, but most key informants of this study recognised that although the inspectorate in ZAPD is operational, it did not have the capacity to support OPDs or undertake nationwide accessibility audits of public buildings as mandated. The general sentiment is that ZAPD should operate at a higher level in government to provide oversight on service delivery across different line ministries. Furthermore, ZAPD should be empowered to provide guidance on how to mainstream disability into the policies and programmes of line ministries to ensure that persons with disabilities are included on an equal basis.

"The UNJPSP-II provides support to strengthen disability mainstreaming through key institutions [including ZAPD] mandated with disability inclusion. Given the significance of the social cash transfer in reducing poverty and by virtue of being the biggest disability focused intervention in Zambia, the SCT requires specific attention to ensure the removal of barriers to enable the full and effective participation of persons with disabilities and their OPDs." [25]

To this end the UNJPSP,[26] which facilitated the development of the Strategic Plan for ZAPD, helped the agency to enhance the disability mainstreaming agenda in Zambia including the revision of representation of focal persons within ministries to people occupying decision making positions and who are supported by a team of disability focal persons from respective core departments. Guidelines on the functionality and structure of the mainstreaming process have been drafted, and when approved will also serve a coordination purpose. In addition, dedicated coordination mechanisms based on a comprehensive database of focal point persons and a national coordination structure are recommended. This needs to be a permanent arrangement that lives beyond sponsored events and therefore requires budget allocation.

c) Human resources

The topic of the inadequate number of qualified people to work in the disability space was mentioned often, and was even described as "heart-breaking" by one of the stakeholders. (KII#13, CHAI). The Assistive Technology Country Capacity Assessment reported that there are some required professions not available at all, and others that are too few to meet the need.[27] For example, there are 290,000 people with mobility impairments yet only 1,686 professions, of which only a small proportion are highly trained. Zambia currently has insufficient degree programmes for several cadres of AT related health professionals, including audiologists, occupational therapy prosthetists and orthotists, and doctors specialising in Ear Nose and Throat and in orthopaedics. The recommendation is that MoE and MoH work with stakeholders to build the capacity of educational institutions to develop accredited and lifelong learning programmes for a qualified workforce for the provision of AT on different levels.

Throughout Zambia, there are currently only four occupational therapists and zero audiologists: "the one around audiologists, where there is zero. There is no accredited training in the country. So, to the best of my knowledge, no new programmes have been introduced, it still status quo" (KII#13, CHAI.)

The interview with representative from University Teaching Hospital rehabilitation centre confirmed the critical shortage of qualified personnel, referring to a service provided in an NGO: "The problem is to do with workforce. The gentleman who is there is not a qualified prosthetist neither is he a technician. He worked under a qualified prosthetist, that's how he got the skills. With time, most of them left, due to lack of funding…. We used to send a qualified prosthetist from UTH or Livingstone to do assessments, procedures and evaluate plans and then he finished the devices. But now because of financial constraints, no one is visiting that centre, so those services shouldn't be provided."

The good news is that UTH is now offering an accredited training programme and they are hoping to have their first cohort of qualified prosthetics and orthotics in 2024. (KII#13, CHAI)

Lastly, the following observations made by the Special Rapporteur in 2017 still pertain to current capacity gaps:

- The registration process entailed a determination of disability procedure founded broadly on a medical assessment, which should be progressively revised to incorporate a rights-based approach.[28]
- While the Agency (ZAPD) is mandated to oversee compliance by State institutions with the Persons with Disabilities Act, the Special Rapporteur noted with concern that it lacked inspectors to exercise this oversight function, pending the adoption of the statutory instruments enabling the enforcement of sanctions for non-compliance with the Act. [29]

3.1.4 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

An analysis of key stakeholders across all sectors reveals several parties with responsibilities, interests and commitment to the advancement of the rights of persons with disabilities. Within this group of stakeholders is a wide range of OPDs representing a spectrum of children, youth and adults with disabilities, NGOs supporting persons with disabilities and Government ministries, including ZAPD, who are mandated by the Persons with Disability Act (2012) to provide their respective services. The overarching coordination across these sectors falls within the roles delegated to the MCDSS and ZAPD whilst the registration data on OPDs and on persons with disabilities lives within ZAPD's mandate. Both roles (i.e., coordination and data management) were identified in the SitAn enquiry to be weak, hindering their ability to lobby for specific issues and hampering the fulfilment of the state's obligations in terms of the CRPD. Reasons given for this setback included lack of authority of disability focal persons within ministries; inadequate budget allocation, particularly to ZAPD; poor management of ZAPD; and need for improved information technology for DMIS.

"The main gap really is in ensuring there is proper coordination, and some agreement in terms of what it is, there is there a particular aspect they should lobby and push that agenda forward. Moving with one voice and ensuring that there are several voices talking to the particular issue" (KII#11, Sightsavers).

Networking within the sector by OPDs can be considered a strength. An active and effective way of communicating with OPDs via social media was observed throughout the engagement with stakeholders. The motto of "nothing about us without us" is carried out in Zambia. The extent to which persons with disabilities are included in forums that are not disability specific is not clear and the ability of persons with disabilities to engage and confidently contribute to policy and planning processes was also identified as a challenge.

Coordination amongst development partners committed to disability rights is equally weak. There is no platform where these partners plan and monitor their inputs against a national strategy collectively, as they do with the Joint Social Protection Programme.

In summary, the matrix in Figure 2 below analyses the level of interest, the influence the multiple stakeholders have and the suggested interaction strategies for each category. Notably, participants at the validation meeting recommended Ministry of Finance and Ministry of Local Government and Rural Development be brought into the top right square, where stakeholders of greatest influence sit. It is recommended that sustainable national and subnational coordination mechanisms are established and used strategically to leverage parties with highest levels of influence and interest.

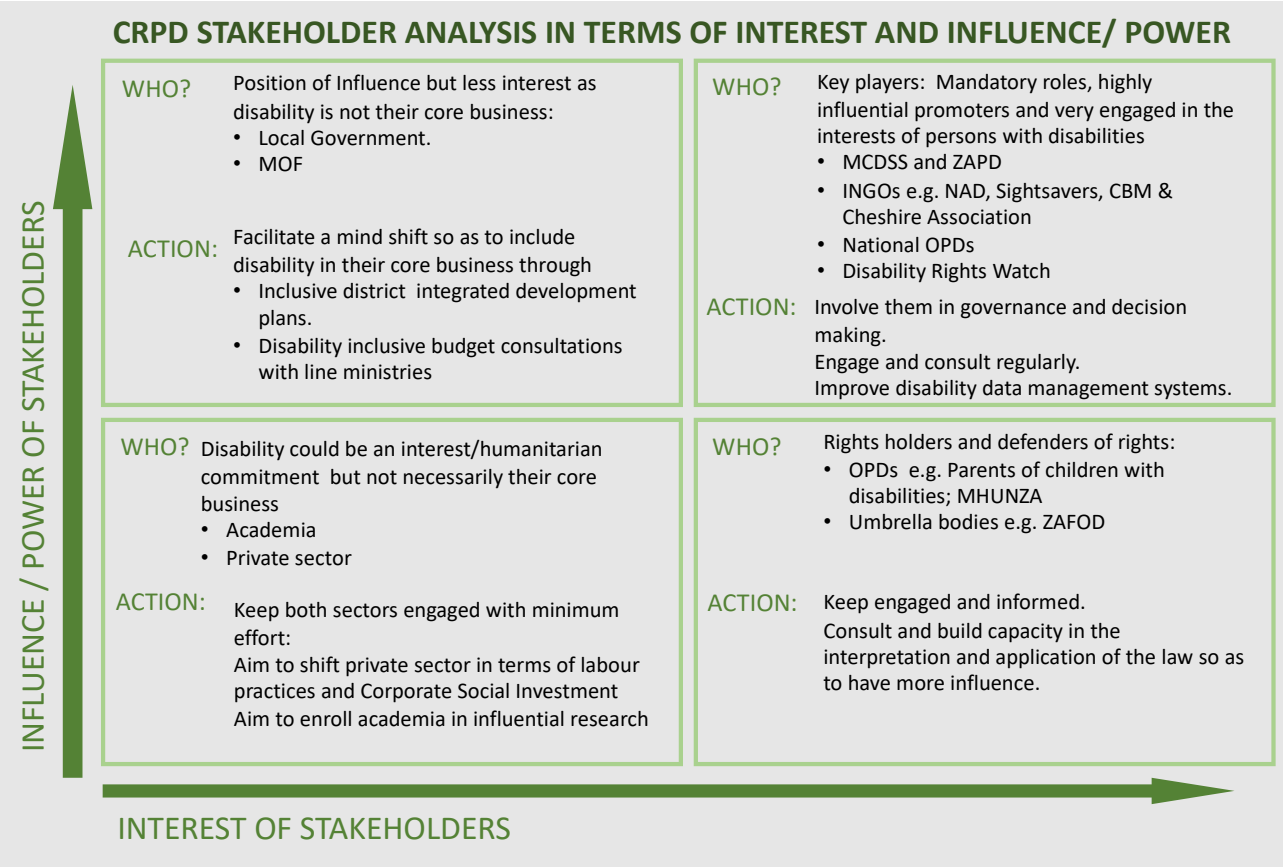


Figure 2: Stakeholder Matrix

3.2 EQUALITY AND NON-DISCRIMINATION

"The inequities in the country affect mainly marginalised population groups which are typically excluded from social benefits such as a good education, health care and economic participation while facing higher burdens of disease and disability." Ministry of Health Strategic Plan.[30]

Equality and non-discrimination is a precondition for the domestication of the UNCRPD.

3.2.1 LEGISLATIVE AND POLICY CONTEXT FOR EQUALITY AND NON-DISCRIMINATION

The CRPD, Article 2 defines discrimination based on disability as "any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation."[31] In Article 4, the CRPD obligates State Parties to ensure full realisation of all human rights for all persons with disabilities without discrimination of any kind based on disability.

- In fulfilment of this obligation, the Persons with Disabilities Act (2012) states that a person shall not discriminate against a person with disability on the basis of disability and makes provision for **non-discriminatory principles.**[32] Section 4 of the Act makes provision for non-discriminatory principles that apply to persons with disabilities in compliance with the CRPD. In Sections 8 and 9 of the Disabilities Act, it is provided that "Persons with disabilities have got the right to enjoy legal capacity on an equal basis with others in all aspects of life". This is to reduce any discrimination when it comes to persons with disabilities making decisions and having such decisions respected. This includes ensuring that persons with disabilities receive the necessary assistance and reasonable accommodation when in contact with the judiciary and encountering law enforcement officers.

- In January 2016, Zambia adopted a new **Constitution** that brought about positive changes in the protection system for persons with disabilities, in line with the CRPD. Notably, disability was included as one of the prohibited grounds of discrimination under Article 23, strengthening the legal framework for protecting the rights of persons with disabilities as well as the explicit mentioning of disability in the **anti-discrimination clause.** Furthermore, the Constitution under Article 266 defines disability in terms of the social model as "permanent physical, mental, intellectual or sensory impairment that alone, or on combination with social or environmental barriers, hinders the ability of a person to fully or effectively participate in an activity or perform a function as specified in this Constitution or as prescribed." [33]
- The Ministry of Health in their **Health in All Policies Strategy** recognises societal inequities, which are both a cause of disability and a reason for the marginalisation of persons with disabilities and therefore promote monitoring of inequities through health impact assessments, health lens analyses and mainstreaming disability in all health policies and services.[34] The Persons with Disability Act (2012) (Article 27) prohibits denial of persons with disabilities of life and health insurances; of health care services, food and fluids on the basis of their disabilities.
- **The Persons with Disabilities Act** (Article 25) prohibits **Institutions of learning** from refusing admission of learners with disabilities, unless an assessment by Ministry of Health recommends "special education for the individual with a disability".

The following **new legislation and legislative amendments** reflect the commitments to promoting and protecting the rights of persons with disabilities, namely:

- **National Gender Equity and Equality Act** (2015) emphasises that employers cannot discriminate against women based on factors, such as sex, marriage, disability, pregnancy or maternity leave. The Act ensures that women are not subjected to dismissal, demotion or any other employment disadvantage based on these grounds, and aim to promote equal opportunities and fair treatment for all women, including those with disabilities, within the employment sector in Zambia.[35]
- A new version of the **Local Government Act** (2016) was enacted in 2019, which includes the representation of vulnerable groups and persons with disabilities.[36]
- The **Citizens Economic Empowerment** (Amendment) Act (2021) explicitly prohibits discrimination against individuals with disabilities in employment. The Act states that "a person or company shall not discriminate, directly or indirectly, against an employee in any employment policy or practice due to that employe''s status, disability, or gender."[37]
- The **Children Code Act** (2022) is now inclusive of children with disabilities, including recognising that "a child with a disability has the right to be treated with dignity and respect in accordance with the Persons with Disabilities Act, 2012."[38]
- The **Employment Code Act of 2019**, in its Section 5 prohibits discriminatory practice against employees on the basis of disability and ensures employers compliance with the Persons with Disabilities Act, 2012, and the Mental Health Act, 2019.

Zambia has also developed **inclusive policies** that consider the needs and rights of persons with disabilities, including the National Disability Policy (2015) and the National Child Policy (2015), which acknowledges the importance of including children with disabilities in all aspects of society. The National Youth Policy and the Youth Employment and Empowerment Action Plan of 2015, which recognise the rights and aspirations of young persons with disabilities in the context of education, employment and empowerment. The National Disability Policy (2015) is currently under review by the MoE and MCDSS as it does not adequately meet the needs of persons with disabilities. It has been reported that "dissemination of the policy was poor, and most stakeholders were unaware of their roles in implementing the disability policy, which has led to inadequate

disability mainstreaming being practiced in line ministries including in policies and limited targeting of advocacy messages aligned to policy pronouncements."[39]

There are however still some **policies and legislation that remain discriminatory** towards persons with disabilities. Following the Special Rapporteur visit to Zambia in 2017, it was recommended that a comprehensive legislative review be conducted to revoke discriminatory provisions in the Constitution, the Penal Code, the Criminal Procedures Code, the Prisons Act, the Electoral Act and the Mental Disorders Act specifically.

To date, some amendments to the Penal Code, the Criminal Procedures Code, the Prisons Act, the Electoral Act and the repeal of the Mental Disorders Act have been affected. **Improvements in discriminatory terminology is evident in some of the acts**. For example, the Electoral Act (Amendment) 258 No. 32 of 2021, no longer disqualifies persons with psychosocial disabilities from registering as voters.[40]

However, **discriminatory terminology is still present in some** of the new legislation. For example, the Penal Code Amendment Act (2022), does not address "defilement of imbeciles or person with mental illness", and in the Criminal Procedure Code (Amendment), 2022, the amendment of the "procedure in case of insanity or other incapacity of an accused person" is not mentioned. The Mental Health Act, 2019 (which repeals the Mental Disorders Act), still makes references to "mental disability" and it does not prohibit substitute decision making and removal of legal capacity.[41] A reason for could be that because Zambia has no uniform definition of disability across different pieces of legislation, which points to the need for legal harmonisation.[42]

While the establishment of new legislation and policies is a significant accomplishment, **implementation remains an ongoing challenge**. According to the Special Rapporteurs' visit to Zambia in 2017, "while the adoption of the National Implementation Plan on Disability is an important accomplishment, it must be followed by time-bound benchmarks and effective implementation plans at the provincial and district levels, along with the corresponding budgetary and fiscal measures." These recommendations have yet to be implemented.

The **Alternative Report submitted by OPDs** to the United Nations Committee on the Rights of Persons with Disabilities in 2020 also acknowledges the 'fairly good' legislative and policy framework, but asks for the following two actions:

a) Review of the **Bill of Rights** (Zambia Constitution, 2016) to ensure that it addresses disability-based discrimination and intersectional discrimination, and recognize denial of reasonable accommodation as discrimination, and

b) Establishment of an accessible and effective **complaints mechanism** for Persons with Disabilities to report incidence of discrimination.[43]

The above two requests are **critical for a strategic direction** to address the concerns and priorities of the disability community.

3.2.2 BARRIERS TO EQUITY

Through the focal group discussions, meetings, and interviews, significant obstacles to achieving equity for persons with disabilities were identified at the community level. **Stigma and discrimination** were key challenges faced, especially by children with disabilities. "There are people with disabled children who hide them in their house. They don't want to be seen with their children" (Mgt#4, Monze OPD). The act of hiding people with disabilities within their homes due to community stigma and discrimination has severe implications for the rights of children with disabilities, particularly access to education and engagement in wider environments, limiting their intellectual and social development, and perpetuating their exclusion from society. Gender inequality was mentioned in terms of women being at risk of abuse and exploitation; also

highlighted was an inequality in persons with intellectual disabilities: “Those with mental impairments are more vulnerable, and that why we are working with the organisation that deals specifically with mental issues. We have cases. A few with physical disability, but mostly with intellectual” (SV#1, Viole Girls and Women’s Club).

The **attitude of parents** themselves was another key challenge identified. “The challenge sometimes is the parents admitting the condition of their child” (FGD #2, Monze OPD), representative from Shungu Inclusive School. This denial in acknowledging the child’s disability can limit their access to appropriate education, healthcare, and inclusive opportunities. “The mothers–- you ask them how many children do have? and they will say I have 4 plus this one [pointing to child with disability]. So, it’s like children with disability it’s not counted to be a child. More like half a child. So, they will manage to take the child without a disability to a very expensive school, but they won’t manage to pay for the child with a disability, the reason is because fathers run away from families” (Mgt#4, Monze OPD).

Additionally, **lack of knowledge** and strong cultural belief systems was a prominent theme. Witchcraft was frequently described as the cause of the disability. “She relates her disability to Witchcraft in that the mother has left her cloth on the line and it is alleged that that cloth was taken by strangers and that’s how she started being sick”. “When she was 6 years old. The father’s girlfriend did witchcraft and sent those things to the house that eventually entered her and caused this” (SV#1, Viole Girls and Women with Disabilities Club).

Empowering community members, especially parents of children with disabilities, with disability knowledge, support networks and resources is a crucial focus in ensuring that people with disabilities, especially children with disabilities, have equal opportunities to thrive and fulfil their potential:

> “Most of the discrimination comes from people that don’t know what is causing the disability” (FGD#1).

At the district level, it was highlighted that the inclusion of persons with disabilities in the SCT programme faced challenges. One significant barrier mentioned was the **criteria for eligibility,** which solely considers the severity of the disability. As a result, only individuals classified with severe disabilities can access the SCT. This limited approach to eligibility criteria excludes persons with disabilities who may have moderate or mild impairments, leading to the exclusion of a portion of the disability community. By broadening the eligibility criteria to include a wider range of disabilities, the SCT programme could better ensure that all persons with disabilities, regardless of the severity of their impairments, have equal opportunities to access the necessary support for their well-being and inclusion. “When I am disabled, I am disabled. I thought whoever is disabled and has been given a certification that they are disabled, they should be able to enjoy the benefits” (Mgt#1, Livingstone DDCC).

An **encouraging finding** was the improved knowledge and awareness of disability rights, especially among women with disabilities. The participants of the Viole Women’s group were aware of their rights to education, their right to work and their right against discrimination. “There used to be discrimination to persons with disabilities…we are now aware, persons with disabilities are not supposed to be abused verbally or any other form of abuse, which was a different case in the past” (FGD #4, participant of Viole Women’s Club). A member of the Viole Women’s Group stated “you are not supposed to used derogatory words. There is that clause in the act”. The awareness of the Persons with Disability Act (2012) has empowered persons with disabilities to further understand their rights, which is a positive and promising outcome. Additionally, CBR efforts showed promising results, especially in shifting the attitudes of parents of children with disabilities. “For example, we had the parents training. Once you train the parents, they spread this information into the support group, and it spread into the community and I have seen this is working. The parents feel they have a voice” (Mtg #4, Monze OPD).

Various forms of discrimination exist, including **institutional and social barriers**, and addressing them is a complex task. A CBR focal person spoke confidently about their approach to discriminatory practices in their communities:

> "We also train the community leaders, (leaders in the churches and traditional leaders). We don't want to challenge their beliefs… but they think that if they pray, that person will be healed. So, we say, if the person doesn't get healed, how can you still include them in the church. So, we're trying to bridge [the discriminatory practices] in communities in various ways" (KII #3 CBR).

3.2.3 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

Since its ratification of the CRPD in 2010, Zambia has made significant progress in terms of an enabling legal and policy environment to ensure that persons with disabilities are entitled to equal benefit and protection. It has been noted that there is still a need for legal harmonisation to bring consistency to the definition of disability. And there are still existing gaps in the legislation. It is crucial to establish consistency between the CRPD, Zambia's principal disability laws and policies.

The weakness however lies in the fulfilment of these legal commitments without ear marked budgets and explicit implementation measures. Persons with disabilities recognised the need to be familiar with the CRPD and Disabilities Act as rights holders and learn how to actively claim their rights.

Whilst there were examples of positive changes in self-regard amongst women with disabilities, additional societal barriers to equity, such as stigma, cultural beliefs and parental attitudes and institutional practices, such as in churches and social services were cited as challenges to equity.

3.3 ACCESSIBILITY

Accessibility, a foundational principal in the CRPD, is a critical precondition for persons with disabilities to live independently and participate fully in society.

3.3.1 POLICY IN TERMS OF UNIVERSAL DESIGN AND ACCESSIBILITY

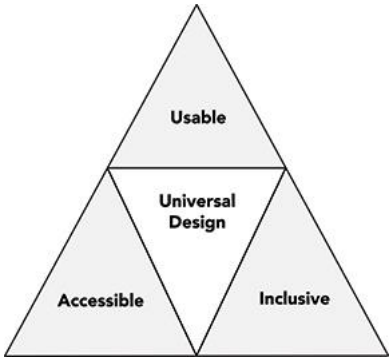
Article 9 of the CRPD (2006) articulates the obligations of States Parties to ensure access, on an equal basis with others, in urban and in rural areas and these measures should include the identification and elimination of obstacles and barriers to accessibility.

Section 5 of the Persons with Disabilities Act (2012) in turn obligates the Minister of MCDSS to consult with responsible ministers to take **appropriate measures to ensure equal access** in rural and urban areas, and to remove obstacles and barriers to accessibility. Physical access is the most referred to form of access, with access to services, education, information and transport being less readily spoken about. It is not unusual for institutions to consider their facility and services to be accessible once a ramp is built. But how persons in wheelchairs shall reach countertops or pass through doors within public toilets once they have entered the building is not considered.

The Draft National Policy on Disability (2023) identifies that **public infrastructure "remains largely inaccessible**…and this is worsened by inadequate capacities of ZAPD to inspect infrastructures and ensure compliance to specification regarding accessibility. The staff sitting in as inspectors are inadequately qualified and lack the authority to enforce standards."[44] Mainstreaming accessibility criteria to public procurement to ensure new infrastructure, goods and services do not create additional barriers for persons with disabilities is therefore not apparent.

This study attempted to look at the extent to which persons with disabilities have access to facilities and services, transport, works and communication. Reference was made to two accessibility audits: one was done by a CBID network where they had identified and addressed public buildings that required wheelchair access and the other was done in 2021 by the United Nations in all their offices in Zambia. The latter identified many issues of non-compliance, which they are incrementally addressing. Apart from these two audits, **no reference was made to formal or informal data on the enforcement** of accessibility standards. Observations during site visits provided a small lens to the potential for improved accessibility.

Universal design was discussed at the inception meeting in terms of a) identifying that ZAPD as a regulations and enforcement body is responsible for inspecting accessibility and all ministries are responsible for ensuring that information for target population and stakeholders is available in accessible formats and b) the role of OPDs is to advocate, lobby and build awareness on the need for regulated and implemented standards for universal design.[45]



Universal Design Conceptually

Means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design and shall not exclude assistive devices for particular groups of persons with disabilities where this is needed. (CRPD, Article 2)

Illustration: Centre for Universal Design, University of Washington[46]

3.3.2 PRACTICE IN TERMS OF UNIVERSAL DESIGN AND ACCESSIBILITY

This section reports the views and experiences of OPDs and service providers on accessibility.

a) Information

Attempts have been made in Zambia to enhance the accessibility to information for individuals with disabilities. For the visually impaired, the Zambian Kwachahas been designed to cater to their needs.[47] Since 2015, the **Zambia Library, Cultural and Skills Centre for the Visually Impaired** was established in Lusaka. **Sign language interpretation** is offered for major news television broadcasts.[48] There is also a radio station, CDC Sky FM that reaches three different provinces with the aim of spreading information within the community regarding matters concerning children with disabilities. Key message of the radio show is "make the community aware that disability is not inability." (Mtg#3, Monze OPDs, Representative from CDC Sky FM).

However, there are major limitations, as expressed by OPDs in their Alternative Report: "Private television stations in Zambia do not provide sign language interpretation for news and other programmes of public interest. There are **not enough professional sign language interpreters** and training taking place in Zambia."[49]

b) Transport and public spaces

Transport is regulated in Zambia by the 2019 National Transport Policy (NTP), the Road Traffic Act (2002), and the Road Traffic Amendment Act (2022). The NTP makes specific reference to mainstreaming of disability in the transport sector and aims "To have an efficient and integrated Transport System in Zambia by 2028." Accessibility to transport, however, continues to be a concern for persons with disabilities. "transport is a challenge. It's really impacted us" (Mgt#4, Monze OPD). According to the participants at the inception meeting, (20–24 March 2024) all transport services are privatised, none are accessible to wheelchair users and information on routes, fares, terminals is mostly accessed through social networks. The report to the Committee on CRPD from OPDs confirmed this: "**There are significant challenges of accessibility to the public transport system both in rural and urban areas,**" and requested timelines of GRZ to improve the situation.[50]

With the objective of ensuring that every Zambian has access to good health care and public spaces, Zambia adopted the national accessibility standards by the Zambia Bureau of Standards and in 2019, while the Ministry of Transport and Communications, developed the Non-Motorized Transport Strategy with the aim of achieving "safe road network for all road users".[51] The strategy makes specific reference to facilities often being inaccessible to many people, including those with disabilities. However, the lack of progress in the implementation of the strategy is what OPDs are questioning.

It was also pointed out that the Roads and Road Traffic Act, states that a "licensing officer shall not issue a provisional **driving licence** to any person who is unable to certify in the prescribed manner that his physique, vision, hearing, and bodily and mental fitness are such as to warrant the issue to him of a license" (Mtg#1, Livingstone OPD). It is not clear how persons with disabilities are to obtain such certificates or what should be the qualifying criteria.

The United Nations has also implemented a strategy to ensure events are accessible by persons with disabilities: "Events need to be first cleared and recommended. So now any event that is procured by the UN agencies, must comply with the minimum criteria for disability accessibility" (KII#14)

c) Education services

Access to inclusive education services is covered in section on mainstreaming services. In this section on accessibility, the issues of infrastructure and access to critical learning materials are mentioned.

A study on the lived experiences of learners with disabilities in special schools found that despite the schools being designated institutions of learning for children and adolescents with disabilities, there were several barriers to learning and inaccessible features in the infrastructures. The study revealed that (despite being

special schools) the schools lacked provisions and equipment for skills-based learning for learners with intellectual disabilities and there were constraints within the structural environments, such as inaccessible pathways for learners with mobility impairments, inadequate staffing, lack of adapted curricula and learning materials, lack of appropriate bathroom facilities and lack of assistive technologies. As the researcher identified, these issues could be prevented with policies that provide minimum standards for these special schools and adequate budgets to implement and maintain such standards. The tragedy is that learners expressed preference to be in these schools, despite these inadequacies, as their home experience was worse because parents were unable to support their children with essential learning materials and, most critically, could not afford transport to school. The overall conclusion was that this situation was preventable and denied the learners of their rights as the "policy provisions, planning and consistent human and financial resource allocations" fell far short of what learners needed.[52]

The Draft National Policy on Persons with Disabilities (2023) also notes the challenges pertaining to inaccessible infrastructure in schools, particularly toilets that are not suitable for wheelchair users and stairs to classrooms and resource centres on upper levels. This was confirmed in the site visit to Shungu Inclusive School (SV#2) and in the verbal accounts given by OPDs in Monze (FGD#2).

d) Health services

The Persons with Disability Act (2012) (Article 27) compels the Minister of MCDSS to collaborate with Minster of Health to "take appropriate measure to ensure access for persons with disabilities to health services that are gender sensitive and to health-related rehabilitation…and shall in particular include sexual reproductive health services…And provide health care as close as possible to people's own communities including rural areas…"

On accessibility, the Article 40 also states that "…the Minister shall take appropriate measures to ensure that persons with disabilities access, on equal basis with others, the physical environment, transportation, information and communication and other facilities and services open or provided to the public, both in urban and rural areas…"and Article 42 further states that "A persons who provides services to the public shall put in place necessary facilities that make the services available and accessible to persons with disabilities in the prescribed manner."

In an interview, the head of Prosthetics and Orthotics unit at UNZA confirmed that no rehabilitation services are offered in primary health care facilities and persons with disabilities are obligated at their own cost to travel to Lusaka, Copperbelt or Livingstone for these services.

e) Justice

The Persons with Disability Act (2012) makes provision for the procedural and other appropriate facilities to enable the person with disability to access justice and participate effectively in the proceedings, however the extent to which this reasonable accommodation is provided and how it will be provided is questioned by OPDs in their report to the Committee on the CRPD. An example of this was the poor access persons with sensory impairments had to critical information during the elections in 2021: "Persons with disabilities desire to make informed choices on the day of voting and they cannot do so without access to information and campaign messages from various parties and candidates contesting in this election. It is therefore important that an environment is cultivated within the existing regulations for persons with disabilities to receive information in accessible formats such as braille, large print and sign language. These measures must be enhanced in the voter education exercise being undertaken by the Electoral Commission of Zambia." [53]

On the other hand, access to the traditional court was cited as a positive experience in one of community engagements.[54] A woman with a disability had filed a complaint and the traditional court had fined a member of the community for using derogatory language towards her as well as her children (SV#1, Viole). They mentioned this as a good example of how they were able to engage with the court system and apply their knowledge of their rights to access justice.

3.3.3 KEY BARRIERS TO ACCESSIBILITY

The following barriers were reported by OPDs and other stakeholders during the field work of this study:

When it comes to accessing information, interpretation services for Deaf persons is a major challenge with most public hospitals**,** not having the capacity to provide Zambian sign language services: "In the rural areas, sign language. That is a challenge. The health facilities are not really able to interpret or use sign language" (Mgt#4, Monze OPD). "Some other time we have challenges that you find in the Zambian police, you don't find someone trained in sign language" (Mtg#3, Monze DDCC).

A representative of the **Victim Support Unit** in Monze mentioned sign language as well as transport for them to reach rural areas as their biggest challenge. **Police stations** were reported to not have police officers trained in sign language, a real barrier to access to justice for individuals who have auditory impairments. The availability of user-friendly information and communications technologies (ICT) was also found to be lacking by the Special Rapporteur during her visit to Zambia in 2016.[55]

Often, members of rural communities are required to **travel extensively to access healthcare** and rehabilitation services at their own cost. "That's where the biggest problem comes in. Travelling over 800km – 900km to come and get a service is a big challenge" (KII#13, UTH).

The Roads and Road Traffic Act, also states that a "licensing officer shall not issue a provisional **driving licence** to any person who is unable to certify in the prescribed manner that his physique, vision, hearing, and bodily and mental fitness are such as to warrant the issue to him of a license" (Mtg#1, Livingstone OPD).

There are also numerous challenges faced by **visually impaired** individuals, especially in accessing education and attending **tertiary education courses**. "We tried to apply so that they go, but there are courses that are there, but some of the courses the visually impaired they can't do". "They can submit but there may be few people who can transcribe because most of the lecturers at the time are not taught how to read braille" (Mtg#1, Livingstone OPDs).

A representative from Chongwe School said, "The **toilets are flat like this, with a hole**, now this child with a disability is coming to help himself – how? Then you find that when they come out from the toilet, where there's disinfectant it is not there. We have to look into, to say the toilets should be user friendly" (Mtg#3 Chongwe). The upkeep and maintenance of toilets that had been adjusted for persons with disabilities was also raised as a concern as money has been invested for the structure, but no budget allocated to maintenance. (KII#4, UNICEF).

3.3.4 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

There are pockets of exemplar cases, such as the access to justice through the traditional court in Southern province and the infrastructure accessibility audit undertaken by a CBID district network where lessons could be drawn for increased access in other sectors.

But on the whole, accessibility challenges that were highlighted in the Special Rapporteur's report (2017) by OPDs in the Alternative Report (2020) and by stakeholders who engaged in this study all highlighted the massive lag between the intentions to maintain CRPD standards within the good legal and policy framework in Zambia and the actual implementation.

Access to **suitable public toilets** (particularly in schools), the paucity of **public transport** in general, but particularly accessible and affordable public transport, access to **public information** and **education material** for Deaf and visually impaired people, **interpretation** for Deaf people in all public services, but particularly police and health, and access to **healthcare services,** particularly in remote areas, were all cited as reoccurring and critical gaps. Whilst progress in terms of inclusive education was noted, accessible spaces, such as suitable bathrooms and wheelchair access to communal areas within inclusive education facilities was considered a critical gap.

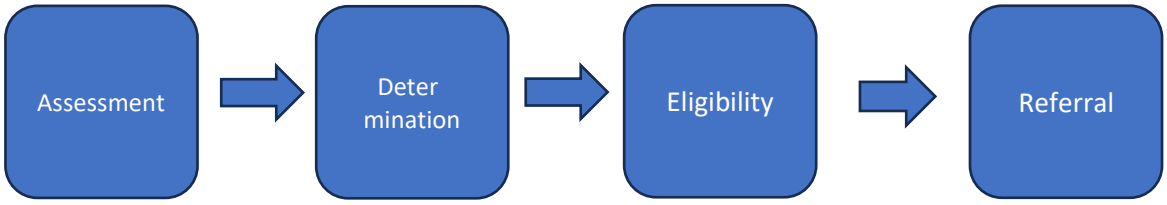
The barriers to accessibility therefore lie in a) **poor understanding and inadequate application** of legislation and particularly the universal design concept, b) **inadequate technical and financial resources** to institutionalise effective inclusive design strategies to ensure that services are usable by all persons with disabilities, and c) poor monitoring through inspections and follow enforcement of guidelines and policies by ZAPD.

3.4 INCLUSIVE SERVICES

Inclusive service delivery is a key precondition for the realisation of the rights of persons with disabilities as inscribed in the CRPD. The Persons with Disability Act (2012) makes provision for inclusive services across all responsible ministries as outlined in the previous section on government stakeholders. Disability assessment and determination is key to retrieving these services.

3.4.1 DISABILITY ASSESSMENT AND REFERRAL SYSTEMS

The following steps are key processes in disability assessment and determination linked to service eligibility and referral to targeted and/or mainstream services The way in which these manifest in Zambia is discussed in this section.



Disability assessment in Zambia is the function of Ministry of Health and ZAPD. The latter is responsible for maintaining the DMIS and referring to appropriate services.[56] Box 1 provides a description of the ZAPD disability assessment and determination processes.

Box 1: ZAPD Disability Assessment and Determination Process

ZAPD is responsible for registering all persons with disabilities. The process of registering requires persons with disabilities to complete four steps:

Step One: Collect the ZAPD form (5-page booklet) for disability **assessment** from a ZAPD provincial office.

(Apparently it is not possible for the forms to be held and completed within health facilities, such as the Livingstone Rehabilitation Centre or within education facilities, or the Bauleni School for Special Needs, to cut out this step in the process but the reason for this was not made clear.)

Step Two: Travel to a district or provincial hospital, or health post if there is a medical officer in attendance there, where they are required to undergo a physical, neurological and sensory examination by a medical professional to determine the nature/type and severity of the disability,[57] complete and officially stamp the form. **Determination** of the severity of disability in terms Mild, Moderate, Severe or Profound is determined and indicated as such in the registration form by the medical officer during the assessment. However, there are no pre-determined criteria for these classifications.

Step Three: The applicant must be a holder of a National Registration Certificate (NRC), which must be verified by a rehabilitation officer, social welfare officer, central statistics officer, school head or officer in charge of a health centre and indicated as such in the form.

Step Four: Travel back to provincial ZAPD office where they submit the completed assessment form to a ZAPD officer, who will take a photo of the person and enter the data into a book and an electronic register, after which the disability identity card is printed.

The **Disability Identification Cards** are printed with specialised plastic printing machines. There is a limited number of ZAPD offices with these printers, which are sometimes not working due to maintenance or the system is offline due to internet connectivity.

There is no registration fee, but persons with disabilities carry the cost of travelling to and from ZAPD offices and to health facilities to be examined and to an officer to verify them as holder of a NRC.

With the support of ILO and UNICEF, ZAPD intermittently offers mobile registration in a district, where they work with community workers for 4–5 days to mobilise persons with disabilities to register. Medical officers are then recruited to examine and assess persons with disabilities exclusively for 4–5 days in that locality, thus bringing the registration process to the people. This is a costly process and therefore dependent on donor fund availability.

The **strengths** of the system are its decentralisation to provinces and there are no registration fees. Attempts have been made to set up registration services in some districts, but these have not been sustained due to cost and maintenance of the printers. Although there were anecdotal accounts of persons with disabilities being declined access to tertiary education, there were no reports on disability determination being formally used by institutions to restrict the rights of persons with disabilities to services. Another notable strength is that Albinism qualifies as a disability.

Challenges to the assessment and registration process include the following:

- Despite assessment form being standardised by MCDSS, the assessments and particularly the determination of severity, tend to be **subjective**.
- Assessments use the **medical model**, which is not in keeping with globally recognised good practice of areas and levels of functionalities, thereby omitting the recognition of need for assistance and support and any environmental or social barriers to participate socioeconomically in society.
- There are 10 provincial ZAPD offices, which are **not easy to access** for people living in rural areas, and although ZAPD has offices in 11 districts "but you find that very few are actually able to register. They don't have the machinery to do so" said KII#8, ZAPD. The resources required for the printing of the forms, purchasing and printing cards, and servicing of the machines, were described as the biggest challenges for ZAPD.
- **Electricity and internet**, which are not universally available, are required for this system.
- The system is unnecessarily cumbersome, with the result that **coverage is fractional** of the level of disability. At the end of August 2023, 63,340 persons were registered and the Disability Survey (2015) estimated a prevalence of approximately 1.5 million persons with disabilities.
- The registration, assessment and determination data are theoretically stored by ZAPD, but not publicly available and therefore not used for policy or service development planning and budgeting.

Barriers to registration experienced by persons with disabilities include the cost and time to travel to and from provincial offices and to health facilities as well as the lack of information in accessible formats: "It is a requirement for any person with a disability to be registered with agents. And that is the information that lacks (for) many people…they don't see the benefit" (Mgt#1, Livingstone DDCC).

The following observations made by the Special Rapporteur in 2017 on this subject still pertain to the registration process: "The registration process entailed a determination of disability procedure founded broadly on a medical assessment, which should be progressively revised to incorporate a rights-based approach."[58]

In recognition of the need to be CRPD compliant, and to address this issue of the medical model, the UNJPSP together with line ministries is currently developing and testing a **rights-based assessment tool** for identification of persons with disabilities. This process is being documented.

Eligibility, based on determination of the degree (severity) of disability, is predominantly applied in the SCT programme. Households with a member who is determined to have a severe or profound disability and who 'pass' the proxy means test are eligible for SCTs at double the rate of what is paid to households without a person with a disability. Other than the SCT programme, the SitAn enquiry only found one other eligibility process, which is applied in awarding Constituency Development Funds (CDF) for boarding school fees. In other words, learners with disabilities applying for boarding school bursaries from the CDF, are required to have disability identification cards produced by ZAPD.

Referrals from the SCT programme is intended with the nascent "Cash Plus" programme but are not yet institutionalised and therefore not predictable. Case management, which is being piloted in one of the projects, would ideally identify and refer persons with disabilities to targeted services.

In addition to the assessments done for registration purposes, assessments for treatment purposes are done in one of three government-supported assessment centres in Zambia – in Livingstone, Monze and Lusaka. The comprehensive physical assessments and rehabilitation services within one centre were observed during the site visit to Livingstone Rehabilitation Centre, but it was not clear how assessments are done and how these commutes take place to recommended services and treatment in Monze and Lusaka.

However, what is very clear is the lack of an appropriately trained healthcare workforce for assessments for treatment and rehabilitation purposes. For example, the current number of trained audiologists in Zambia is zero. Meaning, if a person presents with a hearing disability, they will be assessed by a medical professional who is not specialised in audiology, and this could significantly impact the quality of the assessment. The Situation Assessment of Rehabilitation in Zambia (2019)[59] found a significant gap between the need and provision of services in their analysis of approved number of professional staff. However, this analysis did not include the full quota of rehabilitation workforce required, such as occupational therapists, speech and language therapists, prosthetics /orthotics, rehabilitation doctors and rehabilitation technicians.

An additional gap is the lack of referral systems from the cognitive assessments, especially for children with developmental delays as well as referral services and support services for the psychosocial impact that disability carries. "We don't have a referral system per say. But for those socio-rehab services, there is a form that was designed by ZAPD that we are holding" (FGD#1, Livingstone Rehabilitation Centre).

Furthermore, as mentioned previously in this report, persons with psychosocial and intellectual disabilities are at higher risk of stigma and discrimination due to the lack of understanding of their disability. "Whereas an intellectual disability is more difficult to identify and how you work with it and how you assess it" (SV#2, Shungu Inclusive School). This is an issue that transcends into the disability assessment and referral system because communities and healthcare workers may not identify the disability as meeting registration criteria. Consequently, this particular group of individuals with disabilities may not be deemed eligible for supportive services.

As stated elsewhere in this report, there is no official independent complaints mechanism available to persons with disabilities, so persons being denied prosthetics because they cannot pay for the material, or denied access to an education institution based on his/her disability, can only make use of the litigation services provided by DRW.

3.4.2 DISABILITY SUPPORT SERVICES (TARGETED EFFORTS)

Disability support services, whether in-home of community based, are critical for persons with disabilities to participate fully in society. Such services range from support for persons experiencing psychological distress, services focused on rehabilitation, assistive technology, supported decision-making, communications support to physical access to bathrooms, schools, public transport and other public or private amenities. The CRPD recognises the significance of "personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community."

Aligning with the CRPD, the Persons with Disability Act (2012) makes specific provisions for persons with disabilities in several areas and mandates ZAPD to serve as a coordinating body responsible for facilitating disability-related support services and formulating inclusive policies across government institutions.[60] Despite this, the SitAn enquiry found that disability support services were predominantly provided by family and community members.

The following two provisions bolster this community-based support with means to pay people as well as facilitative and enabling processes:

a) Social cash transfers are regularly used to pay for support services. This was noted with three young female wheelchair users who were physically aided to get to and from their education institutions by their personal assistants, who were paid from SCT funds given to their households.

b) CBR, mostly funded by INGOs, serves as a vital framework for support services to persons with disabilities. Through practical inclusion and participation processes within their communities, the CBR focal persons raise awareness, reduce stigma, and ensure social integration within traditional and religious proceedings that support autonomy of persons with disabilities.[61] By engaging community members, including families, local leaders and service providers, CBR fosters an environment that supports the needs and rights of individuals with disabilities. Furthermore, CBR focal persons help family members and community members develop support mechanisms and structures in their home visits and peer support groups. See **Annex 7** for a description on how CBR work

a) Support for persons experiencing psychological distress

There are various NGOs that provide support for persons with mental health disabilities including the Mental Health Users Network of Zambia (MHUNZA), the Regional Psychosocial Support Initiative (REPSSI), that provides mental health and psychosocial support, though not exclusively to persons with disabilities and the Old Drift Initiative that focuses on the rehabilitation and community re-integration for persons with mental health disabilities.

The Disability Rights Watch (DRW), established in 2011, is another source of support for the under-represented groups of disabilities and as such assists them to organise themselves in support groups, pursue their rights and represent them where they need support services. Whilst not specifically stated as decision-making support, examples of such cases of support appear on their website.

"The background of their understanding is still lacking and there is still that negative attitude towards all categories of persons with disabilities" (KII#12, DRW)

b) Services focused on assistive devices and technology provision and training

The Livingstone Rehabilitation Centre (a department within the Livingstone Teaching Hospital) is also an example of a target rehabilitation support service for persons with disabilities. The centre is unique in that it is the only centre in Zambia that offers a holistic approach including physiotherapy, occupational therapy and prosthetic services all in the same centre.

The main challenge mentioned by the therapists who engaged in this study is the availability of materials to provide rehabilitation therapy, so persons with disabilities are required to pay for the materials themselves, which is often not possible. (FGD#1, Livingstone Rehabilitation Centre).

c) Communication support, such as sign language interpretation

Sign language and Braille are mentioned in the precondition on accessibility to services. However, what is relevant here is the extent which people with sensory impairments have access to communications support in a more personal capacity. For example, a deaf woman in childbirth, or a blind woman who has been raped and required to identify the perpetrator. These are not uncommon situations that were mentioned in conversations during this enquiry and were left unanswered. Women in these circumstances either relied on their own personal networks or became disabled by the lack of communication support. For children with sensory disabilities, there are schools that cater specifically for them, such as Bauleni Special Needs School that has a unique centre catering for blinddeaf children.

3.4.3 MAINSTREAM SERVICES (INCLUSIVE EFFORTS)

a) Legal provisions

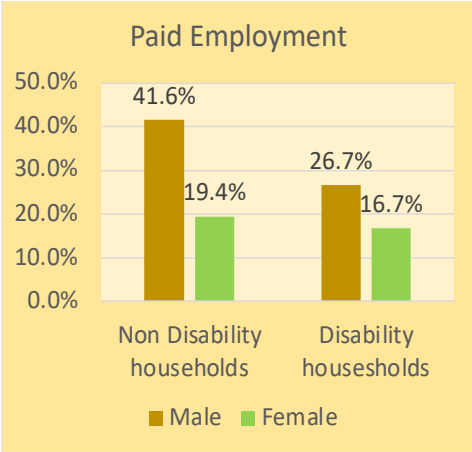
The CRPD emphasises mainstreaming disability issues as an integral part of strategies for sustainable development. There are several policies that include inclusive efforts to mainstream services in Zambia. The 2020 SDGs Voluntary National Review is inclusive of persons with disabilities and highlights key challenges and action areas.[62] (Please *see* Section 5 on mainstreaming disability in national development plans for more details.) Zambia has also made efforts to deinstitutionalise disability services and to promote community-based support for persons with disabilities through initiatives, such as CBR, which operates in communities where mainstreaming is facilitated by CBR focal persons. However, efforts to enable living within the community are not supported with public funds and so rely on volunteers, fundraising efforts and commitments of international cooperating partners.

b) Social protection and employment (also refer to section 3.1.1 within stakeholder analysis)

The social protection sector is governed by a comprehensive National Social Protection Policy Framework, the implementation of which is supported by the United Nations Joint Programme for Social Protection (UNJPSP). The latter brings together multiple government line ministries under the leadership of the Ministry of Community Development and Social Services (MCDSS), three United Nations agencies – UNICEF, ILO and WFP – and several cooperating partners. The UNJPSP phase two (2019–2022) document refers to the emphasis of SDGs on reducing multidimensional poverty and the inclusion of vulnerable people, and in so doing recognised the opportunity to have long term impact on the levels of poverty, particularly for children (high levels of malnutrition), women (gender norms expect women to deliver unpaid domestic work and high levels of teenage pregnancies) and persons with disabilities (disproportionately affected by poverty).[63]

Households with persons with disabilities are less likely to have a wage-earner,[64] than households without disabilities and also carry extra costs for support services with the result that the there is an inexorable relationship between disability and poverty.

Figure 3: Comparative levels of paid employment



Employment - 41.6 per cent of male adults and 19.4 per cent of females in households without disabilities were in paid employment while 26.7 per cent of males and 16.7 per cent of females from households with disabilities were in paid employment. The main source of income for both sets of households was subsistence farming.

Poverty - The household level data of the Disability Survey 2015 showed little difference in the socioeconomic measures, such as home ownership, source of power, source of water and availability of information.[65] However, there was a difference in the source of income. For households with disability their source was 29. 4 per cent grant and 25. 2 per cent wage, whilst the sources for households without disability were 0.3 per cent grants and 32.0 per cent wage. Although it must be noted that these comparisons are based on household income as opposed to expenses accrued because of disabilities, nor do they consider opportunity costs of households with disabilities.

The Persons with Disability Act (2012) (Part VII) makes provision for the establishment of a National Trust Fund for Persons with Disabilities (ZNTFPD), the moneys to be appropriated by parliament and donations, grants and bequests, and to be managed by an office of trustees and financial managers. The purpose of the fund is to provide loans to persons with disabilities for commercial ventures, to pay for skills development, research and welfare of persons with disabilities. However, the 2023 budget review confirms that the "implementation of the ZNTFPD's mandate has been challenging due to limited funding allocated."[66]

The UNJPSP II focuses on improving access to essential services, reducing poverty and promoting inclusive development for vulnerable groups. The SCT programme has increased its reach to vulnerable households from 880,539 in 2020 to 1,027,000 in 2023. Of these beneficiaries, 138,113 (13.4 per cent) are households of persons with severe disabilities.[67] In addition, in 2022, the Government increased the transfer value per household from ZMW150 to ZMW200 per month while the value of transfer for households with persons with severe disabilities increased from ZMW300 to ZMW400.[68] The UNJPSP II also facilitated the development of an evidence-based pilot project proposal for an improved and disability inclusive Food Security Pack (FSP) programme. The GRZ hopes to sustain the interventions under the UNJPSPII through increased economic growth and developme

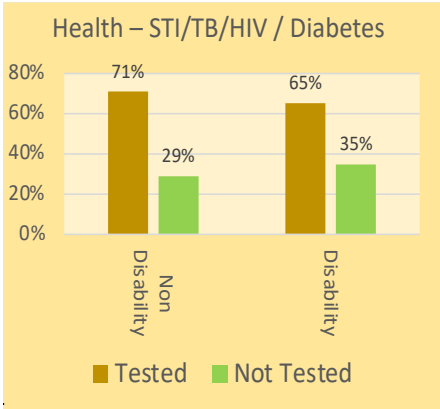
c) Health

Article 25 of the CRPD makes specific reference to Health, stating that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. The Persons with Disability Act (2012) requires the MoH to provide free general and specialised medical care, which includes assistive devices for persons with disabilities. In practice, this specialised equipment is severely limited in the country.

The Zambian National Health Insurance Scheme is a government strategy, supported by the European Union, to provide inclusive healthcare services countrywide, expanding the coverage to poor and vulnerable people. Currently, the scheme operates on a contribution-based model, primarily covering formal sector workers while excluding those in the informal sector, which constitutes a significant portion of the working population (around 88.7 per cent).

Zambia has made some noticeable efforts to uphold the CRPD in relation to health services, such as multi-professional Rehabilitation Centre in Livingstone where prosthetics and orthotics are made and the nascent degree programmes in Occupational Therapy and Speech and Language Therapy offered by the LMMU in Lusaka. However, disaggregated data by disability does not exist, so it is difficult to ascertain the extent to which these efforts reach the need. Accessing healthcare facilities and a lack of trained personnel remain key barriers for persons with disabilities. Families residing in remote areas rely on rural healthcare facilities, which often face challenges in terms of insufficient equipment, inadequate staff training and a shortage of qualified staff to cater to the specific needs of adults and children with disabilities.[69] Healthcare professionals who lack a comprehensive understanding of disability-related issues may unintentionally perpetuate stigmatising beliefs or engage in biased practices. This can result in negative attitudes, limited opportunities, and unequal treatment, in healthcare services for people with disabilities.

Figure 4: Comparative access to health information.[70]



Health - the 2015 Disability survey enquired about health issues by first asking respondents what information they had received and how they had been informed, and secondly asked if they had ever been tested for HIV and ever had diabetes, a sexually transmitted disease (STIs) and Tuberculosis (TB). On the whole, knowledge of TB, STIs an HIV/AIDS was high (>80 per cent) for both persons with disabilities and those without, while only 63 per cent on average knew about diabetes. The question on whether respondents had ever had the disease showed that persons with disability were more susceptible to TB, diabetes and STIs than persons without disability. Mental health problems were more prevalent amongst people with disabilities.

d) Education

Article 24 of the CRPD ensures that persons with disabilities are not excluded from the general education system on the basis of disability and that persons with disabilities access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live. Addressing children with disabilities, the CRPD explicitly prohibits disability-based discrimination in the admission process.

The **Free Basic Education policy (2002) and the Education Act no. 23 (of 2011),** both align with the CRPD by supporting free education for all public, community run and private primary schools, and promoting the mainstreaming of educational institutions for persons with disabilities: "A learner with special education needs shall, to the greatest extent possible, be integrated into mainstream educational institutions" (Education Act, 2011). Zambian children with disabilities who are sent to school and not kept at home are educated in one of the following three options – special schools that cater exclusively for children with disabilities and are often for specific disabilities (mainly blind, deaf or intellectually impaired); special units within mainstream school that cater either for specific disability, such as deafness or cater for all types of disabilities; and inclusive education where children with disabilities are included in mainstream schools. The first two options originate in the colonial era, mainly initiated and supported by missionaries. The way these models evolved in Zambia was not made patently clear in the SitAn enquiry process, but the following developments provide a chronological picture.

In 2011, the **Zambian Inclusive Education Programme (ZIEP)** was initiated as a three-year programme to strengthen national capacities for inclusive education.[71] The ZIEP programme focused mainly on children with visual impairment and aimed to improve access to quality primary education, influence MoE policy and practice in inclusive education (IE) and improve coordination for IE. The programme was implemented in 8 of the 116 districts in Zambia, including the Mufulira and Ndola districts of Copperbelt province and the Kazungula, Monze, Choma, Kalomo, Livingstone and Mazabuka districts of Southern province. While the primary emphasis of the ZIEP programme was on children with visual impairment, including training in mainstream schools and raising community awareness, it created linkages with other programmes at district level in the areas where it operated. According to the 2015 ZIEP final evaluation report, the programme has effectively established connections between Community Schools, which have a history of including marginalised children, and district-level organisations that catered to the needs of individuals with disabilities through partnerships with ZAFOD and ChildHope.

In 2014, the **Government initiated a training programme** specifically designed to equip early childhood education practitioners with the knowledge and skills necessary to effectively support pre-primary children with disabilities, thereby ensuring coverage across all categories of formal education.[72] "The more we train the [all] teachers on the policy of inclusive education, the better for the community" (KII#13, CHAI)

The Disability Survey (2015)[73] revealed that 80.8 per cent of persons with disabilities reported that they had attended school at some point, while and 89.9 per cent of persons without disabilities reported to have ever attended school. The results also revealed that fewer females than males had attended school (both urban and rural) and that school attendance in rural areas is generally lower than in urban areas. Thus, the lowest school attendance (i.e. ever attended school) recorded was among rural females with disabilities (64.4 per cent); the highest was among urban males without disabilities (98.0 per cent). The Disability Survey also found that there was a general disappointment in education attainment amongst learners with and without disabilities. And, unsurprisingly, school attendance was negatively impacted by the severity of the disability.

In **2015,**[74] NAD, together with Ministry of Education embarked upon **an extended project to establish IE** in certain districts. Initially, an in-depth study on the potential of an IE programme in Zambia was undertaken to inform the long term workplan to pilot in six carefully selected pilot schools from early childhood to secondary levels (Riverview & Katapazi in Kazungula district; Shungu & Nakatindi in Livingstone; Nakowa & Luyaba in Zimba district). Sensitisation towards the broader school communities was done as well as an assessment of training needs. IE training manuals were developed, a total of 30 trainer of trainers were capacitated who were involved in pre-testing the manuals at teacher training colleges, the University of Zambia (UNZA) and in the pre-selected pilot schools. During the pilot period, 232 teachers (from the six pilot schools) participated in a 4-year in-service training programme on IE, 348 learners with disabilities (215 girls and 169) boys attended the pilot schools and 80 parents from pilot schools were also trained in the provision of basic physiotherapy services to learners with disabilities.

The pilot project led to some significant contributions to IE in Zambia, including the following:

- National Symposiums on Inclusive Education were held from 2016 and 2019. These have kept informing the draft education policy in the Ministry of Education and meant to replace the out-dated policy in use since 1996.
- Further IE pilot programmes were launched in 2018 in Luapula (led by ZAPD with EU funding) and the Eastern province (led by Leonard Cheshire Disability International & Cheshire Homes Society of Zambia) and in Muchinga province led by SightSavers.
- Training manuals developed with support from NAD were approved by the Ministry of General Education in 2020 and are now being used in all the public Colleges of Education in Zambia, meaning that all teacher graduates would have received training on IE. In 2021, training of additional trainers and quality assurance observation programmes were established, and 50 special education needs

teachers were sensitised on IE strategies. In addition, a plan was formed to scale up IE with the pilot schools being used as resource centres.

Additional efforts and initiatives aimed at supporting IE include the **Archie Hinchcliffe Disability Intervention** (formerly Community-Based Intervention Association), which focuses on community-based education and rehabilitation services. They provide home based education programmes in nine zones in Lusaka and physiotherapy services in outreach centres and at the University Teaching Hospital.

CBR programmes in Zambia, such as the CBM, Cheshire Homes Society of Zambia and NAD supported programmes, work collaboratively with communities, families, and educational institutions to address barriers to inclusion and promote equal opportunities for all learners. CBR strategies include sensitising communities to disability issues, providing training for teachers on inclusive practices, adapting learning materials and environments to meet diverse needs, and offering support services such as assistive devices, therapies, and accessible transportation. By embracing the principles of CBR, children with disabilities are fully included, engaged and supported within their local schools and communities, promoting their overall development and fostering a more inclusive society.[75]

In 2021, **CBM launched an Inclusive Education Training Guide** for CBM partners and other relevant stakeholders, designed to have a commonly understood vision of inclusive education across the CBM network and partners.[76] This guide is not a pre-service teacher training tool, but to facilitate a shared thinking and understanding of inclusive education.

In addition to the pilot schools, the Zambezi Primary School, Bauleni Special Needs School (Managed by Sisters of the Sacred Hearts of Jesus), the Zambia Institute of Special Education and the Zambia Open Community Schools,[77] are **examples of institutions** that promote inclusive education by providing 'special education' teacher training. In addition to their inclusion of children with disabilities with a range of disabilities, including learning disabilities, in their mainstream classrooms from early childhood to senior secondary school, Bauleni has a special unit for deafblind children as well as a skills training programme for school leavers.

The **2019 IE strategic plan** identified another significant gap in the field of inclusive education, namely the majority of teachers trained in Special Education are focused on primary schools, while only a small number of teachers have received training in inclusive education through workshops or programmes abroad. This highlights the need for increased home-grown training opportunities and resources to equip teachers with the necessary skills and knowledge to effectively support inclusive education across all levels of schooling: "when a child wants to enrol at a school of their choice, they are not allowed because they say the teacher are not trained to teach a child with a disability" (KII#12, DRW)

Whilst Zambia has taken the aforementioned steps to advance the mainstreaming of inclusive education, challenges still exist. The SitAn field trip identified **key barriers** that hinder progress and that confirm findings from the Zambia Inclusive Education Programme Final Evaluation[78]. One notable challenge is the incomplete implementation, understanding, and enforcement of existing policies and laws, including the Persons with Disability Act of 2012. Furthermore, inadequate transportation for children to attend school and the lack of suitable infrastructure, particularly in terms of accessible toilets, have emerged as common themes on physical obstacles to inclusive education in the country. Another key challenge is the lack of up to date and comprehensive data from MoE data on learners with disabilities.

The MoE records the number of children with "special needs" by year, sex, grade and province. Children with special needs are defined in the bulletin as "learners who are differently abled" and are either mainstreamed or taught in special schools or special units within mainstream schools. Data is collected via paper-based questionnaires sent to all grant-aided, private and community-based schools across all grades. So, the government bulletin collects data on all learners in primary and secondary schools, disaggregated in terms of male/ female within the following three categories: girls and boys, children with special educational needs

and orphans. The category of children with special education needs is not disaggregated to type of disabilities. Special schools, which are designed for specific disabilities, such as blindness, intellectual impairments, deafness are not listed in the bulletin at all, so these children are not included in the data published on children with special education needs.

The latest statistical bulletin (2020)[79] records the following numbers:

- In 2020 (last bulletin) the total number of children with special educational needs in 'all' schools (excluding special schools) was 113,713 with 96,115 in primary and 17,598 in secondary. Although the bulletin does not provide proportionate figures, it is clear that the total number of children enrolled in schools with special educational needs are far fewer than the total number of children without disabilities in Zambia, indicative that most of them remain out of school. This is less than a third of the estimated number of children with disabilities in Zambia (Total number of children in Zambia is about 8 million and disability Survey in 2015 estimated 4.4 per cent of children have disabilities).
- The decrease in total numbers of learners with special educational needs in school in 2019 and 2020 was significant. From 113,698 to 96,115 in primary school between 2019 and 2020, and from 23,804 to 17,598 in secondary school between 2018 and 2020, which may have been due to COVID-19 pandemic. Without a more recent bulletin, one cannot be certain that the enrolment has improved since 2020.

An independent study on educational facilities for learners with disabilities in Zambia published the following in 2021,[80] based on data collected in 2018. This data is therefore not current but gives an idea of the strong trend towards special units, which is where the MoE collect their data on learners with special needs (mentioned above).

Figure 5: **Special Education Schools and Units in Zambian provinces under the Ministry of Educat–on - 2020/2021 report**

Province	Special Schools	Special Units	Inclusive	Total: Spec Schools, Units& IE
Northern	2	11	0	13
Eastern	2	48	0	50
Western	2	18	0	20
Southern	6	15	6	27
Luapula	2	10	0	12
Muchinga	0	9	0	9
Central	0	22	0	22
Copperbelt	3	42	0	45
Lusaka	0	50	0	50
North-western	4	13	0	17
	21	**238**	**6**	**265**

An education officer in Livingstone District reported verbally (unpublished and current 2023 data) there are eight facilities for learners with disabilities in their district, two of which are inclusive schools (part of the NAD supported pilot) and eight are special schools. The special schools cater for 133 learners, most of whom have intellectual disabilities. This verbal account did not provide disaggregated data on the number of learners with disabilities in the inclusive schools, but from the pilot study, we are informed that 84 of the 2,914 male learners (4 per cent) and 67 of the 3,038 (2.2 per cent) female learners enrolled in the inclusive schools in 2017 had disabilities.

Fiscal data regarding budget allocation to inclusive education or special schools was not available at the time of this situation analysis. The Disability Budget Brief states that their analysis,[81] which used key search words in government revenue and expenditure records, to identify where supporting persons with disabilities were on key objectives or programme outputs was constrained by a lack of disaggregated data. (Please *see* section 3.5 for more details on disability inclusive budgeting.)

In 2022, the newly elected national President (representative of United Party for National Development) confirmed government commitment to education by extending free education to secondary schools, removing the burden from parents and increasing enrolment to secondary learners, which was well received, though not without criticism regarding inadequate budget allocation for infrastructure and number of teachers required for the additional number of learners.[82] Furthermore "there was a significant increase in the number of learners with special needs enrolled in 2022…. However, there had not been a corresponding increase in the number of teachers deployed to cater for learners with special education needs."[83]

The following quote from the OPDs in their report to the United Nations Committee on the CRPD (2020) expresses the mood of OPDs in relation to mainstreaming disability in education: "**There is a lot of inertia** to implement the Inclusive Education and Implementation guidelines developed by the Ministry of Education… this is worsened by poor funding for inclusive education in Zambia and despite the Zambian Government signing the 2018 Global Disability Summit Charter for Change, with specific benchmarks to promote inclusive education at all levels by the year 2022."

3.4.4 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

Although there is recognition of the value inherent in the rights-based model, Zambia still uses the medical model for assessing and determining the nature and degree of disability when registering person with disability on the Disability Management Information System. Notwithstanding the strengths of this digital registration system, the challenges lie in the cumbersome steps and costs faced by person with disabilities in being assessed and verified as a Zambian citizen. The result being that only a fraction (63,340) of the 1.5 million estimated number of persons with disabilities are registered as at end of August in 2023, with negative implications for policy and fiscal planning for inclusive services.

Support services are not institutionalised or publicly financed and therefore at the cost of persons with disabilities and their families. There is legal provision for inclusion of persons with disabilities in mainstreaming services (e.g social, health and education). The poverty reduction strategy through the SCT programme is a good example of how this has been actualised for persons with severe or profound disabilities. Progress has also been made with inclusive education, particularly in the pre-service training of teachers and the pilot project in Southern province, but the lack of up to date and comprehensive data is a major gap in monitoring the level of inclusivity and concern was expressed about the pace at which the pilots are being taken to scale. A very limited number of health facilities have rehabilitation and habilitation services, which, due to very inadequate number of trained human resources, within the health system limits their mainstreaming capacity.

3.5 DISABILITY INCLUSIVE BUDGETING

Disability inclusive budgeting is a precondition for Article 4 of the CRPD obligates States Parties to "adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention," including state budget processes. The Persons with Disability Act (2012) articulates the responsibilities of line ministries to ensure that persons with disabilities are "provided and have access to services" that enable them to lead independent and meaningful lives.

In order to understand the extent to which this provision is taking place, the GRZ with the support of UNICEF has for the first time undertaken a disability budget analysis. The focus was on the size, composition and spending trends over last four years (2019–2022). and the analysis looked at relevant ministries and institutions at the national level – i.e. MCDSS, Education, Labour and Social Security and ZAPD. The intended purpose of the brief is advocacy for strategic budget planning in line with the SDGs and to ensure that no-one is left behind. The constraints, however, were the availability of data. "While there were programmes that promote disability inclusion and empowerment of persons and disabilities in other sectors such as health and social protection, analysing the allocation to such programmes is constrained by a lack of disaggregated data."[84]

The budget analysis recognises the GRZ's commitment to uphold non-discriminatory commitments, to ensure disability inclusion on a multisectoral level and to address the inequitable access to services. The budget brief therefore seeks to inform improved budget planning to support this commitment.

The most noticeable finding of the budget analysis is the disproportionate allocation of 0.03 per cent of the total national budget allocated to 7.7 per cent of the Zambian population (*see* Figure 3) through disability inclusion programmes in general. Moreover, the Ministry responsible for disability issues has allocated a decreasing proportion of their budget since 2019 (from 3.05 per cent in 2019 to 0.54 per cent in 2023) (*see* Figure 6).

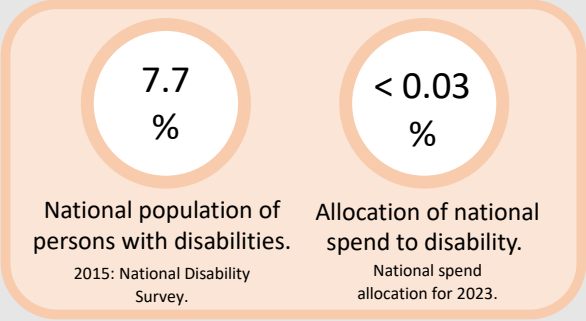


Figure 5: Proportion of national budget allocated to disability population.

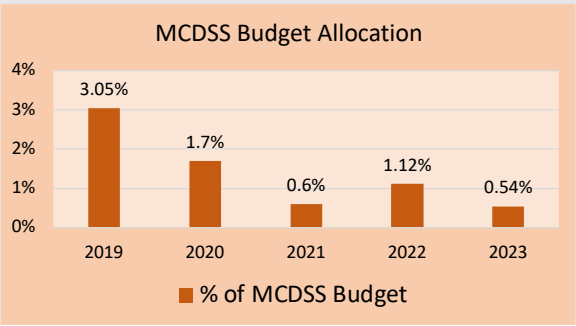


Figure 6: Proportion of MCDSS budget allocation to disability programmes.

Figure 5 illustrates that 0.03 per cent of national spend is allocated to the implementation of the Persons with Disability Act (2012). Of that 0.03 per cent 90 per cent goes to MCDSS and 10 per cent goes to MCDSS and to MoE. The budget allocation to MCDSS is reallocated to four disability related institutions and the ZNTFP.

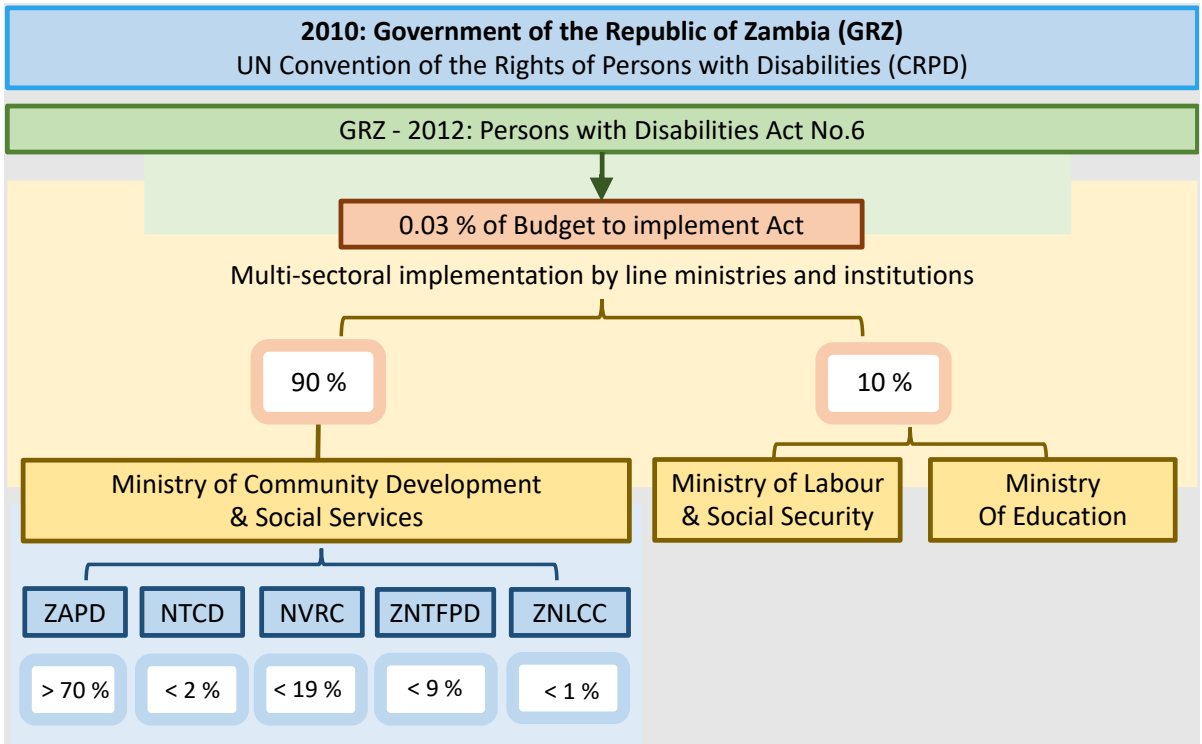


Figure 7: National spend to implementing the Persons with Disability Act (2012)

Budget allocation to disability programmes have fluctuated over the past four years with the highest allocation being in 2022 (*see* Figure 5). The reason for this increased amount was because of the outstanding Long Service Bonuses for National Vocational Rehabilitation Centre employees that were overdue.

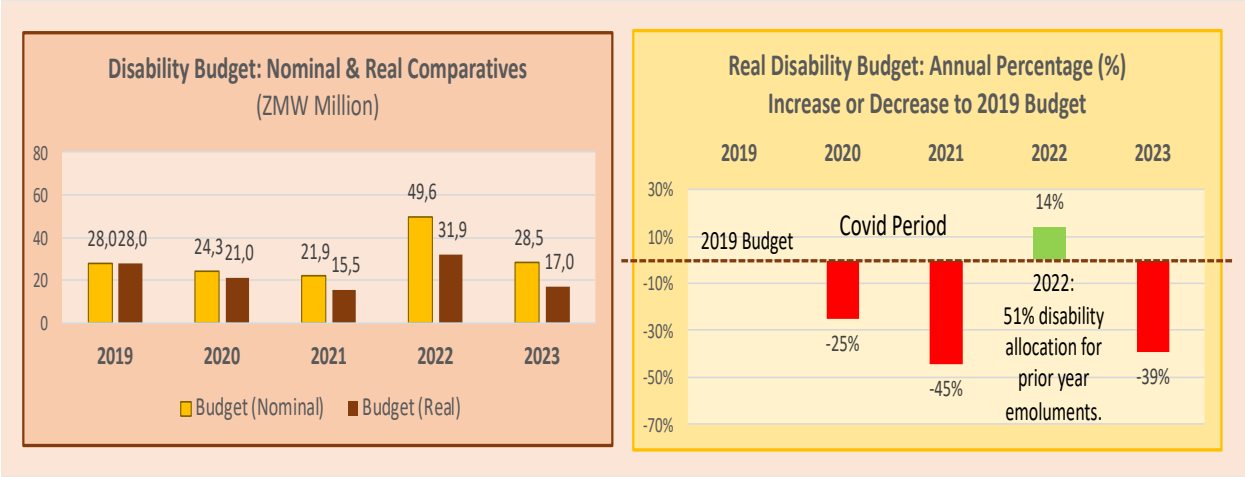


Figure 8: Fluctuating budget allocations from MCDSS to Disability Institutions.

The composition of budget spending is centred around the MCDSS, where 90 per cent of the budget is allocated to the five institutions under the social welfare division of MCDSS:

i. Zambia Agency for Persons with Disabilities.
ii. National Training Centre for the Persons with Disabilities.
iii. Zambia National Trust Fund for Persons with Disabilities (*see* section 3.4.3 (b) for more details);
iv. National Vocational Rehabilitation Centre in Ndola, and
v. Zambia National Library, Cultural and Skills Centre for the Agency and Persons with Disabilities, which houses Braille material and provides Braille services.

Over the period under review (2019–2022) ZAPD received an average of 74.5 per cent of the disability budget allocated to MCDSS, and the National Training Centre for Disability received the least allocation of an average

less than 2 per cent. Most of the funds allocated to these institutions have gone to personnel costs. The analysis also looked at the credibility of ZAPD, who receives the larger proportion of the disability budget and found an underspend in 2019 and 2022. Figure 6 below illustrates this.

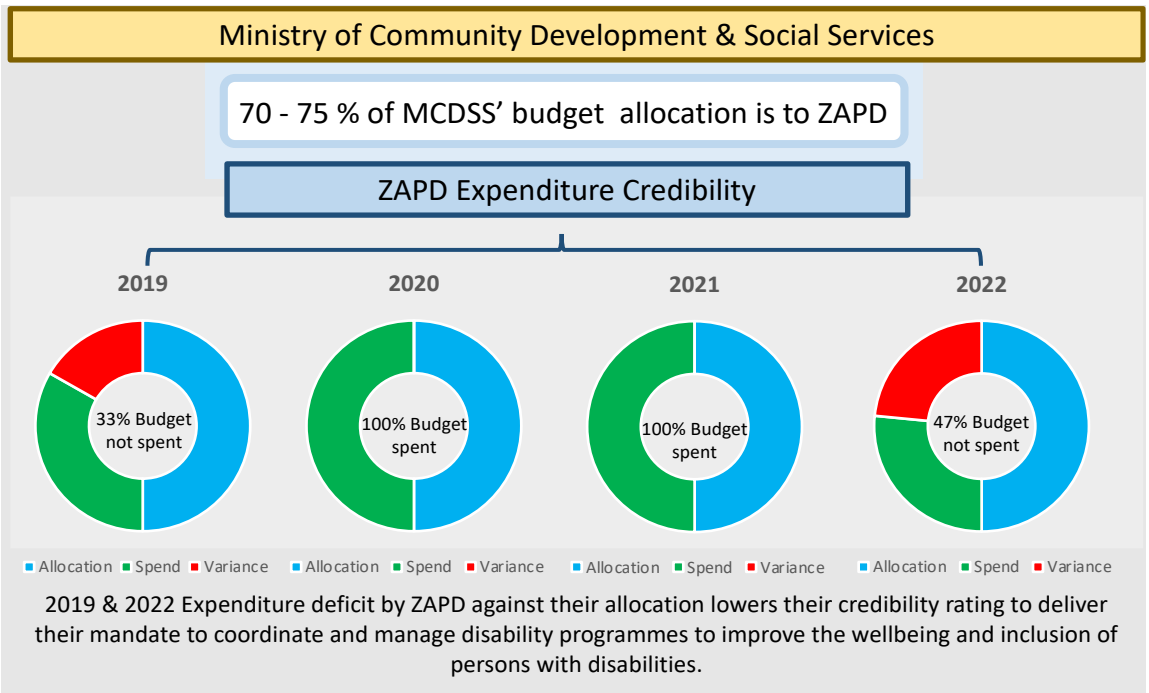


Figure 9: Expenditure Credibility of ZAPD

Recommendations from the budget analysis include the following:

- Disability Survey should be repeated in Zambia for updated data, which is required for improved budget planning.
- GRZ to progressively expand spending on disability inclusive programmes to ensure no-one is left behind and long-term growth potential.
- Invest in internationally comparable data and reliable management systems.
- Improve composition of budgets to balance emoluments, programme and assets in a manner that programmes can be inclusive.
- Private sector and cooperating partners should be encouraged to supplement government funding on the empowerment of persons with disabilities.

It is further recommended that an analysis of Ministry of Health's budget be undertaken to assess the extent to which their primary, secondary and tertiary services target the prevention, treatment, rehabilitation and habilitation of persons with disabilities.

The report submitted by OPDs to the Committee for the CRPD also requests that "Measures taken, including budget allocation, to ensure all planning authorities develop and enforce universal design standards for information, ICTS, transport, all buildings and public infrastructure."[85]

Furthermore, as the budget brief states, it is illogical to not budget for the inclusion of persons with disabilities: "The inclusion of children with disabilities has a favourable effect on the economy as a whole and therefore a simple cost-benefit analysis could show that the higher unit costs are more than justified." [86]

In line with GRZ's commitment to the most vulnerable communities in remote areas, the decentralisation policy is now supported with a significant increase in the constituency development fund (from 1.6 million to 25.7 million Kwacha in 2021). Despite the fact that 60 per cent of this fund is reserved for projects (5 per cent of which reserved for disaster contingency) 20 per cent for boarding school fees and skills development,[87] persons with disabilities reported challenges with accessing these funds (Mtg#2, Livingstone

OPDs; Mtg#3 Monze DDCCs and FGD#2, Monze OPDs). Difficulties were experienced in accessing forms, completing them correctly, misunderstandings on who and what were eligible, which could have been mitigated with clear communication strategies and targeted support to OPDs and parents of children with disabilities.

3.5.1 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

The budget analysis clearly reveals how disproportionate the budget allocation is to the size of the disability population in Zambia, and of that amount 90 per cent goes to MCDSS. Critical line ministries, such as Education and Labour and Social Security receive the remaining 10 per cent, which could explain the minimal extent to which inclusive services are mainstreamed. Lastly, the expenditure credibility of ZAPD, who receive 63 per cent of the total budget for persons with disabilities, is questionable due to their under-expenditure in 2019 and 2022. Accountability and governance is thus a critical gap.

3.6 GOVERNANCE AND ACCOUNTABILITY

3.6.1 NATIONAL ACCOUNTABILITY MECHANISMS

Accountability is clearly articulated in several articles in the CRPD, Article 35 specifies reporting responsibilities, which is incumbent upon good governance and relevant to states' accountability duties: "Each State Party shall submit to the Committee, through the Secretary-General of the United Nations, a comprehensive report on measures taken to give effect to its obligations under the present Convention and on the progress made in that regard, within two years after the entry into force of the present Convention for the State Party concerned." [88]

To this end, and for policy and programme planning purposes, States Parties are obligated to collect appropriate information, including research and administrative data on registrations and services (Article 31 of CRPD refers). Data ought to be disaggregated and mapped across the local, district and provincial locations. In a previous section of this report, it has been noted that there is no single comprehensive database on services for persons with disabilities and the DMIS does not have records of the full disability population. However, this study found that NGOs, particularly those that act as umbrella bodies have fairly comprehensive datasets on where they are operating, with targeted operation plans, that are useful for coordination and collaboration across the country.

The designation of disability focal points within most of the line ministries that are tasked with mainstreaming disability rights in public policies and identifying policies that are not compliant with the Convention is another key effort made by the GRZ to domesticate the CRPD.[89] However, information on disability focal point persons, in terms of their organisational structure and operational functions, is currently insufficient. "That has been a challenge, we've had focal point persons, but we have never really had guidelines on how they should work. What is their role what is their mandate" (KII#8, ZAPD). This is currently being addressed with the support of the UNJPSP and the drafting of the disability mainstreaming guidelines. (See section 3.1.3 (b) on disability mainstreaming guidelines).

The Draft National Policy on Persons with Disabilities (2023) lists ten objectives, including to strengthen the institutional and legal framework and harmonised coordination mechanisms in the disability sector for effective implementation of programmes. The document provides no details on accountability except to repeat the same terms used in the Persons with Disability Act (2012), which is that the MCDSS will collaborate, coordinate, facilitate and mobilise other line ministries, and ZAPD will continue to administer the Disability Management Information System.[90]

3.6.2 INDEPENDENT MONITORING MECHANISMS

In addition, a coordination mechanism, including focal points, Article 33, also focuses on establishing one or more independent mechanisms to promote, protect and monitor the implementation of the Convention. It requires States to maintain, strengthen, designate or establish one or more independent mechanisms to promote, protect and monitor implementation of the Convention. Importantly, in setting up such mechanisms, States Parties have to consider "the principles relating to the status and functioning of national institutions for protection and promotion of human rights", otherwise known as the Paris Principles. In other words, the mechanisms must meet internationally agreed standards of independence, plurality and operating and civil society, including persons with disabilities and their representative organisations should be involved in such mechanisms.

Currently, the Human Rights Commission of Zambia meets the requirements but has not been actively and consistently supporting the implementation of Article 33 of the UNCRPD for independent monitoring with the participation of persons with disabilities in reporting and following up on responses to alternative reports as documented in the List of Issues from the Committee on the CRPD.

ZAPD is the mandated agency (council) in Zambia, with a board that is appointed by the Minister of MCDSS and is therefore not an independent body. Article 33 of the CRPD calls for an independent body to receive grievances. Complaints pertaining to the disability sector, such the list of issues raised by the Committee on Rights of Persons with Disabilities, in response to the national and shadow reports submitted to the same should be prioritised by this independent body.

The OPDs in Zambia led by ZAFOD, the umbrella OPD body, are agreeable to work closely with the HRC of Zambia as the independent body. The HRC already has a commissioner (who is herself a person with a disability) appointed by the President to represent persons with disabilities and other marginalised groups. The work of the HRC will be complemented by that of the Ombudsman (the office of the Public Protector), who has the equivalent status of a high court judge, hears and addresses grievances of individual persons. However, when compared to the HRC, the office of the Protector has its focus on dealing with complaints and violations in the public service.

To enhance their shadow reporting role, ZAFOD has its own structures at OPD level to convene meetings and formally document complaints and grievances which would potentially be submitted to the HRC for independent monitoring.

The MCDSS has a network of stakeholders who are regularly invited to participate in policy and strategy meetings. For example, the Draft Disability Policy and the Draft Mainstreaming Guidelines are currently being formulated with participative workshops focusing specifically on drafting these documents. However, there is no formal evidence-based monitoring mechanism that informs the problems that the polices are addressing. The commitments made at the 2018 Global Disability Summit are an example of monitoring potential unanswered. DRW to some extent provides the monitoring function in Zambia through their interaction with the Permanent Secretary of MCDSS on their Alternative Report to the Committee of CRPD, but this is not institutionalised to ensure accountability.

During the SitAn inception and validation meetings, mention was made of Statutory Instruments that are waiting approval by Parliament. There are **four key** priorities in the implementation of the Persons with Disability Act (2012): health which includes prevention, rehabilitation and habilitation; labour, inclusive employment and increased livelihood opportunities; transport, physical accessibility to public spaces and inclusive communication; quality and inclusive education. Since The Persons with Disability Act was promulgated in 2012, it is not without reason that the disability movement is anxiously awaiting the release of these instruments into legislature for application and full operationalisation of the Persons with Disabilities Act (2012) and the CRPD.

3.6.3 INCLUSIVE EVIDENCE AND DATA GATHERING SYSTEMS

The imperative for reliable and inclusive data gathering and management systems is not only set in the CRPD, but also in the SDG framework.

Inclusive data-gathering systems are stated in several SDG targets specifically stating that the "follow-up and review mechanisms must be rigorous, evidence-based, informed by country-led data that is high-quality, accessible, timely, reliable and disaggregated by income, sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national context" (UNSDG, 2019: target 17.18).

The National Sustainable Development Reviewon parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict affected, as data become available)[91] found education data only disaggregated by gender, but nothing on disability. The 2030 Agenda outlines principles for monitoring and reporting on progress at all levels, with a strong emphasis on ambition, inclusion and national ownership. However, apart from the Disability Survey in 2015 and silo information in some ministries, specific service providers, such as the assessment centres and NGO bodies and research projects, disability related data is inadequate and needs to be prioritised.

As stated previously in this report, reliable and comprehensive data on persons with disabilities and their representative organisations and OPDs is not available. DMIS, although being supported by the UNJPSP is still incomplete and apart from the Social Cash Transfer Programme, disaggregated data in mainstream or targeted services are similarly not available. The latest census (2022) undertaken by the Zambia Statistics Agency included the Washington questions on disability as did the Living Conditions Survey 2022. The data is not yet available but will provide updated data on disability prevalence. The Disability Survey (2015) data, although outdated, is in the meantime considered more reliable than the 2010 census data and is therefore used in this situation analysis.

3.6.4 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

Good governance is contingent upon an interaction of legislation, policies, institutions, information and monitoring. Preceding sections of this report allude to a CRPD compliant legislative framework in Zambia, but an ineffective coordination and information management system. Key to effective interaction processes is reliable data, the inadequacy of which is very apparent in Zambia and this report has reiterated this gap. This is not only in relation to the incomplete registration of persons with disabilities, but also relating to OPDs and service providers within government and non-government sectors. A comprehensive geographically referenced and regularly updated database of support, targeted and mainstreamed services against the prevalence of disabilities in the 116 districts is essential for planning and monitoring purposes. Furthermore, to ensure policy and planning processes are inclusive and participative of persons with disabilities, it is imperative that key stakeholders have access to this database. Effective monitoring and governance are equally important for accountability purposes, but without data these functions are limited. The HRC needs support to ensure its activation to remain relevant and responsive to the needs of persons with disabilities and their OPDs to enable it to play its rightful role in enforcing Article 33 of the UNCRPD.

3.7 CROSS-CUTTING ISSUES

3.7.1 PARTICIPATION

a) Involvement of OPDs in policy making and decision making

Representation in decision-making bodies: In consultation with Disability Rights Watch (KII#12) and Disability Specialist at UNICEF (KII#19), it is noted that persons with disabilities are "regularly" included in decision making processes, particularly on major national issues and are part of the civil society consortium involved in the SDG monitoring. But the official appointment/legal requirement for representation on decision making bodies is limited to the following:

a) Persons with disabilities are appointed to sit on different boards or commissions like the Human Rights Commission, Police Services Commission, Correctional Service Commission, Public Service Commission, Local Government Commission.
b) As per the Persons with Disabilities Act, persons with disabilities occupy half of the seats on the Board of ZAPD. Half of the eight seats must be occupied by women. Moreover, article 20 (2) (e) provides that the MCDSS ensures the representation of persons with disabilities in all national and local decision-making positions, while Article 21 (1) requires the Minister, in collaboration with the Agency and other State institutions, to integrate a disability perspective in all national policies and plans.
c) Persons with disabilities are represented in the trustees of the Trust Fund for Persons with Disabilities, but unlike the structure of the ZAPD Board, the Persons with Disabilities Act (2012) states "there will be nine trustees appointed by the Minister",[92] but does not specify that the trustees must be persons with disabilities.
d) In line with the principal of decentralisation, the structures closest to local communities are the ward development committees, which are required by the guidelines provided by the Ministry of Local and Rural Development to have representation of persons with disabilities.[93]

Recently (March 2023), CSOs and OPDs presented a joint communique on the participation of persons with disabilities in governance and national development at the regional Summit for Democracy, which was hosted by Zambia. Key messages on the need for the Government of Zambia to make changes to the Constitution and adopt the proportional representation system to ensure equity of marginalised groups, including persons with disabilities, in parliament and other decision-making bodies.

Participation in elections: The Disability Survey (2015) found that the large majority of persons with disabilities voted in general elections, and the differences between persons with and without disability were small. However, anecdotal findings from participants in this SitAn revealed challenges with accessibility in terms of voting materials and voting stations. While some progress has been made in ensuring the accessibility of the electoral process for persons with disabilities, they still lack access to critical information to enable them to participate in elections, and this was brought to the attention of the Electoral Commission in preparation for the last election in 2021.

> "Persons with disabilities desire to make informed choices on the day of voting and they cannot do so without access to information and campaign messages from various parties and candidates contesting in this election. It is therefore important that an environment is cultivated within the existing regulations for persons with disabilities to receive information including in accessible formats such as braille, large print and sign language. These measures must be enhanced in the voter education exercise being undertaken by the Electoral Commission of Zambia." [94]

Physical access to voting stations also remains a challenge for some voters as illustrated below in Box 2.

Box 2: Physical access challenges to voting stations

The plight of persons with physical disabilities and on wheelchairs was brought to the fore in the case of Sela Brotherton (suing in her capacity as National Secretary of the Zambia Federation of Disability Organizations) v Electoral Commission of Zambia. In that case, court proceedings were commenced, among others, challenging the setting up of polling stations and voter registration centres in inaccessible public buildings. The Court found that there was discrimination as to persons on wheelchairs excluded from fully participating in the electoral process. [95]

The Electoral Act (Amendment) 258 No. 32 of 2021, no longer disqualifies persons with psychosocial disabilities from registering as voters.[96] However, amendments still need to be made to the Electoral Commission Act No. 17 enabling the removal of a member who is "insane or otherwise declared to be of unsound mind" (art. 5), the Citizens of Zambia Act No. 124 restricting registration as a citizen for people "adjudged or otherwise declared to be unsound of mind" (art. 17) and the Will and Administration of Testate Estates Act No. 60, which disqualifies people from legal acts on the basis of a disability (Arts. 4 and 5).[97] Furthermore, the Penal Code Act, Chapter 87 of the Laws of Zambia and the Criminal Procedure Code Act, Chapter 88 of the Laws of Zambia still need to be amended to align them to the Mental Health Act, No 6 of 2019 so that derogatory and discriminatory words such as 'imbecile' and 'idiot' in relation to persons with mental illness are removed.[98]

Political participation: Persons with disabilities are under-represented at national and local government levels. According to the UNSDCF Results Matrix, the baseline of persons with disabilities in parliament and local government in 2022 was one person with disability in parliament and local government. A commitment is made to increase the proportion of persons with disabilities in parliament and local government, however a target for this is not provided.[99] Efforts are underway to support the right to political participation for men and women with disabilities in Zambia (*see* Box 3).

Box 3: [100] Programme for Strengthening the Political Participation of Persons with Disabilities in Zambia 2023-2024

In 2020, the Zambia National Women's Lobby (ZNWL), DRW and Political Parties of Finland for Democracy (Demo Finland) launched an initiative in support of the right to political participation of men and women with disabilities in Zambia. The project targeted political parties with the aim of increasing their knowledge on disability inclusion practice and to foster their commitment for more inclusive and equal decision-making, across all levels of political party operations. The project also targeted persons with disabilities through their representative organisations, building awareness of their civic and political rights, political communication skills and advocacy.

A mid-term review in 2022 showed that the political parties had an increased appreciation for disability rights in the context of political participation. They also made commitments to put in place institutional measures to support disability inclusion in their structures and operations. These commitments included accepting to undergo disability access audits and upon receiving the findings embark on disability inclusion plans. In the first phase some political parties had developed plans, pending approval at their highest decision-making bodies. Persons with disabilities who participated in the training programmes also demonstrated improved levels of confidence in articulating their rights and began to make demands on political parties to include them in their activities. Political parties prior to the project had however not taken high-level actions to institutionalise disability inclusion measures. After the first phase it become clear that they needed support to cascade the measures in their inclusion plans and the knowledge acquired in disability inclusion trainings to all their structures.

The initiative was a first for Zambia, promoting the participation of men and women with disabilities in politics and building capacity of persons with disabilities to participate effectively in politics in Zambia.

b) Key areas for improvement

Persons with disabilities are consulted on issues of national importance and they do participate in commissions, forums, boards and summits. However, clear articulation within legislation and policy guidelines on persons with disabilities being required in the establishment of such bodies, would ensure representation as opposed to it being left to the conscience of the organisers. For example, Constituency Development Fund guidelines (2022) do not require persons with disabilities on their local committees nor on their technical appraisal committees, despite the fact that the funds are to be allocated to Community projects, skills development and boarding school fees for vulnerable people, including persons with disabilities.[101]

3.7.2 INCLUSION OF MARGINALISED GROUPS

This section provides findings on the following groups identified to be the most marginalised because they face high levels of stigma and discrimination and face multiple and intersecting barriers to participation, namely: persons with psychosocial and intellectual disabilities, persons with albinism and the deafblind. All these groups were identified by DRW as under-represented (KII 05).

Persons with intellectual and psychosocial disabilities face high levels of stigma and exclusion and have limited representation in OPD and other structures. Some religious leaders and "witchdoctors" believe that persons with disabilities, especially those with psychosocial and intellectual disabilities, were possessed by evil spirits, with exorcism being the preferred means of helping the person rather than medical services.[102] The Persons with Disabilities Act of 2012 prohibits derogatory language in relation to intellectual and psychosocial disabilities but it is still used in communities and the media because "there are not alternative words to use: The problem is language is difficult to change. It takes a long time and success is not guaranteed".[103]

A study on inclusion and stigmatisation of persons with intellectual disabilities in Zambia, found that attitudes were negative for a number of reasons including fearing persons with intellectual disabilities because of lack of knowledge and understanding of their struggles, and the cultural belief that persons with intellectual disabilities are possessed and their condition is the result of a punishment on the family.Children with intellectual disabilities are kept home and not given the same opportunities for education as other siblings, and don't receive the support they need. Furthermore, persons with intellectual disabilities face ongoing stigma from their family and community. They **also face discrimination by the general disability community** as they are not thought capable of making useful contributions.[104]

Persons with psychosocial and intellectual disabilities continue to be denied legal capacity. Persons with psychosocial and intellectual disabilities are particularly affected, as they are deemed unable to instruct a lawyer or to stand trial and are thus denied access to justice on an equal basis with others. A recent petition by a person with psychosocial disabilities and the DRW to repeal Section 4 of the Mental Health Act of 2019 in *Katontoka and Another v the Attorney General* was unsuccessful. The Petitioners argued that the provision unconstitutionally infringed on the rights to dignity, liberty, freedom of expression and conscience and to freedom from discrimination of persons with intellectual and psychosocial disabilities as it **denies persons with intellectual and psychosocial disabilities the right to enjoy legal capacity on the same basis as others**. However, the High Court of Zambia judgement on 18 December 2022 stated that Section 4 of the Mental Health Act was misunderstood by the petitioners, and that the Act meets internationally accepted standards in providing for the rights and freedoms of mental health patients and persons with mental illness. The Petitioners filed an Appeal with the Supreme Court of Zambia on 23 January 2023, with the hearing taking place on 6 June 2023.[105]

Persons with albinism[106] are highlighted in the Special Rapporteur report as a particularly vulnerable group of persons with disabilities: "the Special Rapporteur spoke with several persons with albinism who reported that they lived in constant fear of being attacked and killed for their body parts, to be used in witchcraft rituals by people who believed them to be ghosts or magical beings. Stigma and discrimination also had an impact on their access to other basic rights, such as health care and adequate housing." [107] Reports indicate that at least ten persons with albinism are murdered in ritual killings every year in Zambia for their body parts, and it is reported that "the situation is bad to the extent that some parents fear to even to allow their children to school especially in rural areas where they have to endure long walk to go to and from school".[108] The Albinism Foundation of Zambia (AFZ) is a registered OPD that works to promote the welfare of people with albinism in Zambia,[109] however, there is still much that needs to be done to ensure that the rights of people with albinism are upheld and an end the misconception that their bodies could be used to gain wealth.

Persons who are deafblind: There is a low but emerging incidence of deafblindness in Zambia, with the Deaf Blind Association of Zambia reporting they have so far identified over 56 people in the country that are deafblind.[110] Some of the challenges facing deafblind children are highlighted in an article by the coordinator of the Deafblind Zambia Programme (DBAZ) and the Secretary of the Africa Federation of the Deafblind (AFDB) drawing on his own experiences as a deafblind person in Zambia: [111]

- Limited child health care services means that parents do not usually notice that their child has a combined sight and hearing loss. Many times, only one impairment, usually the visual impairment, tends to be apparent and addressed.
- Extreme home confinement of deafblind children isolates them from peers and deprives them of information and communication.
- For children with severe congenital deafblindness, communication — especially with their mothers and caregivers is a serious problem.
- Deafblind children are unlikely to learn activities for daily living as a result of communication problems with their caregivers and restricted physical mobility. Activities such as eating, dressing, bathing and

toilet skills are difficult for deafblind children. This also exposes them to high risk of abuse because of their inability to detect, resist and communicate or report abuse as a result of their dual impairment.

A Zambian study found that most teachers were not competent in deafblind education which was viewed as a new area in teaching, lacked training in handling deafblind learners, and as a result teachers had a negative attitude towards deafblind education.[112] The Deafblind Association has called on the Ministry of Education to come up with modalities of accommodating persons with deaf blindness in the education sector including ensuring that infrastructure accommodates their unique mobility needs.[113] The need to teach parents and caregivers communication techniques for children with deafblindness has also been identified. [114]

3.7.3 GENDER EQUALITY

Gender inequality in Zambia: The gender profile for Zambia shows that women constitute just over half of the country's population (50.5 per cent) and are over-represented among those in poverty, representing 56.7 per cent of the country's poor. Participation of women in decision-making positions remains very low with the most recent parliament consisting of just 15.4 per cent women. Zambia ranks 146 out of 189 countries on the 2020 United Nations Gender Inequality Index,[115] and 56 out of 156 countries on the 2021 Global Gender Gap Index.[116] Available data is not disaggregated by disability.

Women and girls with disabilities in Zambia are part of the disability movement in Zambia through their own organisations [such as Association of Women with Disabilities in Zambia (AWDZ) and the Viole Images Production in Livingstone] and through their participation in all consultations concerning persons with disabilities. However, they face multiple forms of discrimination based on the intersection status of being a woman, being vulnerable to poverty, victims of gender-based violence and traditionally or customarily stigmatised. The welfare of women and girls with disabilities is not specifically addressed when it comes to the promotion and protection of their rights and fundamental freedoms in policy and legal frameworks that particularly target them.[117]

Women and girls with disabilities received special attention from the GRZ in 2022 when the First Session of the Thirteenth National Assembly, the Committee on National Guidance and Gender Matters focused on "The Welfare of Women and Girls with Disabilities in Zambia".[118] The report is comprehensive and some of the key findings include the following:

- Women and girls with disabilities are described as one of the most vulnerable and invisible sections of society in Zambia, and the majority of them are excluded from several entitlements and services, such as education, employment and healthcare, especially sexual and reproductive health (SRH) services. This exclusion is contrary to Article 6 of the UNCRPD which urges state parties to take all appropriate measures to ensure that women and girls with disabilities enjoy full rights and freedoms.
- There are no specific policies and pieces of legislation addressing the welfare of women and girl with disabilities. The Persons with Disabilities Act, No. 6 of 2012 simply provides that women with disabilities should have equal opportunities to participate in all aspects of life and to ensure the full development, advancement and empowerment of women with disabilities. The National Gender Policy, 2014, makes no reference, if at all, to women and girls with disabilities in the country while section 21(1)(2)(c) of The Gender Equity and Equality Act, No. 22 of 2015 champions the rights of women generally, but does not address women and girls with disabilities specifically. The word 'disability' does appear to have been used in the Act. The National Development Plan (NDP) mentions barriers faced by persons with disabilities, and some cases states what it intends to do to embrace the rights of persons with disabilities, but very little or nothing is mentioned specifically targeting women and girls with disabilities in the country.
- Girls with disabilities are not consistently enrolled in school because parents believe that they might not employable even if they are educated. Drop out is high because of several issues including mockery, bullying (especially girls with albinism) and inaccessible infrastructure. It is reported that since the

University of Zambia was opened, only one woman with a hearing impairment has graduated from there. This is because of the absence or inadequacy of sign language interpretation.

- Due to low levels of education, women with disabilities are rarely employed. This is so especially for women with intellectual disabilities, women with visual impairments and those with hearing impairments. Many of them are dependants or subsistent farmers.
- Some progress has been made in addressing some health service gaps for women and girls with disabilities through the dissemination of critical gender-related health information in braille and sign language. Visually impaired women have also been reached through community radio stations. However, women and girls with disabilities, continue to face barriers to critical health services, and in addition are subjected to coercive healthcare practices and medical procedures such as forced sterilisation, forced abortion and forced contraception.
- Access to justice is particularly difficult for women and girls with disabilities largely due to the stigma associated with their sexuality and disability and are considered and treated as less credible at all stages of the justice process. For example, women and girls with intellectual or psychosocial disabilities were usually prevented from testifying in the courts of law on the premise that they had a mental illness, mental disability or mental disorder.
- Although there are extensive listings of legal provisions, schemes and programmes for persons with disabilities in Zambia, very little data is provided about the differential access women and girls with disabilities have to these provisions. Baseline data disaggregated by age, gender and disability is needed if progress towards achievements in the UNCRPD are to be measured with regard to women and girls with disabilities.

Gender-based Violence (GBV): The Zambia GBV Assessment provides statistics (not disaggregated by disability) on the rate of violence experienced by many women with 36 per cent of Zambia women aged 15–49 having experienced physical violence at least once since age 15 years, and in the same age group 14 per cent experienced sexual violence specifically since age 15 years.[119] Social and cultural norms, which are threaded into the social fabric of society, have also resulted in a high acceptance and tolerance towards wife-beating. Wife-beating has been particularly normalized among women: 46 per cent of women, compared to 26 per cent of men, agree that a husband is justified in beating his wife.

The number of reported cases of GBV in Zambia has seen an upward trend since 2011, with 11,914 reported incidents in 2011 to 25,646 in 2020, and 20,540 in 2021. This increase may be a result of increased reporting due to sensitisation campaigns and/or a rise in the incidence of GBV related to growing inequality and weak economic growth. The reduction in reported cases in 2021 may be attributed to the lockdown measures introduced during the COVID-19 emergency. Available data on reported GBV cases is not disaggregated by disability.[120]

According to the Zambia National Disability Survey (2015)[121] 0.8 per cent of disabled and 1.2 per cent of non-disabled individuals said they had been sexually abused as a child. Among females with disabilities, 3.5 per cent reported sexual abuse as a child, while the corresponding figure for females without disability was 4.9 per cent. The highest reported proportion of sexual abuse was among females without disability in rural areas. The reliability of this data is however questionable because of how the questions were asked and who responded.

Anecdotal evidence from the SitAn highlights high levels of abuse experienced by women and girls with disabilities, although there is no official data to support this. For example, the Viole Support Group is working towards opening a shelter for abused women, most of them with disabilities, due to the high incidence of abuse cases.

Box 4: Mainstreaming disability in a GBV programme: The GRZ-UN Joint Programme on Gender Based Violence in Zambia Phase II [122]

The GRZ-United Nations Joint Programme on GBV Phase II was developed to provide a coordinated, consolidated, linked, sustainable and strengthened package of response services and prevention mechanisms at, national, sub-national and community level that addresses GBV.

The project supported the replication of the Magwero (Eastern Province) mini-ICT Hub for Mainstreaming Disability in GBV Interventions at Senanga School for the Deaf (Western Province), resulting in 210 persons with disabilities (123 boys and 87 girls) reached with tailored GBV messages and information on identification and reporting GBV cases.

In keeping with the principle of leaving no one behind, the Joint Programme, trained 17 persons with disabilities (15 females, 2 males) in Chisamba and Kabwe in business development to contribute to reducing their vulnerability to GBV. It is envisioned that these men and women who were capacitated will be less vulnerable to GBV because they are economically independent. Of the 17 trained**,** 13 had physical disabilities, two were blind and two partially sighted.

One of the key programme implementation challenges was the limited availability of sign language interpreters affiliated to ZAPD as well as limited GBV IEC and BCC materials for people living with disabilities. The proposed mitigation measure was the continuous engagement with the ZAPD on training of sign language and development of IEC materials.

3.8 DISABILITY INCLUSION IN BROADER DEVELOPMENT, HUMANITARIAN & EMERGENCY CONTEXTS

3.8.1 NATIONAL DEVELOPMENT PLANS

a) Mainstreaming disability in national development plans

The GRZ's multi-year **National Development Pl**ans (NDPs) set out the country's strategic direction for development priorities and implementation strategies. The NDPs are intended to support the attainment of Zambia's international and regional commitments under various frameworks, including the SDGs and the African Union Agenda 2063.

The Seventh NDP (2017–2021) is reported to have included 86 per cent of SDGs goals and targets and implementation and reporting on SDGs are coordinated through the institutional structures at national and sub-national levels using the Cluster approach.[123] This plan specifically prioritised the mainstreaming of disability considerations, placing emphasis on two key areas: inclusive education opportunities and reducing poverty and vulnerability among children with disabilities.

The Eighth National Development Plan (2022–2026) (8NDP) includes a specific commitment to provide disability services and to promote access and participation of persons with disabilities including through the provision of disability-friendly infrastructure across all sectors. Additionally, the plan emphasises scaling up and integrating functional literacy support within these interventions to further empower individuals with disabilities.[124] In the development of the 8NDP a "bottom-up approach" was used, allowing for "input by the public and private sectors, civil society organisations, including the youth, women, the aged, persons with disabilities and ordinary citizens into the strategic direction provided by policymakers."[125] Designated representation of vulnerable groups (including persons with disabilities) in this process was therefore not formal.

Representatives of disability stakeholders (OPDs) in the **Social and Human Development Pillars** of the DDCCs reported that disability issues are mainstreamed in sector specific annual work plans and are reported on in their quarterly meetings on the implementation of the NDP. For example, as part of their regular reporting, Social Welfare will report on the number of SCTs given (which would include a number to persons with disabilities) and Education will report on inclusive education measures in the past quarter and Health would report on number of assessments for disability certificates entitlements would have been done There are however no disability specific targets or action plans in these annual work plans, nor are there any disability related monitoring mechanisms.

It was not clear what OPDs are required to report on to their cluster within the Social and Human Development Pillar of the DDCC, nor whether they were aligned to any relevant targets associated with the NDP. But, in the stakeholder engagement meetings, the OPDs were very specific about their own action plans and were also vocal about being coordinated by the CBID movement.

The Ministry of Local Government and Rural Development is responsible for the coordination of the implementation of the 8NDP as well as ensuring that "ward development plans and Integrated Development Plans (IDPs) are consistent with the development aspirations of the 8NDP."[126]

The Katete Integrated Development Plan 2020–2030 was seen as an example of local planning and decentralisation. It has a section on "Issues arising relating to gender groups and vulnerable groups" where information on levels of deprivation (income poverty), child marriage and other gender issues in the district. However, there is no mention of persons with disabilities and disability issues are not included in the plan.[127]

In an attempt to ensure citizens in all areas, including remote areas, are reached with services and materials, the GRZ have adopted a decentralisation strategy. To this end the **National Decentralization Policy** was formulated and approved in 2023, and the Constituency Development Fund (CDF)[128] increased from 1.6

million ZMW to 25.7 million ZMW (about USD 1,231,000) in 2021. The expanded scope of the CDF covers three specific areas: community projects; youth, women and community empowerment; secondary boarding schools and skills development bursaries. These are meant to facilitate the empowerment of vulnerable people, including persons with disabilities. The guidelines for the CDF stipulate the need for community projects to be aligned with ward development plans,[129] integrated development plans and national development plans, each of which have articulated persons with disabilities within their results framework.

The Ward Development Committees (WDCs), which fall under The Ministry of Local Government and Rural Development provide for representation of persons with disabilities who are to be nominated by ZAPD, most of whom are not well informed on disability mainstreaming and nor are they strategic in their advocacy for resource allocation for CBID. There is a need for increased knowledge of the purpose of the CDF and of technical capacity to align fund applications (beneficiaries) and fund allocations (administrators and fund management committee members) with targets of the relevant local and national plans to ensure that the CDF is appropriately, equitably and disability inclusively allocated.

b) Mainstreaming disability in SDG reporting

In reviewing progress towards the SDGs,[130] Zambia has undertaken two Voluntary National Reviews (VNR), the first in 2020 and the second in 2023.[131&132] Both reviews include a commitment to paying attention to marginalised communities including persons with disabilities.

The 2023 report notes that "special and marginalised groups such as women, children, youth, **persons with disabilities and albinism** were also included in the VNR (data collection and stakeholder engagement) process to ensure that no one was left behind". Progress in addressing the needs of persons with disabilities is recognised despite the setbacks and challenges associated with the COVID-19 pandemic. One of the success stories is the increased reach of SCTs. The high unemployment rate of persons with disabilities was identified as an area lacking achievement.[133]The next steps in the 2023 VNR are broad, and no mention is made of actions specific to persons with disabilities, or any other marginalised groups.

c) Addressing disability inclusion in United Nations' SDG planning processes

The United Nations Sustainable Development Cooperation Framework (UNSDCF) for Zambia 2023–2027 serves as the partnership framework between the GRZ and the United Nations to achieve (i) the 2030 Agenda for Sustainable Development, (ii) the African Union 2063 Agenda, and (iii) contribute to Zambia's Vision 2030 and its 8NDP for 2022–2026.[134] All United Nations agencies in Zambia derive their respective Country Programme Documents and strategies from the UNSDCF to ensure alignment of all United Nations support with government's four development priorities: Prosperity, People, Peace and Planet. Interventions target all people in Zambia, with particular attention to be "given to marginalized and vulnerable groups including **people with disabilities**, people living with HIV, people living in remote and hard-to-reach areas as well as others at high risk of being left behind".[135]

The UNSDCF includes the following commitments on disability inclusion:

- Enhancing the impact of **social protection programmes** for **people with disabilities** through strengthening integration, linkages and complementary benefits provision, strengthening programme management and delivery systems, and accountability and advocating for increased budgetary allocation for gender and shock-responsive universal social protection programme resilience.
- Building public private sector partnerships to facilitate the creation of **decent livelihood opportunities,** such as volunteerism, internships, apprenticeships and graduate programmes to increase employability, particularly among young women and **persons with disabilities**.
- Provide a **communications strategy** for the UNSDCF that is accessible language and format and considers issues, such as **disability**, language, literacy levels and cultural backgrounds.

The UNSDCF Results Matrix refers to effective, quality, accountable and inclusive services in the People pillar of the Results Matrix but does not specify persons with disability in their indicators. Whereas the Prosperity and Peace Pillars specify disability in some indicators (*see* Annex 8).

The UNDP recognises the need for deliberate and genuine participation of persons with disabilities in national development planning, budgeting and monitoring and evaluation (M&E) and have developed a concept note for capacity building and strengthening for ZAPD and OPDs in leadership and mainstreaming for disability inclusion in government planning, budgeting and M&E processes. This will involve engaging the Ministry of Finance and National Planning (MoFNP) to train ZAPD and OPDs in national planning, budgeting and M&E processes. MoFNP leads the process of national development planning in Zambia, and it is strategic that it provides the training given its technical capacity to do so. Planning and M&E and budgeting fall under MoFNP's Units of National Planning and Budget and Economic Affairs, respectively. The UNDP is also engaging the Policy Monitoring and Research Centre (PMRC) to further train ZAPD and OPDs on leadership, budget analysis and fundamental principles of relevant global and national instruments related to disability, i.e., the CRPD, Zambia's Persons with Disability Act (2012), National Disability Policy, National Youth Policy, National Gender Policy, National Social Protection Policy, etc. The UNDP notes a huge capacity gap in OPDs and expects the proposed training to empower OPDs to confidently participate in development processes to advocate disability inclusion. The training targets ZAPD and OPDs and participants will be drawn from provinces and districts.[136]

3.8.2 DISASTER RISK REDUCTION & HUMANITARIAN ACTION

The National Disaster Management Policy (2015)[137] does not mention the inclusion of persons with disabilities or OPDs in the disaster preparedness and emergency response system. However, each sector and their respective United Nations agency and cooperation partners prepare emergency responses relevant to their sectors. For example, in 2018 WFP and UNICEF took the lead with Social Welfare and partners within the Social Protection Joint Partnership to design and implement the Drought Emergency Cash Transfer (D-ECT) programme with third party monitoring to ensure protection of vulnerable beneficiaries, including persons with disabilities. The targeting of the grant included persons with severe/profound disabilities.[138] The extent to which persons with disabilities/OPDs were involved in the planning and implementation of this grant is not known. Similarly, WHO took the lead with respective partners in the disaster risk reduction and emergency response during COVID-19 pandemic, while UNICEF and ILO took the lead with Social Welfare on the enhanced social protection programme, which is reported on below in the COVID-19 section.

The extent to which OPDs are consulted by actors within the civil protection system and/or humanitarian system in planning and implementation of DDR or humanitarian efforts is not documented. But on the ground, it is the OPDs who are the interlocuters between programme implementers and the communities of persons with disabilities.

3.8.3 CLIMATE CHANGE

Climate induced hazards in Zambia include drought and dry spells, seasonal and flash floods and extreme temperatures. Some of these hazards, especially the droughts and floods (as mentioned in the previous section) have increased in frequency and intensity over the past few decades and have adversely impacted on the food and water security, water quality, energy and sustainable livelihoods of rural communities. [139]

The Zambia National Policy on Climate Change is a cross-sectoral policy with the overall objective to provide a framework for coordinating climate change programmes in order to ensure climate resilient and low carbon development pathways for sustainable development towards the attainment of Zambia's Vision 2030.[140] Apart from mentioning the need to consider "gender aspects and the role and needs of youth and persons with disabilities in capacity-building activities", there is no other mention of the inclusion of persons with disabilities or their involvement in the development or implementation of this policy.

In the context of climate change, the Zambia National Drought Plan (2018)[141] is intended to contribute to the protection of Zambia's land, water and other environmental resources from over-use and drought for them to be able to provide the required ecosystem services and to mitigate against compromising Zambia's food security. The section on national drought governance mentions the need to "regulate infrastructure to ensure that water resources infrastructure benefits all sectors of society especially the disadvantaged and poor (women, children and people with disabilities)". However, apart from this, the inclusion of persons with disabilities or their involvement in the development or implementation of this policy is not mentioned.

The 8NDP (2022–2026), has a stand-alone "environmental sustainability" pillar for the first time ever. This is a big step towards making climate change central in Zambia's policy discourse.[142] As mentioned in Section 5.1 persons with disabilities were consulted in the development of this plan, the plan includes a specific commitment to provide disability services and to promote access and participation of persons with disabilities including through the provision of disability-friendly infrastructure across all sectors. How this will translate into environmental/climate change responses is not specified, but the intention is there.

Examples of attempts disability inclusion in climate change related projects:

(1) The UNDP promotes the integration of persons with disabilities in their programmes, including the Strengthening of Climate Resilience of Agricultural Livelihoods in Agro Ecological region I and II (SCRALA) project. The project supports the GRZ to strengthen the capacity of farmers to plan for climate risks that threaten to derail development gains, promote climate resilient agricultural production and diversification practices to improve food security and income generation, improve access to markets, and foster the commercialisation of climate-resilient agricultural commodities. There are 14,000 direct and indirect beneficiaries. Apart from a success story of a person with disability whose livelihood was transformed through increased household income and food security as a result of the SCRALA project's intervention under the plausible goat enterprise, no further details are provided on the number of beneficiaries with disabilities who have benefitted from this project in the UNDP report. [143]

(2) The Skills for Energy in Southern Africa Project (2021–2024) is an ILO supported project which intends training over 1,600 technicians, engineers and managers in the South-Eastern Africa region (including Zambia) to support the rapid deployment of technology in renewable and efficient energy and contribute to a more sustainable and low-carbon energy mix. Reportedly gender and disability inclusion are mainstreamed, however no details are provided how this is being done.[144]

3.8.4 COVID-19

WHO reported that Zambia recorded its first two cases of COVID-19 on 18 March 2020 and as of 2 August 2023, there have been 349,287 confirmed cases with 4,069 deaths, however the data is not disaggregated by disability.[145]

Impacts of COVID-19 on people with disabilities in Zambia

Findings from three rapid assessments show that COVID-19 and related containment measures had significant impacts on the lives of persons with disabilities in Zambia, particularly in relation to income and livelihoods. (*See* Annex 9 for details on the three studies.)

Disability inclusion in the COVID-19 response

A GRZ National COVID-19 Multisectoral Contingency and Response Plan was developed in early 2020 at the start of the pandemic with support from the United Nations and other cooperating partners. The plan included a focus on persons with disabilities, for example:

- Transcribing COVID-19 brochures into Braille for use by persons who are blind.
- Placing messages with sign-language interpretation on television.
- Procurement by the Ministry of Health of specially designed hand hygiene equipment persons with disabilities.

The GRZ and its partners also introduced a COVID-19 Emergency Cash Transfer (C-ECT).[146] This C-ECT was for the most vulnerable in society including groups previously excluded from any form of social protection, namely persons with moderate disabilities and not just severe disabilities as is the case with the regular SCT programme.

The UNPRP, through the Resident's Coordination Office, developed "Contingency plans: COVID-19 impact on project work-plans" for all projects (*see* Box 5 for an example of one contingency plan). Two disability experts were involved to provide feedback on disability inclusiveness in the proposed initiatives. The country office was also in constant touch with ZAPD to get feedback from representative OPDs and persons with disabilities on the best possible responses to the COVID-19. At the United Nations Country Team (UNCT) level, a coordinated, multisectoral *One-UN COVID-19 Response plan* was developed,[147] and was aligned with the GRZ COVID-19 preparedness and response plan. Inclusiveness in the development of the UNCT response plan was ensured by constant engagement with ZAPD and input from disability experts within the agencies for comprehensive brainstorming on mitigating strategies on the impact of COVID-19.

Box 5: Promoting disability inclusion in HIV, sexual and reproductive health and social protection in Luapula province – COVID-19 response[148]

The need to prepare for the COVID-19 and engage various stakeholders in this initiative was noted in early 2020 mainly because of the lack of inclusive messaging for members of the public. Activities included:

- A radio programme run in selected provinces in July 2020 with topics on Social Protection and Disability in the times of COVID, Disability Inclusion in the Programming Response to COVID-19, Stakeholders Response to COVID-19 and Community Response to COVID-19. Programmes included participants from MCDSS, Provincial and District Administration, ZAPD, Provincial Health Office, Network of OPDs, traditional and religious leaders, and Community Welfare Assistance Committees Leaders.
- Provision of information, education and communication materials that promote inclusiveness and are accessible to them, such as Braille and Large format print.
- Provision of personal protective equipment to assist prevent the spread of COVID-19.
- Equip persons with disabilities with skills on how to use and monitor their bodily temperatures using a simple thermometer.
- Home delivery of food packs to vulnerable families of persons with disabilities.
- Validation of registered persons with disabilities.
- Establishment of a monitoring and evaluation framework for social protection support extended to persons with disabilities.

While the needs of persons with disabilities were incorporated in the National Response Plan, and efforts were made to consult with ZAPD and selected OPDs on the plan, the GRZ rapid assessment found limited awareness on COVID-19 amongst persons with disabilities at district and local levels suggesting that information had not been adequately disseminated. The study also found that while efforts were made to supplement the income gaps and cushion the economic impact of the pandemic on marginalised households including those with disabilities through the MultiSector Response Plan, few of these households had benefited from these support programmes. Furthermore, out of the 28 OPDs that were interviewed as key informants for the study, 26 reported not having been consulted in the formulation of the plan.

An evaluation of the C-ECT found real impact across several food security and resilience indicators, with the grant providing up to 60 per cent or more of an average informal economy worker's wage. However, it appears that only a small proportion of persons with disabilities benefited from this grant. A disability certificate was a key requirement to be enrolled in the programme, and the C-ECT exposed the significant weaknesses in timely issuing of these certificates by ZAPD. While the evaluation showed that households with persons with moderate disabilities were also extremely vulnerable to external shocks, the benefit to these households was limited to the COVID-19 emergency period as they were not permanently included among the SCT caseload.[149]

3.8.5 SUMMARY OF KEY FINDINGS/CRITICAL GAPS

While persons with disabilities are mentioned as special and/or marginalised groups in some of the broader development, humanitarian and emergency plans, in general, disability issues are not a strong government priority compared to goals for HIV and gender. If disability issues are to catch up to the progress being made with HIV and gender, it needs to become a national priority, consistently mainstreamed in all national and district policies and plans, with specific and measurable actions and budgets for implementation.

4. ANALYSIS OF KEY GAPS AND OPPORTUNITIES

The overall findings from this analysis of the ways and extent to which persons with disabilities in Zambia enjoy their rights as inscribed in the CRPD can be summarised in six undisputed points:

a) **Legal and policy environment** is fairly comprehensively compliant with disability inclusive provisions in all the main line ministries led by an agency to oversee and coordinate the implementation of the Persons with Disabilities Act (2012) and amendments made to remove most discriminatory references from legislation. National audits on rehabilitation services, assistive technology and inclusive education each concur on this strength.

b) The **allocation of trained human resources and dedicated financial capital** to implement the laws and policies and deliver disability inclusive services do not equip line ministries to fulfil their mandate nor do they match the need in terms of the estimated size of the disability population. The Disability Survey in 2015 estimated a prevalence of 7.7 per cent of adults and children with disabilities, which in the current demographics in Zambia computes to approximately 1.5 million persons. The proportion of the national budget allocated to Disability Population is less than 1 per cent. Of this the majority goes to ZAPD. There are two opportunities to address these gaps. First, to train budget planners on the CRPD and budget implications and second to review the professional workforce and the availability of requisite qualifications within each sector in Zambia, which could inform a human resource strategy.

c) **Governance and accountability systems**, which are contingent upon contemporary and efficient data management systems are weak. The Disability Management Information System, managed by ZAPD, has a record of 63,340 persons registered as at end of August 2023, which indicates the incompleteness of their system. There are approximately 400 organisations working in this sector registered with ZAPD, but no details on what types of services or status of these organisations are publicly available.

   Support is currently being given to ZAPD by the UNJPSP II to improve the DMIS and to pilot a rights-based assessment form. Coordination, a core function of governance and accountability, is not systemically managed. Apart from voluntary led networks through CBID movements, there are no well-functioning national or subnational coordination structures and processes with an updated membership database and monitored workplans. Furthermore, while the HRC plays the role of an **independent monitoring body,** it lacks the consistency and capacity to specifically address disability rights violations, as seen from their lack of follow up on reports to the committee on the CRPD. There is agreement within the disability movement that the Human Rights Commission is suited to this function. Once the independent monitoring body is supported to play its rightful role, there will be opportunity to orientate them to the CRPD, the List of Issues and to their role in addressing these issues plus any other grievances relating to poor delivery raised by the disability sector.

d) Progress in mainstreaming services for persons with disabilities has been made through the social cash transfer programme, inclusive education and economic empowerment programmes. However, disability inclusion needs to become a **national priority, consistently mainstreamed** in all national and district policies and plans, with specific and measurable actions that are adequately resourced for the

progressive realisation of equal rights and full participation of persons with disabilities. The opportunity to prioritise mainstreaming through a) improved budgeting within ministries and b) reliable and formal national coordination mechanisms and structures, which will also contribute to improved governance and accountability.

e) **OPDs Representation in decision making processes** occurs but is not consistently formalised. Persons with disabilities are invited to participate in workshops, such as in reviewing the seventh national development plan, but this SitAn found that having a seat at the decision-making table is not necessarily guaranteed. Furthermore, persons with disabilities expressed the need for empowerment and training to be able to participate with authority in such forums. The opportunity to formalise representation of persons with disabilities through an independent monitoring body exists.

f) With the intention of bringing resources and services closer to communities in a more efficient manner, the current government is putting into action principles of decentralisation by increasing the budget allocation to local constituencies (from 1.6 million ZMW in 2021 to 27.5 million ZMW in 2022 per constituency) and shifting responsibilities from central government to district and sub-district levels. The challenge is that service providers (duty bearers) as well as local communities (rights holders), including persons with disabilities, are still learning how this new administration of government functions. Within the **Constituency Development Fund** allocation categories, there is space for persons with disabilities to apply, but funds are not reserved for this purpose and inaccessible guidelines and forms create barriers to these funds. The opportunity to strengthen capacities of OPDs to leverage these funds exits.

Opportunities for addressing these gaps lie in capitalising on recent surveys that used the Washington questions and will provide current data on the prevalence and living standards of persons with disabilities. Furthermore, two imminent policy processes can be influenced to build processes and structure with traction to more effectively oversee the implementation of the Persons with Disabilities Act (2012). These three processes include a) Drafting the Disability Mainstreaming guidelines, which is new, b) formulating the Disability Policy, which is a revision of the 2015 policy and c) revising the Social Protection policy (2014). Lastly, the recent decentralisation processes, which include restructuring of ministries and a substantial increase in the Constituency Development Fund opens opportunities for disability inclusion in local committees and increased access to government funds.

5. RECOMMENDATIONS FOR ACTION

There was a general acknowledgement that data on persons with disabilities and on OPDs registered with ZAPD is a critical gap and urgently needs to be addressed, but that this should not be the priority of the PRPD project as it is currently being supported by multiple parties, including ILO, UNICEF and UNDP under the UNJPSP (II).

Box 6: Summary of recommendations for United Nations action

"It would be very good for the United Nations to influence government to ensure that all ministerial and those public sectors' funding include budgetary allocation of persons with disabilities… across all sectors, ministry of education, health, to ensure each ministry has a budget on the mainstreaming processes of persons with disability issues. Ministry of education they must have a direct budget to enhance the inclusive education system. If it's the ministry of labour, it must have a direct budget which is clear and broken down in terms of ensuring the public sector is accessible and safe. And human resources are trained to ensure they protect the rights of persons with disabilities." KII #5 (Disability Rights Watch)

"The ministry of finance consults with the line ministries. The ministry of finance talk to all the ministries individually. They ask what are you doing about disability, then they will be forced to fix in something at least. I see that as an important entry point. "KII#08 (UNICEF)

The following are summarised and clustered versions of what the SitAn respondents and participants recommended as priority actions for the United Nations stakeholders.

1. What needs to change?

An independent body, preferably the HRC needs to be capacitated in disability rights and engaged in a strategic collaboration with OPDs to enable it takes its rightful responsibility of monitoring the implementation of the CRPD and the Persons with Disabilities Act (2015) and to receive and process grievances and rights violations from OPDs.

Proposed action by the UN country team:

a) Support capacity strengthening of the HRC as it is an *independent body* that meets the requirements of Article 33, enabling it to promote and protect the rights of persons with disabilities and their OPDs, deal with disability rights violations, complaints and grievances, and to monitor the implementation of the CRPD.
b) Establish terms of reference, guidelines and an orientation programme in line with the CRPD for the independent body.
c) Monitor the implementation of the CRPD, The Persons with Disabilities Act (2012) the Constitution of Zambia, and other disability inclusive legislations.
d) Support ZAPD and the MCDSS to provide public communication regarding the HRCs role of the independent body.
e) UNCT should utilise its convening power within the 8th National Development Plan structures to influence the release and implementation of statutory instruments for operationalising the Disability Act.
f) Support OPDs in their advocacy to alleviate the bottleneck of *statutory instruments* (SIs on Accessibility, Education, Employment, Health) awaiting parliamentary approval.

2. What needs to change?

A national and subnational coordination system (processes and structures) needs to be established to enable cross-ministerial and multisectoral planning and monitoring of disability related policy processes**.**

Proposed action by the UNCT:

a) United Nations agency to build on the current high-level processes – review of Disability Policy (2015) and formulation of Mainstreaming Guidelines – to create a *coordination and monitoring mechanism* for their implementation. (The high-level processes have to date been supported by the UNJPSP II, and it is recommended that the UNPRPD build on this foundation to give the high-level process legs.)
b) United Nations agency to support ZAPD and MCDSS to
    i. Create, maintain and update a membership database of disability focal teams within line ministries, OPDs, INGOs and United Nations partners.
    ii. Create a regular communication channel to update focal persons of meetings and progress against annual workplan.
    iii. Formulate a measurable annual workplan to implement the revised Disability Policy.
    iv. Establish a coordination structure with representation of each sector to monitor the annual workplan.

3. What needs to change?

CBID network, which is organically growing in numbers and strength, is a resource that needs to be recognised, strengthened and supported to increase disability representation on local decision-making bodies and to improve access to disability related entitlements.

Proposed action by the UNCT:

It is proposed that the following activities be conducted by ZAFOD, the OPD umbrella body, as opposed to ZAPD, which is seen as a government body and therefore not disability led. ZAFOD is currently being mentored and supported by NAD, and thus has a level of assurance.

a) United Nations agency to support ZAFOD and DRW to map all CBID networks and create, maintain and update a national database of all CBID networks (currently 47 of 116 districts have networks)
b) United Nations agency to support ZAFOD and DRW to build on existing snow-balling approach to grow the CBID networks to reach at least 60 districts.
c) United Nations agency to build on current mentoring and learning exchange programme by collaborating with NAD to strengthen CBID networks to work effectively with ward development committees in representing disability issues and to develop data bases of resources in their communities – for example, sign language interpreters and assistive technology support services.
d) United Nations agency to support the development of training on fiscal planning and on how to access Constituency Development Funds.

4. What needs to change?

National and decentralised budgeting processes need to increase and ring-fence fiscal resources to fulfil their legislated mandate to include persons with disabilities in their services.

Proposed action by the UNCT:

a) Train key personnel within line ministries on the pre-conditions to the realisation of the CRPD and the domestication of these pre-conditions within the Persons with Disabilities Act (2012) and their mandated responsibilities within their respective functional areas.
b) Provide technical support to budget managers within line ministries to plan national disability inclusive annual budgets to progressively realise gaps in their respective services.

c) Provide technical support to Constituency Development Fund managers, including their committees (in selected districts of Kazungula, Zimba and Livingstone) on disability related costs and how to appraise disability inclusive project budgets.
d) Train OPDs on Constituency Development Fund eligibility and application processes to increase the quality and number of disability related applications to this fund.

5. What needs to change?

There is a need for updated information on the population of persons with disabilities in Zambia.

Proposed action by the UNCT:

a) Take advantage of current data from census and Living Condition Survey (both of which used the Washington Group of questions) to do secondary data analyses on persons with disabilities.
b) Commission a repeat of the National Disability Survey to substantiate and supplement the census data with lived experiences of persons with disabilities, their access to services, livelihood opportunities, the extent to which they participate in society and are represented in decision making processes. It is critical that the results of the survey are published within 12 months.

6. What needs to change?

There is a need for a cohort of competent and adequate number of human resources to be allocated to disability services (mainstreamed and targeted) within line ministries for the fulfilment of their legislated mandates.

Proposed action by the UNCT:

a) Support the MCDSS, ZAPD and its partners to undertake a review of the capacity of social, education and health workforce, place of employment (private or public), coverage of these professions in the disability sector and the extent to which inclusive services, referral pathways and prevention of disability are included in their training curricular.
b) Support the MCDSS to prepare an investment case for a stronger human workforce (generic and specialised) to support inclusive generic and specialised targeted services for persons with disabilities.

RECOMMENDATIONS for Research

Building on the several pilots (especially in education sector) that were mentioned during the SitAn enquiry, it is strongly recommended that these be documented and used to further develop those models. The London School of Hygiene and Tropical Medicine in partnership with UNZA are conducting trials and can potentially be engaged to identify lessons learned in the CBID and inclusive education pilots for scaling purposes to improve on the implementation of Article 22 of The Education Act (2011), which provides for inclusion of children with special education needs.

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ANNEX 1: GLOBAL DISABILITY SUMMIT COMMITMENTS (ZAPD)

Source: Global Disability Summit (2018). *Zambia Agency for Persons with Disabilities.* https://www.globaldisabilitysummit.org/commitments/zambia-agency-for-persons-with-disabilities [Accessed 9 June 2023)

Commitment (2018)	Outcomes for PWD	Update on Progress Made
Eliminate stigma and discrimination	Stereotypes, attitudes and behaviours Sensitization programmes through community mobilisation, electronic and print media (2018-2021)	No information provided
Inclusive Education	Enhance the provision of inclusive education at all levels (2018-2022)	No information provided
Routes to Economic Empowerment	Increase the number of persons with disabilities accessing social protection programmes by 10% (2018-2022)	No information provided
Harnessing Technology and innovation	Increase budgetary allocation towards purchase of assistive technology and capacity building of local manufacturers.	No information provided
Data disaggregation	Inclusion of the Washington Group Questions in all surveys and Census of population and housing (2018-2022)	No information provided
Other	Mainstream disability in all sectors through focal point persons (2018)	No information provided
Women and Girls with Disabilities	Initiate and improve targeting and programming of projects for girls and women in rural areas (2018-2022)	No information provided

ANNEX 2: DATA COLLECTION ACTIVITY DETAIL

#	Date	Meeting/ Interview description	# Participants	SitAn Reference
1	24/4/23	Meeting: Human and Social Development Pillar of the DDCC in Livingstone organized by MCDSS (national and provincial), ZAPD and ZAFOD	10	Mtg #1, Livingstone DDCC
2	25/4/23	Meeting: OPDs in Livingstone district organized by MCDSS and ZAFOD	20	Mtg#2, Livingstone OPD
3	25/4/23	Meeting: Rehabilitation Centre at Livingstone Hospital organized by MCDSS (provincial)	8	FGD#1, Livingstone Rehab Centre.
4	26/4/23	Visit to the Viole Images Production -Girls and Women with Disabilities Club in Kazungula		SV#1, Viole
5	26/4/23	Visit to the Shungu Inclusive Education school	5	SV#2, Shungu
6	27/4/23	Meeting: Human and Social Development Pillar of the DDCC organized by MCDSS provincial and ZAPD in Monze	20	Mtg#3, Monze DDCC
7	27/4/23	Visit to Holy Family Rehabilitation Centre (CBR and assessment NGO) in Monze, organized by MCDSS (district) and ZAPD (district)	6	SV#3, Holy Family Centre
8	27/4/23	Interview: with CBR focal person	1	KII#2, CBR
9	27/4/23	Interview: MCDSS disability focal person	1	KII#3, MCDSS
10	27/4/23	Visit to Monze Community Development College	5	SV#4, College
11	28/4/23	FGD : OPDs from Monze (Organised by Holy Family Centre NGO)	15	FGD #2, Monze OPD
12	28/4/23	Visit to Child Development Centre Monze	5	SV#5, CDC
13	29/4/23	Interview: UNICEF Chief Social Policy	1	KII#4, UNICEF
14	3/5/23	Interview: UNICEF Public Finance specialist		KII#5, UNICEF
15	4/5/23	Interview: CBID at NAD, Lusaka	1	KII#6, NAD
16	4/5/23	Interview: representative from ZAFOD	1	KII#7, ZAFOD
17	3/5/23	Interview: representative from ZAPD	1	KII#8, ZAPD
18	4/5/23	Interview: representative from CHSZ	1	KII#9, CHSZ
19	5/5/23	Interview: Kalima Kalima UNZA assessment centre – Department of Education	1	KII#10, UNZA Assessment Centre
20	10/5/23	Interview, representative from Sightsavers	1	KII#11, Sightsavers
21	17/5/23	Interview: representative from Disability Rights Watch	1	KII#12, DRW
22	19/5/23	Interview: representative CHAI	1	KII#13, CHAI
23	19/5/23	Interview: Head of Office and Strategic Planner/ Resident Coordinator Office United Nations Country Team	1	KII#14, UN
24	29/5/23	Interview: Irish Embassy Representative	1	KII#15, IE
25	31/5/23	Interview: Germany Development Cooperation	1	KII#16, GIZ
26	1/6/23	Interview: UK FCDO Representative	1	KII#17, FCDO
27	2/6/23	Interview: Representative from the UTH rehabilitation centre	1	KII#18, UTH
28	24/6/23	Interview: UNICEF Disability Specialist	1	KII# 19, UNICEF
29	22/7/23	Bauleni Special Needs School	10	SV #6
TOTAL PARTICIPANTS			121	

ANNEX 3: LIST OF OPDs, CSOs, NGOs, AND INGOs IDENTIFIED THROUGH THE SITAN

The list also indicates* which organisations provided information either in interviews or focus group discussions and ** which organisations participated in the inception training and the validation meeting.

Disability Service Providing Organisations in Zambia

Organization	Focus of interventions	Type (OPD/ CSO/NPO/INGO)	International, Regional, National or sub-national
Zambia Federation of Disability Organizations (ZAFOD) *, **	ZAFOD is the umbrella body of organizations of persons with disabilities in Zambia that focuses on the advocacy of rights for persons with disabilities. ZAFOD has been instrumental in the advocacy for legal frameworks such as the ratification of CRPD, the passing of the 2012 Persons with Disabilities Act, and Zambian National Disability Policy. Additionally, ZAFOD implements targeted litigation programs focused on accessible infrastructure and supports several national development programs related to education and economic development for persons with disabilities.	OPD	National
Disability Rights Watch (DRW) *,**	The role of the DRW is to ensure the promotion and protection of the rights of persons with disabilities through mediation and litigation, to ensure the effective and full implementation of the CRPD and to ensure that laws and policies which exist are amended or repealed and that new additions are in line with the CRPD. Their mission is to "to defend, protect and promote the economic, social, cultural, civil and political rights and fundamental freedoms of persons with disabilities and ensure the respect of their inherent dignity on an equal basis with all other people in Africa."[150]	OPD	National
Mental Health Users Network of Zambia (MHUNZA)*,**	MHUNZA advocates for the rights of persons with mental health conditions in Zambia and supports efforts to identify their needs, evaluate services targeted for them, and contributes to public awareness of mental health issues to promote education.	OPD	National
New Foundation of the Blind in Zambia (NEFOBZA) **	NEFOBZA aims to protect the rights of persons with visual impairment. The organization is part of a technical working group on the political and public life of persons with disabilities in Zambia and has implemented programs to help in blind in collaboration with agencies such as USAID and UNFPA.	OPD	National
Zambia Association on Employment for Persons with	ZAEPD promotes livelihoods through employment opportunities and training for persons with disabilities in Zambia.	OPD	National

Organization	Focus of interventions	Type (OPD/ CSO/NPO/INGO)	International, Regional, National or sub-national
Disabilities (ZAEPD)			
Zambia Association of Parents for Children with Disabilities (ZAPCD)**	ZAPCD engages parents of children with disabilities to improve education and advocacy efforts for persons with disabilities.	OPD	National
Zambia National Association of the Deaf (ZNAD)**	ZNAD advocates for rights and access for deaf children and also houses the Centre of Sign Language Learning in Lusaka.	OPD	National (Centre based in Lusaka)
Zambia National Association of Disabled Women (ZNADWO)**	ZNADWO focuses on the gendered aspect of disability rights by promoting advocacy efforts and services unique to challenges faced by women and girls with disabilities.	OPD	National
Zambia National Federation for the Blind	ZNFOB promotes advocacy efforts and service delivery for the persons with vision impairments, including facilitating access to relevant medical services.	OPD	National
Zambia National Association of the Hearing Impaired (ZNAHI)	ZNAHI promotes advocacy focused on improving the protections of rights of persons with hearing impairments.	OPD	National
Zambia National Association of the Partially Sighted (ZNAPS)	ZNAPS focuses its interventions and advocacy primarily for Zambians who are partially-sighted, with a focus on protecting their rights.	OPD	National
Viole images productions *	The Viole Image Productions is a good example of dual and mutually supportive purposes – the core business of Viole is the production of audio-visual material for advocacy and awareness raising, and coordinate a women's network to generate income for households of persons with disabilities.	OPD	Sub-national: Livingstone, Zimba, Kabwe, Samfya, Lusaka, Mansa
Zambia National Association of Sign Language Interpreters (ZNASLI)**	ZNASLI is one of the only sign language interpreting organizations in Zambia, offering qualified interpreters' opportunities to translate news bulletins and government announcements relevant to Zambians who are deaf.	CSO	National
Parents Partnership Association for	PPACSN focuses on protecting the rights of children with special needs and providing resources to support their development. The group was founded by a group	OPD	National

Organization	Focus of interventions	Type (OPD/ CSO/NPO/INGO)	International, Regional, National or sub-national
Children with Special Needs (PPACSN)	of parents of children with disabilities to improve service access and reduce marginalization.		
Youth in Action for Disability Inclusion in Zambia (YADIZ)**	YADIZ are active advocates for the rights of persons with disabilities. They represent youth with disabilities on global and local platforms on a wide range of issues ranging from the importance of disaggregated health data, to discrimination against women and the impact of climate change on persons with disabilities. [151]	OPD	Sub-national
The Zambian Association of Children with Disabilities (ZACD)	Based at Beit Cure Hospital, ZACD works to support children with disabilities through producing and supplying essential mobility aids to children with physical disabilities.	CSO	National
Holy Family Centre *	The Holy Family Centre serves as a national assessment centre as well as a local hub for CBR services in the areas surrounding Monze in Southern Province	NGO	National (assessment services) Local CBR services
Ulendo centre for disability and CBID *	Using a holistic and inclusive approach facilitate CBID, initiate and incubate parent and youth support groups, train education sector on inclusive education CBID, Parents support groups and Inclusive education.	NGO	Sub-national, Southern province
Old Drift Initiative on mental health	Rehabilitation and community re-integration for persons with mental illness.	NGO	Sub-national, Livingstone
Disability and HIV/AIDS Trust (DHAT)	DHAT promotes responses that address medical and education needs and empowerment of Persons with Disabilities, through building and strengthening capacity of OPDs in Southern Africa	NPO	Regional (Southern Africa)
Norwegian Association of Disabled (NAD) *,**	The main objective of the NAD is to promote full inclusion, equal opportunities, and improved quality of life for individuals with disabilities.[152] Since 2009, NAD has been working in Zambia and are now financially supporting and working collaboratively with a variety of OPDs including the DRW, the AFZ, Zambia Association of Parents for Children with Disabilities (ZAPCD), the Archie Hinchcliffe Disability Intervention, Zambia Association on Employment for Persons with Disabilities (ZAEPD), and the Zambia Federation of Disability Organisations (ZAFOD).	INGO	National

Organization	Focus of interventions	Type (OPD/ CSO/NPO/INGO)	International, Regional, National or sub-national
	NAD, in support of the GRZ led by the MCDSS, introduced a structured and institutionalised approach to the CBR strategy and programme (now referred to as CBID in Zambia).		
Orbis International Zambia	Orbis International is an international (US) non-profit non-governmental organization dedicated to saving sight worldwide. Its programs focus on the prevention of blindness and the treatment of blinding eye diseases in developing countries through hands-on training, public health education, advocacy and local partnerships.	INGO	Sub-national: Lusaka, Copperbelt, North-Western province
Sightsavers International *	Sightsavers is a global organisation that supports the rights of people with disabilities in their education, employment, health and political participation.[153] The organisation focuses on protecting people's sight, fighting diseases that cause visual impairments and promoting disability rights through inclusive eye health projects across all districts. With the aim of strengthening the accessibility of persons with disabilities to healthcare facilities, Sightsavers developed a useful tool called the accessibility standards and audit pack, designed to guide the identification of gaps and improve on disability accessibility standards.[154]	INGO	International NGO
Cheshire Homes Society of Zambia (CHSZ)*	The CHSZ focuses on improving the quality of life for persons with disabilities in Zambia and removing all barriers that hinder their full participation in the public sphere. The National Office oversees coordinating service centres in six of Zambia's provinces to implement programs in five areas of focus: education, health, inclusion, work and income, and child protection. Their current programs include a Child Empowerment program, an Inclusive Education program, and the Human Rights Advocacy project.	INGO	National, housed in six provinces
CHAI *	In 2017, CHAI started working with global actors on AT, doing capacity assessments, and strategising increased access to AT and product standards. CHAI partners with ATscale, a global consortium with the goal of increasing access to AT by 500 million by 2030.[155] CHAI also places a large emphasis on the healthcare workforce and has done a lot of work to try to strengthen the healthcare workforce in Zambia.	INGO	National
Christian Blind Mission (CBM)	Collaborates with government, NGOs and OPDs to build inclusive infrastructure and services, with a focus on people with visual impairments.	INGO	National

Organization	Focus of interventions	Type (OPD/ CSO/NPO/INGO)	International, Regional, National or sub-national
Special Hope Network	Special Hope Network (unable to interview) is a faith-based organisation, US funded, caring for children with intellectual disabilities in Zambia, by "equipping families and caregivers to provide these children with, loving homes , holistic health and exceptional education and therapies." The Network also provides community outreach services to raise awareness about intellectual disabilities. [156]	INGO	Subnational
International Centre for Disability and Rehabilitation	ICDR is a programme based at the University of Toronto in Canada, which formed ICDR-Zambia in 2011 to conduct rehabilitation and disability research in Zambia. Current projects focus on how to tailor HIV/AIDS treatments for persons with disabilities in Zambia.	INGO (Canadian)	Global (based in Canada, but focused on disability rights in Zambia)
Operation eyesight-Zambia	Support and promote community eye health through integrated health system strengthening, disease control, water sanitation, research and advocacy. Canadian funded INGO.	INGO	Sub-national: Lusaka, central and southern provinces
Zambia Library, Cultural, and Skills Centre for the Visually Impaired (ZLCSCVI)	ZLCSCVI serves as the national library for the blind in Zambia and supports local communities through resource sharing and training and development. The library has braille transcription services and provides books in braille and in audio form for the sight-impaired. The organization also supports those who recently lost their sight with some rehabilitation and promotes awareness in the community through public education.	NGO (Government grant aid)[157]	National, Based in Lusaka
Ndola Training Skills Centre	Registered as a Training Education Vocational and Entrepreneurship Training Authority (TEVETA) offers short courses for self-reliance such as tailoring, electrician, use of heavy equipment and food production.	NGO (Govt grant aid)	Sub-national, located in Ndola

*Participated in the SitAn as key informants or focus group discussants

**Participated in the SitAn inception training / meeting and the validation meeting.

ANNEX 4: DESCRIPTIVE NARRATIVE OF THE "ORGANIC" CBID PROCESS

A descriptive narrative of the "organic" CBID process was described by a spokesperson for NAD (KII#6):

I identified in each province, key persons with disabilities who could drive this. Segregated by gender and type of disability and I thought more of the youth, because we are looking at ICT. Using WhatsApp and Facebook and Twitter and all that. So, I identified those young people and looked for certain profiles to see who anchors. We started with a coordinator, a volunteer, a male and a female ... and we made sure the coordinator was a person with a disability. That's how it evolved. We developed a guideline of how to run, rules for those WhatsApp groups. Started inviting more people to join, and we gave them material. We picked 10, Zambia has 10 provinces. We called them district coordinators…we picked a district in this province, when they grew, they helped to form a new district network then they will anchor it as provincial network. We formed a WhatsApp group for those 10 and started mentorship and training. So, the CBR guidelines, we walk them through, the UN CRPD, we walk them through. We used [and still do use] Zoom to meet. NAD just buys them bundles, nothing else.

We have grown the network from 10 to 39 districts. The idea is to have all districts in the network… The memberships aren't just about OPDs, it is duty bearers, everyone belongs there. There is the issue of referral for people who need support, social welfare, the district health person on the network to explain why, if there is a case of a child who hasn't been reached, so its immediate.

There are three things that happen. The coordinator with the district team sets quarterly targets for their district. They meet to set, refine and report on their targets. Secondly, there is always training on a new topic or issues. For example, a member of parliament will be brought to discuss something about the convention or someone from WaterAid is brought in to discuss accessible water points or ZAPD will come in. Sometimes they have exchange programmes amongst themselves to learn from other districts. Thirdly, there is an annual conference with all the districts. Part of the training is on strategic areas for capacity building and the other part is the annual review. All 39 gathered in Lusaka last year.

ANNEX 5: INSIGHTS FROM KEY INFORMANTS ON OPDs AND SERVICE ORGANISATIONS

Organisations of Persons with Disabilities

a) The Viole Image Productions formed a women's network, which is a good example of the combined purpose, as members of a group in Kazungula in Southern Province said "we are able to help our families now because of what we do. In case of an illness, we are able to get money and assist. Even our children now, they are aware of their rights through these meetings… We also have youths with visual and hearing impairments, that we have been following, they want to go back to school…. Most of the time the children including their parents were just staying at home. This is different now." (SV#1, Viole Girls and Women with Disabilities Club). (Participated in OPD meeting in Livingstone)

b) A unique organisation called "SPORTS" in Livingstone is worth mentioning as an example of enthusiasm - their interest is on sport and against all challenges through the COVID 19 pandemic and on-going issues around transport, shortage of funds for equipment, they have persevered. They are not exclusively for persons with disabilities, they include persons without any impairments and believe that sport is critical for socio-emotion and physical wellbeing. (Participated in OPD meeting in Livingstone.

c) Within the wide range of OPDs there are sector umbrella bodies, such as Zambia National Association of the Deaf, some of which participated in the inception and validation meetings of this SitAn process. (Please *see* Annex 6 for the attendance of OPDs in the inception workshop and validation meeting.)

Civil Society Organisations

There are several CSOs that act as umbrella bodies, some of whom also act as grant giving agents. The following engaged with the SitAn processes or were referenced by respondents:

Community Based Rehabilitation-CBR (Site visit to Holy Family Centre)

The site visit to the Holy Family Centre in Monze provided detailed insight to how the CBR model works, and why it has gained the support of MCDSS as an effective model for national roll out. CBR is practiced by several CSOs, it is not a network in itself, but an approach to community owned processes with and for persons with disabilities. The programme starts with a mapping of the five domains, as is described in the section on NAD (Health, education, empowerment, livelihood and social inclusion), establishing networks and assessing the extent of disability inclusion and the prevalence of different disabilities in the community. Thereafter, the programme works with their recruited field workers and volunteers led by coordinators to provide support directly to beneficiaries and their households.

Disability Rights Watch-DRW (Participated in inception and validation meeting and through a KII)

DRW is a disability service and advocacy organisation that builds capacity and advocates strategically for the implementation of the CRPD. It was established after the ratification of the CRPD when "there was no specific organisation which had the capacity to push for its domestication and to monitor its implementation. "So, what we did, we attended training on the CRPD at the national university of Ireland. So, the role of the DRW is to ensure the promotion and protection of the rights of persons with disabilities through mediation and litigation, to ensure the effective and full implementation of the CRPD and to ensure that laws and policies which exist are amended or repealed and that new additions are in line with the CRPD. And we protect the rights of persons with disability through mediation, and litigation. That's why we have para-legals. "(KII 05) Their mission is to "to defend, protect and promote the economic, social, cultural, civil and political rights and fundamental freedoms of persons with disabilities and ensure the respect of their inherent dignity on an equal basis with all other people in Africa."[158] The majority of staff at DRW have disabilities.

This relatively small team of legal professionals, a communication and advocacy specialist, an administrator, an accountant, and a driver, overseen by a board, have a strong presence in Zambia being engaged in various activities in the development of quality programmes, advocacy initiatives and assisting rights holders to negotiate with duty bearers. DRW has paralegal desks in Lusaka, Southern and Eastern Provinces. They also work with seven partner OPDs especially the more under-represented sectors such as children and women with disabilities, persons with psycho-social and intellectual disabilities, persons with albinism and those who are deaf-blind. DRW also focuses on persons with disabilities who have formed OPD networks in rural areas.

DRW was instrumental in the coordination and submission of the Alternative Report to the Committee on the CRPD in 2020 and has been consulted by the Permanent Secretary of MCDSS on matters within the report. In 2023, DRW signed an agreement with the Office of the Public Protector (OPP), which is the ombudsman institution of Zambia entrusted to safeguard the interests and the rights of an individual in his or her quest to receive a "public service" that is just and fair. "With the signing of this memorandum of understanding, the two institutions will work to address unfair treatment that persons with disabilities tend to face at the hands of public officers which amounts to discrimination or biasness by the service provider. " [159]

The OPP has a statutory and constitutional mandate to address cases where an individual could be unfairly treated due to their social or economic status in society, sex or physical and mental ability. Disability Rights Watch together with the Office of the Public Protector will collaborate on common programmes such as case investigations and public outreach programmes to sensitise the public on the work of the OPP and their rights as they seek services from public institutions.

Norwegian Association of Disabled-NAD (Participated in inception and validation meetings and through KII)

NAD is a Norwegian funded organisation that advocates for the rights and well-being of people with disabilities. The main objective of the NAD is to promote full inclusion, equal opportunities, and improved quality of life for individuals with disabilities.[160] Since 2009, NAD has been working in Zambia but is no longer implementing programmes themselves, as they have shifted to financially supporting and working collaboratively with a variety of OPDs including the DRW, the AFZ, Zambia Association of Parents for Children with Disabilities (ZAPCD), the Archie Hinchcliffe Disability Intervention, Zambia Association on Employment for Persons with Disabilities (ZAEPD), and the Zambia Federation of Disability Organisations (ZAFOD).

NAD, in support of the GRZ led by the MCDSS, introduced a structured and institutionalised approach to the CBR strategy and programme (now referred to as CBID to Zambia). NAD supported the training of a critical mass of about 50 core CBR trainers on their holistic and ground-up approach. OPDs, Government and non-government representatives formed teams in each of the pilot areas (Kazungula, Livingstone and Zimba districts) to first map and assess the district in terms of disability inclusion within health, education, livelihood, social and empowerment programmes and then developed action plans to improve their level of functional inclusivity in each sector. "Historically, what you see is that people were working in silos. So, we filled that gap of coordination between the silos. You need that coordination" (KII#6, NAD). See Annex 2 for the CBID national stakeholder analysis completed in 2022.

NAD also supported the pilot of six Inclusive Education Schools in Zambia in the same CBID areas (Kazungula, Livingstone and Zimba districts) and the development of training material for inclusive education. *"Now, you will find inclusive education as part of the curricula of all higher education qualifications for teachers in Zambian colleges of education and/or universities with education faculties."* (KII#12, DRW)

Cheshire Homes Society of Zambia (CHSZ) (Participated through a KII)

The CHSZ is registered as a local NGO, and although affiliated to the global network of Cheshire Homes Association, is autonomous and raises its own funds. Their core function is to provide support and services to individuals with disabilities, to promote their inclusion and access to services.[161] "That is our core business. To ensure all services are included in your package. If you are there to provide sexual productive health, we are there to give a lens to say there are also these people who need this service." KII#9, Cheshire Homes.

One of the key aspects of CHSZ's work is the provision of short-term residential care facilities known as Cheshire Homes, found in six provinces of Zambia.[162] These homes provide a safe and supportive environment for children with disabilities who may require rehabilitative assistance with daily activities or have limited family support, who are then diverted back to the communities once the rehabilitation is completed. Additionally, they partner with 25 NGOs and OPDs to offer a range of programmes, including the child empowerment programme, the human rights advocacy project and educational support through the inclusive education project. [163]

CHSZ receives funding predominantly via various international channels including the Netherlands through the Dutch Ministry, the Lillian Foundation and Misereor as well as local funds, received through donations. The CHSZ works closely with the government agency ZAPD, on issues of governance and implementation, and is partnered and supports numerous NGOs and OPDs who also support programmes on children and youth with disabilities. "ZAPD ensures the coordination of OPDs, and we go beyond that. Our role is to ensure they are able to mainstream their services." KII#9, Cheshire Homes.

The support provided by the Lillian Foundation enables CHSZ to manage the Zambia Enhanced Community Based Rehabilitation Programme (ZECREP) which is aimed at improving the quality of life of children with disabilities in Zambia by 2030. CHSZ works through its local implementing partners, Archie Hinchcliffe Disability Intervention Lusaka, Twatasha Disabled and OVC Organisation in Kafue, and Holy Family Centre in Monze. Additionally, research support is provided by Radboud University [164](Netherlands) to the CHSZ in their Breaking down Barriers projects with relevant evidence for disability inclusive advocacy and development.

Sightsavers International (Participated through a KII)

Sightsavers is a global organisation that supports the rights of people with disabilities in their education, employment, health and political participation.[165] The organisation focuses on protecting people's sight, fighting diseases that cause visual impairments and promoting disability rights through inclusive eye health projects across all districts. With the aim of strengthening the accessibility of persons with disabilities to healthcare facilities, Sightsavers developed a useful tool called the accessibility standards and audit pack, designed to guide the identification of gaps and improve on disability accessibility standards.[166]

Sightsavers Zambia is funded by Sightsavers Global, and collaborates with the, ZAFOD, ZAPD, DRW and Cheshire homes Society[167]. The focus surrounds the domestication of the African Disability Rights Protocol, a legal framework, aligned with the CRPD, to promote disability rights in African member states. The protocol will only come into effect following the ratification of 15-member states of the African union.[168] "What we want to achieve on the protocol is to ensure that the protocol Is domesticated in each country so the rights of people with disability are protected. Especially albinism, that's one of the things that we want to look at. Discourage harmful practices." KII#11, Sightsavers.

They are also working with the European Union on inclusive education (IE); International Labour Organisation (ILO) on economic empowerment; with ZAFOD and Zambia Federation for Employers on including persons with disabilities in the labour markets and with ZAPD on improved data management and governance. KII#11, Sightsavers.

Christian Blind Mission (CBM) (Participated in through a KII)

CBM (unable to interview) but they attended part of the induction programme and were cited by other stakeholders as strong promoters of the rights of persons with disabilities. CBM collaborates with the Ministry of Health (MOH), where they support the rehabilitation strategy with the World Health Organisation (WHO)[169], as well as Sightsavers. "We have an agenda with CBM where we want to support the main [government] umbrella body (ZAPD). To see how we can support them in terms of managing data and governance and strengthen their ability to organise and coordinate" KII#11, Sightsavers.

ANNEX 6: DESCRIPTION OF HOW Community Based Rehabilitation WORKS

The following excerpts from a conversation with a CBR focal person at the donor funded Holy Family Centre [170] provides a descriptive vignette on how CBR works:

The focal point person is a bridge between the community and the institution. So, we work at the institutional level, and we are also found in the community, as we are trainers of the community workers, the field workers who make daily visits in the homes. Some cases need special attention, we go there ourselves.

We have twelve field workers, and they are distributed through the community. When we selected the field workers, we did it strategically, we worked with people in the community, because we wanted them to understand how the referral processes worked. So, if a child needs a disability card, they are aware of the procedure. This year we had a girl child who only lived with men at home so because of that they talked to the field worker who helped with [an application] for the CDF for the child to get a bursary to be in a boarding school. So, they dealt with the social security issues, and they helped the child to get into school. So, most of our field workers are very aware of the procedures.

We look at all the things within the five domains: health (including nutrition) education, empowerment, livelihood and social. It's a holistic approach. We look at where they are staying, is it safe? Are the parents empowered? Are their different activities sustainable?

Most of the cases we have are children with cerebral palsy (brain damage to an infant brain]. The health aspect of cerebral palsy required assistive devices such as special chairs and standing frames. Our field workers have training in Assistive Paper Technology, so they can help to make assistive devices for parents. We also work on educating the parents on how to cope and keep up with the child. And there's a lot of discrimination in the communities. From my personal point of view, the one thing that can change attitude is awareness. Most of the discrimination comes from people who don't know what is causing the disability.

The field worker trains the parent and support groups. We also have training for the portents… supported by the ZAPCD[171]…so what we want to see is the spread of information from support groups into the community... when the parents feel they have a voice.

We also train the community leaders, trying to bridge [inclusion] in communities in various ways.

The field workers are also trained in sign language and can therefore interpret for Deaf members of their community, giving access to critical information to access services and entitled social security.

ANNEX 7: UNSDCF RESULTS MATRIX – DISABILITY INDICATORS

- **Results Matrix – Prosperity:**
  - √ 1.1.4 Number of youth volunteers/interns/apprentices/fellows on placement to support sustainable development goals (SDG) by sex. 5-year target: 11,923 Female (7,154) Male (4,679) Persons with disabilities (250)
  - √ 1.3.3. Number of registered companies accessing financial capital for business investment (disaggregated by sex and age of owner). 5-year target: 5000 (3000F, 2000M - owned) Persons with disabilities (100)
  - √ 1.3.4 Number of *new SMEs* (Small and Medium Enterprises) provided with business development support (disaggregated by youth, disability, sex and age ownership) 5000 (3000F, 2000M - owned) Persons with disabilities (100)
  - √ 1.4.2 Number of Persons with disabilities provided with social assistance and assistive technologies. 5-year target: 114,988 (M- 45995 F- 68,993)

- **Results Matrix – Peace:**
  - √ 3.2.1 Number of citizens participating in democratic processes (composite dimensions).
    Number of eligible voters registered by province, sex, age, persons with disability. Target (2026): National registered voters: 7,069,830; Women: 3,60,580; Youth: 3,888,407; Persons in Lawful Custody: 15,059; Persons with disabilities: 21,210.

  - √ 3.4b By 2027 and increased proportion of persons with disabilities in parliament and local government (SDG 5, 16). Current baseline: 1 person with disability in parliament (2022) and local government.

ANNEX 8: RAPID ASSESSMENTS OF COVID-19 IMPACTS ON PERSONS WITH DISABILITIES

(1) COVID-19 Impact Assessment on Persons with Disabilities in Zambia[172]

Conducted in March and April 2021 by the United Nations, ZAPD and selected OPDs. Data was collected from 1,825 households with persons with disabilities, including psychosocial disabilities and those with albinism, in 30 districts across the 10 provinces of the country. Key findings:

- 67 per cent of respondents reported a reduction in their income, with the majority of them unable to afford three meals a day.
- 47 per cent of respondents reported facing more challenges associated with not only their general well-being but equally with their mobility and social life as they were no longer able to meet in the groups/clubs and associations for persons with disabilities.
- Challenges were also encountered with accessing education, health and other support services, particularly rehabilitation services for children with disabilities.

(2) Rapid health impact assessment of COVID-19 on families with children with disabilities living in low-income communities in Lusaka, Zambia[173]

Conducted in October and November 2020 by the Catholic Medical Mission Board (CMMB) Zambia. Data collected from 39 families with children with disabilities living in low-income communities in Lusaka, Zambia. Key findings:

- Most families reported a major loss of income resulting in food insecurity (79%), housing instability (67%), stress (36%), increased risk of child separation and neglect (18%), and loss of access to health services for their child such as physiotherapy (33%). Most children did not attend school prior to the pandemic, and most families did not report receiving governmental financial assistance.
- Stakeholders interviewed reported that COVID-19 information was widely available although few specific interventions for children.
- Children with disabilities and their families remain a hidden and high-risk population, particularly in low-resource environments.
- Recommendations included ensuring policies are not only inclusive of disability, but intentional toward children with disabilities. Uninterrupted access to adequate services, education, and support must be available during the pandemic and beyond so that children with disabilities have a chance to engage fully in social and civic life.

(3) The Impact of COVID-19 on Persons with Disabilities[174]

The following findings were presented by the Policy Monitoring and research Centre in Lusaka. The details on how these views and recommendations were reached are not available on their website, but they generally concur with the above-mentioned studies and are therefore included here:

- Most organizations and persons with disabilities were of the view that the current social protection programmes and the emergency cash transfer implemented during the pandemic were not inclusive and sufficient enough. There is need to increase in social protection programmes tailored for persons with disabilities.
- There is need to include and consult persons with disabilities in the development and implementation of COVID-19 response and mitigation measures as well as in all national development efforts.
- Government was urged to disseminate information on COVID-19 preventive and mitigation measures in appropriate formats and language.
- Government was urged to ensure the availability of PPEs in special schools and organizations that interact with persons with disabilities, as most of them could not afford to buy masks and sanitizers.
- Government and its implementing partners, especially local authorities were urged to provide lower and accessible hand washing stations to cater for persons on wheelchairs, as most washing points in public places tend to be high and inaccessible to persons in wheelchairs.

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