

SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

ZAMBIA



COUNTRY BRIEF

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JULY 2024

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

CBID	Community Based Inclusive Development
CBM	Christian Blind Mission
CBR	Community Based Rehabilitation
CHAI	Clinton Health Access Initiative
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DMIS	Disability Management Information System
ILO	International Labour Organization
LNOb	Leaving No One Behind
MCDSS	Ministry of Community Development and Social Services
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
SCT	Social Cash Transfer
SitAn	Situational Analysis
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
ZAPD	Zambia Agency for Persons with Disabilities
VNR	Voluntary National Review
WHO	World Health Organization
ZAFOD	Zambia Federation of Disability Organisations
ZIEP	Zambian Inclusive Education Program

BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organisations of persons with disabilities (OPDs) and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025, UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. The selected teams were then allocated an initial budget to deliver an induction training, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

From July to November 2023, Zambia UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

This brief provides a summary of the key gaps and opportunities presented in the full report. The full situational analysis report with additional background and context can be found on the UNPRPD webpage.

2 WHY A COUNTRY ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situational analysis was designed to:

- Inform the design of future PRPD funded programmes in the country and serve as a baseline for these programmes;
- Inform UNCTs of gaps in terms of disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organisations, as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

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INTRODUCTION TO DISABILITY CONTEXT IN ZAMBIA



Population

19,693 million



Disability Prevalance

>7.7%

Zambia signed the Convention on the Rights of Persons with Disabilities (CRPD) in 2008, ratified it in 2010, and enacted the Persons with Disabilities Act in 2012 to incorporate its principles. The 2012 Act also reinstated the Zambia Agency for Persons with Disabilities (ZAPD). The Education Act amendments in 2011 promoted inclusive education.

A new Constitution in 2016 prohibited discrimination based on disability. The Special Rapporteur's visit in the same year highlighted inclusive policies and identified areas needing improvement. The Mental Health Act of 2019 replaced the outdated Mental Disorders Act.

Zambia submitted its first CRPD report in 2017 and OPDs submitted an alternative report in 2020. Zambia participated in the Global Disability Summits in 2018 and 2022, committing to various goals. An assessment in 2022 evaluated Zambia's capacity to provide assistive technology. UNICEF's 2021 World Children's Day event featured advocacy for children with disabilities. Reviews of progress towards the SDGs in 2015 and 2022 highlighted improvements despite COVID-19 challenges, including an expanded social cash transfers program.

The National Disability Survey in 2015 reported that 7.7% of the population had disabilities. With Zambia's current population size this translates to about 1.5 million individuals with disabilities. This is believed to be an underestimate. 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 in 2023.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A comprehensive list of stakeholders is included in the full report.

Government and its coordination mechanisms

The Ministry of Community Development and Social Services (MCDSS) in Zambia is the primary body responsible for implementing the Persons with Disability Act (2012) and coordinating with other ministries to provide services, infrastructure, and legal protection for persons with disabilities. The roles of the Line Ministries in the implementation of the law are as follows:

- MCDSS formulates policies for social integration and independence of persons with disabilities. It oversees rehabilitation, healthcare, education, training, and employment services.
- Ministry of Education is responsible for implementing inclusive education at all levels and equip public institutions to cater to persons with disabilities. It also establishes special schools for those who cannot be included in mainstream institutions.
- Ministry of Health is responsible for ensuring access to mainstream health services and provide disability-specific healthcare. It promotes early intervention, rehabilitation, and the inclusion of disability studies in health professional training.
- Ministry of Labour and Social Security is responsible for protecting employment rights and promote vocational training for persons with disabilities. It works to ensure equal access for persons with disabilities to social protection and poverty reduction programs.
- Ministry of Transport is responsible for ensuring accessible transportation and eliminate barriers. It should consider disability needs in the design and operation of the transport network.
- Ministry of Works and Buildings is responsible for ensuring accessibility to the physical environment. It sets standards for public and private facility accessibility.
- Ministry of Communication is responsible for ensuring access to information and communication. It works to remove obstacles to information and prescribe standards for accessible communication methods.
- Ministry of Sports and National Arts is responsible for providing access to sports, leisure, and cultural activities for persons with disabilities.
- Though not listed in the Act, the Ministry of Finance and National Planning plays a critical role in disability-inclusive planning, budgeting, and implementing the Sustainable Development Goals (SDGs).

The Zambia Agency for Persons with Disabilities (ZAPD) was reinstated by the Persons with Disability Act in 2012 and operates under the Ministry of Community Development and Social Services (MCDSS). ZAPD's mission is to promote equal opportunities for persons with disabilities across civil, political, economic, social, and cultural spheres, and to mainstream disability issues in all policies and strategies for sustainable development, aligning with the Convention on the Rights of Persons with Disabilities (CRPD). ZAPD has offices in all provinces and

select districts. Apart from its responsibilities to keep data and statistics, ZAPD has also been assigned the role as coordination and monitoring mechanism for the CRPD implementation, under the Ministry of Community Development and Social Services (MCDSS). This arrangement, however, limits ZAPD's independence. While ZAPD is recognized as crucial for coordination, there is widespread disappointment about its effectiveness. As a result, coordination among stakeholders is often informal, relying on personal connections and social media, primarily WhatsApp. The Community-Based Inclusive Development (CBID) network acts as a central coordination mechanism across provinces, bringing together disability stakeholders. The Ministry of Health hosts a coordination structure for rehabilitation issues, working on improving data collection related to disabilities.

Organizations of persons with disabilities (OPDs)

The Zambia Agency for Persons with Disabilities (ZAPD) is tasked with registering and supporting OPDs and other supportive civil society organisations. However, there is no synchronized system for maintaining a comprehensive database, and no requirement for organisations to regularly report to ZAPD, leading to an unclear picture of active organisations. Out of approximately 400 registered entities, only about 100 are active, with an unknown proportion being OPDs or service providing CSOs.

The Zambia Federation of Disability Organisations (ZAFOD) is the main umbrella body for OPDs, founded in 1985 and officially registered as an NGO in 1990. It includes at least 11 national affiliates representing various groups of persons with disabilities. ZAFOD focuses on advocacy, capacity building, awareness-raising, information dissemination, evidence generation, and representation, especially for women and youth. Despite facing financial and governance challenges, and criticisms for not fully recognizing newer, youth-led OPDs, ZAFOD remains a central actor in the disability movement.

OPDs in Zambia are well-networked and supportive of each other at various levels. The Community Based Inclusive Development (CBID) movement, which is part of a global initiative, is active in all provinces and in 46 of 116 districts, having developed organically during the COVID-19 pandemic with support from the Norwegian Association of Disabled (NAD). OPDs have diverse missions, including income generation, raising rights awareness, advocacy, and mutual support. While there is strong enthusiasm for championing their rights, there is less emphasis on collectively advancing the broader goals of the Convention on the Rights of Persons with Disabilities (CRPD).

Civil society and non-governmental organizations

The Situational Analysis identified eight local CSOs/NGOs and nine international NGOs that work actively on disability programs in Zambia, including Norwegian Association of Disabled (NAD), Orbis International Zambia, Sightsavers International, CBM, CHAI and International Centre for Disability and Rehabilitation. Please refer to the full report Annex 3 for a list of organisations and Annex 5 for insights and information provided by key informants on the service providing organisations.

UN agencies

The UN Country Team (UNCT) follows the United Nations Disability Inclusion Strategy (UNDIS), which guides sustainable and transformative disability inclusion across all UN activities. This has led to training on inclusive strategies, accessibility audits for UN buildings, and revisions of operational and HR protocols. A UNPRPD supported project, involving partners like ILO, UNFPA, WHO, UNDP, UNICEF, and UNAIDS, focuses on promoting disability inclusion in HIV, sexual and reproductive health, and social protection, particularly in Luapula Province. Emphasis is placed on supporting women and girls with disabilities.

An inter-agency group, "Leaving No One Behind/Disability Inclusion Group" (LNOB), coordinates efforts to protect the rights of persons with disabilities. Chaired by IOM, this group meets quarterly and works on mainstreaming disability in various agendas, completing the UNDIS Disability Scorecard, planning events for international observances, and organizing relevant training workshops.

Summary of stakeholder coordination analysis

The Ministry of Community Development and Social Services (MCDSS) and ZAPD are responsible for overarching coordination, while ZAPD manages registration data on OPDs and persons with disabilities. However, both coordination and data management roles are weak, hindering the ability to lobby for specific issues and hampering the state's obligations under the CRPD. Reasons for this setback include a lack of authority of disability focal persons within ministries, inadequate budget allocation, particularly to ZAPD, poor management of ZAPD, and a need for improved information technology for the Disability Management Information System (DMIS).

Networking within the sector by OPDs is a strength, with active and effective communication via social media, adhering to the motto “nothing about us without us.” However, the extent to which persons with disabilities are included in non-disability-specific forums is unclear, and their ability to engage and contribute confidently to policy and planning processes is also a challenge. Coordination among development partners committed to disability rights is equally weak, lacking a platform for collective planning and monitoring against a national strategy, unlike the Joint Social Protection Programme.

Collaboration among stakeholders is essential, but there are critical gaps, including fragmentation and competition for limited resources. Proper coordination and agreement on priorities are needed to address these challenges effectively.

4.2 Preconditions for disability inclusion

A critical new element of the UNPRPD strategy is its focus on the essential preconditions for disability inclusion to advance the CRPD. These preconditions must be met to address the requirements of persons with disabilities across all sectors. The following findings focus on the preconditions.

EQUALITY AND NON-DISCRIMINATION

The Zambian Constitution (2016) includes disability as a prohibited ground of discrimination (article 23) and adopts the social model of disability, recognizing impairments in conjunction with societal barriers (article 266). The Persons with Disabilities Act (2012) prohibits discrimination based on disability. Sections 8 and 9 aims to ensure persons with disabilities have the right to legal capacity on an equal basis, including necessary assistance and reasonable accommodation in judicial and law enforcement contexts.

Other legislative measures include:

- National Gender Equity and Equality Act (2015): Prohibits discrimination against women, including those with disabilities, in employment.
- Local Government Act (2016, amended 2019): Includes representation of persons with disabilities.
- Citizens Economic Empowerment (Amendment) Act (2021): Prohibits employment discrimination against persons with disabilities.
- Children Code Act (2022): Ensures dignity and respect for children with disabilities.
- Employment Code Act (2019): Prohibits employment discrimination based on disability.

There are also several national policies and strategies guiding disability inclusion. Most importantly the National Disability Policy (2015). It is currently (2023) under review due to inadequate dissemination and implementation. Other disability inclusive policies are the National Child Policy, National Youth Policy, and Youth Employment and Empowerment Action Plan, which all recognize the rights of persons with disabilities. Additionally, the 'Health in All Strategy' (Ministry of Health) recognises societal inequities as causes of disability and promotes disability mainstreaming in health policies and services.

Despite this rather strong legal and policy framework, implementation lags. There is a great need to establish time-bound benchmarks, effective provincial and district plans, and adequate funding. Also, some of the national laws and policies still remain discriminatory, needing legislative review and harmonization with the CRPD. Requests include revising the Bill of Rights to address disability-based discrimination and establishing an effective complaints mechanism for reporting discrimination.

Because of this slow realisation of commitments, stigma and discrimination is still prevailing in Zambia. Children with disabilities are often hidden, which has severe implications for access to education, social engagement, intellectual, and social development. Parents often treat children with disabilities as lesser, limiting their opportunities and development. Especially girls and children with intellectual disabilities. Strong cultural belief systems perpetuate discrimination and witchcraft is still frequently cited as a cause of disabilities.

Key findings

- 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. The key weakness lies in the fulfilment of these commitments that still lack explicit budgets and implementation measures. Also, there is still a need for review of some legislation to establish full consistency with CRPD and Zambia's disability laws and policies.
- Persons with disabilities and their families recognise the need to be more familiar with the CRPD, the Disabilities Act and other provisions in order to actively claim their rights.
- Whilst there are examples of positive changes in self-regard amongst persons with disabilities, societal barriers to equity, such as stigma, cultural beliefs, parental attitudes and institutional practices, such as in churches and social services, are still challenges to equity.

INCLUSIVE SERVICE DELIVERY

Disability assessment and referral services

Disability assessment and determination in Zambia involve several steps managed by the Ministry of Health and the ZAPD. ZAPD maintains the Disability Management Information System (DMIS) and handles referrals to relevant services. The steps include

- Collect the ZAPD disability assessment form from a provincial office. Forms cannot be completed at health or educational facilities.
- Undergo a medical examination at a hospital or health post to determine the nature and severity of the disability. The assessment classifies disability as Mild, Moderate, Severe, or Profound, though these classifications lack predetermined criteria.
- Verify National Registration Certificate (NRC) status with an authorized officer.
- Submit the completed form to the provincial ZAPD office for data entry and issuance of a disability identity card. The process may be hindered by technical issues and limited accessibility to ZAPD offices.

Despite efforts to make assessments accessible in provinces and to reform the system, the registration process is still lengthy, costly and complex, leading to low coverage. Only a small fraction (63,340 out of an estimated 1.5 million) of persons with disabilities were registered as of August 2023. This low registration rate negatively impacts policy and fiscal planning for inclusive services. Current assessments follow a medical model, not a rights-based approach and there is a lack of standardized criteria for determining disability severity. There is limited capacity of ZAPD offices and lack of necessary infrastructure, such as printers and internet, pose challenges. Travel to provincial offices and health facilities is expensive and time-consuming. There is insufficient accessible information about registration benefits and processes. There is a higher risk for individuals with intellectual or psychosocial disabilities, who may not be properly identified or supported. There is no independent complaints mechanism that can help individuals denied services or facing discrimination.

Disability support services

Persons with Disability Act (2012) mandates ZAPD to coordinate disability support services and develop inclusive policies across government institutions. Despite this framework, support services are primarily provided by families and communities, with additional assistance from social cash transfers and Community-Based (CBR/CBID) programs funded by international partners. Access to Sign language interpretation and Braille services is limited, provided mainly by CSOs and special schools. Only a limited number of health facilities offer rehabilitation and habilitation services due to a shortage of trained personnel. There are however a few specific support services such as

- Mental health and psychosocial support provided by various NGOs, such as MHUNZA, REPSSI, and the Old Drift Initiative.
- Physiotherapy, occupational therapy, and prosthetic services provided by the Livingstone Rehabilitation Centre. However, a significant challenge is the availability of materials, often requiring persons with disabilities to pay for them.

Clearly, disability support services face significant challenges in terms of resource availability, formal support structures, and societal attitudes. Efforts like SCTs and CBID programs help, but more formal, comprehensive, and inclusive support systems are needed.

Mainstream services

a. Social protection

The social protection sector is governed by the National Social Protection Policy Framework and supported by the UN Joint Programme for Social Protection (UNJPSP). While the STC program has reduced poverty for persons with severe disabilities, most households with disabilities are still disproportionately affected by poverty, with fewer employment opportunities and a reliance on subsistence farming and social cash transfers. Despite increased social cash transfers and pilot projects for inclusive food security programs, Zambia continues to face significant hurdles in fully supporting its disabled population.

b. Health

Health services for people with disabilities are guided by the Persons with Disability Act (2012), which guarantees the right to health without discrimination and mandates free medical care. However, the availability of specialized equipment and trained personnel is limited. 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. The National Health Insurance Scheme aims to expand healthcare coverage but primarily benefits formal sector workers.

c. Education

The Free Basic Education policy and the Education Act support free and inclusive education, although implementation remains inconsistent. Educational models include special schools, special units, and inclusive education. Initiatives like the Zambian Inclusive Education Programme (ZIEP) seek to improve access and quality of education for children with disabilities. Recent efforts include expanding inclusive education initiatives and training teachers on inclusive practices. However, challenges persist, including incomplete policy implementation, inadequate transportation, lack of accessible infrastructure, and insufficient data on learners with disabilities.

d. Employment

Employment rates are lower for individuals in households with disabilities compared to those without. Disability services face funding challenges, limiting their effectiveness despite efforts to provide loans and support for commercial ventures and skills development.

Key findings

- Legal provisions exist for the inclusion of persons with disabilities in mainstream services such as social, health, and education, but implementation is lagging.
- Zambia still uses the medical model for assessing and determining disability despite recognizing the value of the rights-based model.
- The Disability Management Information System presents challenges due to cumbersome and costly assessment and verification processes for persons with disabilities. Only a small fraction of persons with disabilities are registered.
- Lack of reliable data on disability is impacting policy and fiscal planning for inclusive services. Comprehensive data on disabilities and the effective implementation of existing policies are crucial for addressing these ongoing challenges.

ACCESSIBILITY

The Persons with Disabilities Act (2012) mandates the Minister of MCDSS to ensure equal access and remove barriers in urban and rural areas. Efforts have been made to include accessibility requirements in national policies e.g. health, education and transport. 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. Good practices also include accessible Zambian Kwacha (currency) for the visually impaired, a library for the visually impaired, and sign language interpretation for major TV news broadcasts.

However, the inaccessibility of public information and infrastructure remains and there is inadequate capacity of the ZAPD to enforce accessibility provisions and standards. Private TV stations still lack sign language interpretation, and there are not enough trained sign language interpreters. Accessibility in transport remains a major issue, with no wheelchair-accessible public transport and inadequate implementation of accessibility standards in infrastructure. Many schools, including special schools, lack accessible infrastructure and learning materials, with inadequate staffing and support for learners with disabilities. The Act requires accessible health services, but in practice, rehabilitation services are centralized, requiring costly travel. While the Act mandates accessibility in legal proceedings, practical implementation is lacking, especially for sensory-impaired individuals.

Key findings

While there are pockets of exemplar cases, on the whole accessibility challenges remain. The key barriers lie in

- poor understanding and inadequate application of legislation and particularly the universal design concept,
- inadequate technical and financial resources to institutionalise effective inclusive design strategies to ensure that services are usable by all persons with disabilities, and
- poor monitoring through inspections and follow enforcement of guidelines and policies by ZAPD.

CRPD-COMPLIANT BUDGETING AND FINANCIAL MANAGEMENT

The Persons with Disability Act (2012) outlines the responsibilities of ministries to ensure that people with disabilities have access to services enabling independent and meaningful lives. In 2023, a disability budget analysis was conducted by the government with UNICEF's support, focusing on budget size, composition, and trends over 2019-2022. The analysis showed that only 0.03% of the national budget was allocated to disability inclusion programs, despite 7.7% of the population having a disability.

90 percent of the government disability budget went to MCDSS, which reallocates funds to five institutions, including ZAPD that received the largest portion (74.5%). Critical line ministries, such as Education and Labour and Social Security received the remaining 10 per cent, which could explain the minimal extent to which inclusive services are mainstreamed.

MCDSS's budget allocation for disability programs decreased from 3.05% in 2019 to 0.54% in 2023. Despite the limited funding available, ZAPD, underspent their budgets in 2019 and 2022. Accountability and governance is thus a critical gap.

In addition to the national and sectoral budgets, the decentralisation policy is supported with a constituency development fund, which increased substantially from 1.6 million to 25.7 million Kwacha in 2021. Even though 60 per cent of this fund is reserved for local projects and 20 per cent for boarding school fees and skills development, persons with disabilities reported challenges with accessing these funds. Difficulties were experienced in accessing forms, completing them correctly, misunderstandings on who and what were eligible.

Key findings

The 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. There is clearly a need to

- have updated, disaggregated data on persons with disabilities and their diverse living conditions as a basis for budget planning as well as reliable management and monitoring systems
- gradually increase funding for disability-inclusive programs and encouraging private and partner funding to supplement government funding
- provide information and support to OPDs and parents of children with disabilities on how to access the constituency development funds and other programmes and resources.

ACCOUNTABILITY AND GOVERNANCE

Inclusive evidence and data gathering systems

States Parties are obligated to collect and disaggregate data by location (Article 31). While some OPDs and CSOs have useful datasets for coordination and collaboration, there is no comprehensive database on services for persons with disabilities in Zambia. Reliable and comprehensive data on persons with disabilities and their representative organisations is not available. Apart from the Disability Survey in 2015 and silo information in some ministries, specific service providers, NGOs and research projects, disability related data is inadequate. The Disability Management Information System (DMIS), supported by the UNJPSP, is still incomplete. Apart from the Social Cash Transfer Programme, disaggregated data in mainstream or targeted services are 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 hopefully provide updated data.

National accountability mechanisms

Article 35 of the CRPD mandates States Parties to report on their measures and progress in implementing the Convention. The Disability Act (2012) mandates MCDSS and ZAPD to be responsible for collaboration, coordination and reporting. However, their respective roles are unclear, and they lack sufficient capacities. While these bodies make efforts to involve stakeholders in policy meetings, they lack a formal evidence-based monitoring mechanism. Disability focal points have been established within most line ministries to mainstream disability rights and identify non-compliant policies. However, there is insufficient guidelines on the roles and functions of these focal points. Disability mainstreaming guidelines are being drafted with UN support to address this. The Draft National Policy on Persons with Disabilities (2023) includes commitments to strengthen the institutional and legal framework and coordination mechanisms in the disability sector, but it lacks specifics.

According to CRPD Article 33, States parties must establish independent mechanisms to promote, protect, and monitor CRPD implementation, adhering to the Paris Principles of independence and plurality. ZAPD, with a board appointed by the MCDSS Minister, is not independent as required by Article 33. The Human Rights Commission (HRC) of Zambia meets the requirements and has a commissioner groups (who is herself a person with a disability) mandated to represent persons with disabilities and other marginalised. However, HRC has not actively and consistently supported Article 33 implementation. An independent body should prioritize disability sector complaints and monitor issues raised by the CRPD Committee systematically. OPDs, led by ZAFOD, are willing to work with the HRC on developing a more systematic approach. The Public Protector addresses grievances but focuses only on public service complaints, which calls for cooperation with HRC on individual complaints.

As a result of the gaps in accountability and governance mechanisms, the statutory instruments required under the Persons with Disability Act (2012) still await legislative approval for full operationalization, addressing health, employment, accessibility, and education issues. The comments from the CRPD committee remain unanswered and the commitments made at the Global Disability Summits remain to be operationalised.

Key findings

Effective national accountability mechanisms require comprehensive data collection, clear roles for disability focal points, and independent monitoring bodies. While Zambia has made efforts to align with CRPD obligations, significant gaps remain in data management, clarity of roles, establishment of truly independent monitoring bodies and sufficient capacity of stakeholders mandated with implementation oversight and monitoring. Collaborative efforts between government bodies, NGOs, and OPDs are crucial for improving accountability and ensuring the effective implementation of disability rights.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.

PARTICIPATION

Persons with disabilities are regularly included in decision-making processes, particularly on major national issues. They are part of the civil society consortium involved in SDG monitoring. Legal requirements for their representation are limited to specific appointments such as:

- Appointments to various boards and commissions such as the Human Rights Commission, Police Services Commission, Correctional Service Commission, Public Service Commission, and Local Government Commission.
- The board of the Zambia Agency for Persons with Disabilities (ZAPD) Board, where it is mandated that persons with disabilities occupy half of the eight seats, with half of these reserved for women.
- Ward development committees, which are required by the Ministry of Local and Rural Development guidelines to include representation of persons with disabilities.
- Representation among the trustees of the Trust Fund for Persons with Disabilities, although there is no legal requirement for this.

A 2015 survey showed most persons with disabilities voted in general elections, with minimal difference compared to non-disabled voters. Still, accessibility challenges persist with voting materials and stations. Persons with disabilities are under-represented in national and local government. Only one person with a disability was in parliament and local government as of 2022. OPDs advocate for changes to the Constitution to adopt a proportional representation system to ensure equity of marginalised groups, including persons with disabilities, in parliament and other decision-making bodies.

GENDER

Zambia ranks poorly on international gender indices, indicating severe gender inequality in all spheres of society. Women and girls with disabilities face compounded discrimination, poverty, isolation, stigma and violence. Although they participate in disability advocacy through organisations like the Association of Women with Disabilities in Zambia, their specific needs are largely overlooked in policy and legal frameworks. Women with disabilities are among the most vulnerable, often excluded from education, employment, and healthcare, especially sexual and reproductive health services. Existing legislation, like the Persons with Disabilities Act (2012) and the National Gender Policy (2014), do not adequately cover their needs. Educational access is limited, with high dropout rates due to bullying and lack of accessible infrastructure. Employment opportunities are scarce, especially for those with intellectual, visual, and hearing impairments. Health services have improved slightly with gender-related health information in braille and sign language, but barriers and coercive medical practices persist. Access to justice is difficult due to stigma, and women with intellectual or psychosocial disabilities often cannot testify in court.

Gender-based violence (GBV) is widespread in Zambia, with 36% of women aged 15-49 experiencing physical violence and 14% experiencing sexual violence. Social norms tolerate wife-beating, with 46% of women justifying it. Data is not disaggregated by disability, but anecdotal evidence suggests high abuse levels among women and girls with disabilities, prompting groups like the Violet Support Group to consider opening shelters for abused women with disabilities.

INEQUALITIES

Persons with intellectual and psychosocial disabilities in Zambia face high levels of stigma and exclusion and have limited representation in OPDs and other structures. Cultural beliefs, particularly among religious leaders and traditional healers, contribute to this stigma, with some believing that these disabilities are caused by evil spirits, leading to harmful practices like exorcism instead of seeking medical help. Children with intellectual disabilities are frequently kept out of school and lack necessary support. Additionally, they face discrimination within their families and broader communities, including from the general disability community, which doubts their ability to contribute meaningfully. Despite the Persons with Disabilities Act of 2012 prohibiting derogatory language, such language persists in communities and media due to slow changes in societal attitudes.

Persons with intellectual and psychosocial disabilities are denied legal capacity, affecting their access to justice. A recent petition to repeal a discriminatory section of the Mental Health Act of 2019 was unsuccessful, but an appeal is ongoing. The petitioners argued that the Act infringes on their rights, but the High Court ruled that it meets international standards.

Persons with albinism are particularly vulnerable, facing constant fear of attack for their body parts due to witchcraft beliefs. At least ten people with albinism are murdered annually in ritual killings. The Albinism Foundation of Zambia advocates for their rights, but misconceptions and threats persist.

Deafblind individuals face significant challenges, with limited child healthcare services often leading to undiagnosed combined impairments. Deafblind children experience extreme isolation, communication difficulties, and a lack of opportunities to learn daily living skills. They are at high risk of abuse due to their impairments. Teachers lack training in deafblind education, and the Deafblind Association has called for the Ministry of Education to address these needs, including infrastructure accommodations and communication techniques for caregivers.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National Development Plans

Zambia incorporates disability considerations into its National Development Plans (NDPs) to align with international commitments like the SDGs and African Union Agenda 2063. The Seventh NDP (2017–2021) included a focus on inclusive education and reducing poverty among children with disabilities. The Eighth NDP (2022–2026) emphasizes disability services, disability-friendly infrastructure, and functional literacy support. A “bottom-up approach” included input from various societal sectors, but formal representation of persons with disabilities was not designated.

Disability issues are mainstreamed in sector-specific work plans and reported on quarterly by different departments, but without specific targets or monitoring mechanisms. Local development plans, like Katete’s Integrated Development Plan, often omit disability issues. The National Decentralization Policy (2023) aims to enhance service delivery and resource allocation, including for persons with disabilities, through increased Constituency Development Fund (CDF).

Zambia has conducted two Voluntary National Reviews (VNRs) on SDG progress, focusing on marginalized communities, including persons with disabilities. The 2023 VNR highlights progress despite COVID-19 challenges, especially in social cash transfers (SCTs), but notes high unemployment among persons with disabilities. Next steps are broad and lack specific actions for marginalized groups.

The United Nations Sustainable Development Cooperation Framework (UNSDCF) for Zambia (2023–2027) commits to strengthening social protection programmes for persons with disabilities, creating decent livelihood opportunities through public-private partnerships and providing accessible communication strategies. The UNSDCF results matrix includes some disability-specific indicators. The UNDP emphasizes the need for genuine participation of persons with disabilities in planning, budgeting, and monitoring and evaluation (M&E) processes and plans capacity-building initiatives for OPDs on leadership, budget analysis, and relevant disability policies and instruments.

Climate change, disaster risk reduction and humanitarian action

The National Disaster Management Policy (2015) does not mention the inclusion of persons with disabilities or OPDs in the disaster preparedness and emergency response system. However, UN supported Drought Emergency Cash Transfer (D-ECT) programme targeted persons with severe/profound disabilities specifically. 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 interlocutors between programme implementers and the communities of persons with disabilities.

Climate induced hazards in Zambia include drought and dry spells, seasonal and flash floods and extreme temperatures, which have adversely impacted on the food and water security, water quality, energy and sustainable livelihoods of rural communities. 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. 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.

The Zambia National Drought Plan (2018) 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 Eighth NDP (2022–2026), has a stand-alone “environmental sustainability” pillar for the first time ever. 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.

COVID-19 recovery

Three rapid assessments indicated that COVID-19 and related measures significantly impacted persons with disabilities, especially concerning income and livelihoods. A National COVID-19 Multisectoral Contingency and Response Plan was created with UN support, focusing on inclusivity for persons with disabilities, including Braille brochures for the blind, sign-language interpreted TV messages and special hand hygiene equipment. The COVID-19 Emergency Cash Transfer (C-ECT) targeted the most vulnerable, including persons with disabilities. A One-UN COVID-19 Response plan was aligned with Zambia’s national response, ensuring inclusiveness through ongoing engagement with ZAPD.

Despite efforts, there was limited awareness about COVID-19 among persons with disabilities at the district and local levels. Few households with disabilities benefited from support programmes. Most OPDs were not consulted in the plan’s formulation. Evaluation of the C-ECT showed significant impact on food security and resilience but only a small proportion of persons with disabilities benefited due to issues with obtaining disability certificates from ZAPD.

5 CONCLUSIONS

The legal and policy framework in Zambia is comprehensive and largely compliant with UNCRPD. However, there are significant gaps in systems and structures to operationalise these commitments and there is a shortage of trained human resources and financial capital to implement these policies. The 2015 Disability Survey estimates that at least 1.5 million persons with disabilities in Zambia, but less than 1% of the national budget is allocated to disability issues.

While there has been progress in mainstreaming disability services through social cash transfer programs, inclusive education, and economic empowerment, these efforts need to be a national priority. Improved budgeting and formal coordination mechanisms across sectors and between national and local levels are necessary. The government's decentralization efforts have increased budget allocations to local constituencies, but persons with disabilities face barriers in accessing these funds due to inaccessible guidelines and forms. Strengthening the capacity of OPDs can help leverage these funds.

Independent accountability and complaints mechanisms need to be strengthened to effectively monitor the enforcement of laws and policies and assist individuals to claim their rights. The incomplete Disability Management Information System (DMIS) needs to be developed as a basis for effective and reliable planning. The inadequate coordination among disability organisations also needs to be addressed. Persons with disabilities are sometimes included in decision-making processes, but this inclusion is not consistently formalized, and they need empowerment and training to participate effectively.

Opportunities exist to use recent surveys (from 2022) for updated demographic data on persons with disabilities and their living condition as a basis for influencing upcoming policy processes. These include drafting Disability Mainstreaming guidelines, formulating a new Disability Policy, and revising the Social Protection Policy. The recent decentralisation processes also offer opportunities to improve disability inclusion at local levels.

Key recommendations include:

- An independent body, preferably the HRC, needs to be capacitated and engaged in a strategic collaboration with OPDs to enable it to take 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.
- 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.
- The CBID network, 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.
- 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.
- There is a need for updated information on the population of persons with disabilities in Zambia and a cohort of competent human resources to be allocated to disability services (mainstreamed and targeted) within line ministries to fulfilment their legislated mandates.
- Existing pilots (especially in education sector) must be documented and evaluated. The London School of Hygiene and Tropical Medicine in partnership with UNZA can potentially be engaged to identify lessons learned in the pilots for scaling purposes.

More detailed recommendations are found in the full Situational Analysis.



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