# Inputs for Inclusion International’s OHCHR Input

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| **Your Country** | Zambia |
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| **Section B: Laws** | |
|  | * Zambia recognizes the importance of protecting the rights of persons with disabilities. [The **Disability Act of 2012** ensures full and equal human rights and freedoms for individuals with disabilities1](https://www.unicef.org/zambia/reports/disability-and-education-study-zambia-2018). * [The government is committed to partnering with persons with disabilities, Disabled Persons Organizations (DPOs), and other stakeholders to realize the rights of persons with disabilities as enshrined in the **U**](https://www.mcdss.gov.zm/wp-content/uploads/2021/06/National-Disability-on-Policy.pdf)   The 2012 National Disability policy is yet another document that espouses more on the rights of persons with disabilities and issues of inclusion.  In Zambia, there are legal provisions aimed at safeguarding the rights of individuals who provide care and support to others, including both paid personal  assistants or support people and unpaid family members and friends. Let’s delve into the specifics:  Child Care Upgrading Programme (CCUP):  The Ministry of Community Development and Social Services (MCDSS), with support from UNICEF, has initiated child care reforms through the Child Care Upgrading Programme (CCUP). This program focuses on strengthening government oversight of residential care1.  The National Child Policy has been developed, which includes stipulations on the supervision and training of social workers, as well as the coordination of services for the placement of children in care and their reintegration into families1.  **Now this programme has been there devoid of persons with intellectual disabilities. They have been left out and this raises serious concerns because some of the issues we have been raising with officials from these institutions enable them to revisit some of their earlier decisions and they have confessed that Intellectual Disabilities have long been sidelined by service providers including Community Development. This was mainly due to lack of awareness about this disability. There have been no advocacy of and for inclusivity of intellectual disabilities. That gravely affected the implementers and their operations.**  **The Children’s Code Act, 2022:**  Zambia has enacted The Children’s Code Act, 2022, which provides a legal framework for the protection of children’s rights. While the primary focus is on children, it indirectly impacts those who provide care and support.  The Act emphasizes the importance of family-based care, including the role of kinship care (where family members provide care) and foster care (where unpaid foster families support children).  It also addresses the rights and responsibilities of paid personal assistants who work with children in various capacities.  **This code was recently implemented and right now many families of persons with intellectual disabilities are ignorant about its existence. There is no awareness raising and stakeholders, especially organizations of persons with intellectual disabilities and their representatives have not been brought on board to unpack this Act.**  **Resource Allocation and Oversight:**  The government allocates resources to enhance the quality of care provided by both paid and unpaid caregivers.  Oversight mechanisms ensure that caregivers receive proper training and support, emphasizing the well-being of those they care for.  **These provisions are partially visible in the lives and families of persons with intellectual disabilities, especially when it comes to provision of the Food Security Pack under the Input support programme and the provision of Social Cash Transfer which is gradually but slowly gaining ground in the lives and families of persons with intellectual disabilities who have long been left out.**  **National Health Policy:**  While not specific to caregivers, the National Health Policy in Zambia aims to provide a continuum of care. It addresses the burden of diseases, including communicable and non-communicable diseases, which indirectly impacts caregivers34.  **Caregivers in the context of persons with intellectual disabilities are not beneficiaries of this provision. There is lack of knowhow to interpret this particular legal provision by service providers and other implementers chiefly due to ignorance on the issues to do with intellectual disabilities and misinterpretation of the law favoring other disabilities at the expense of persons with intellectual disabilities.**  In summary, Zambia recognizes the critical role of caregivers and has taken steps to protect their rights and ensure the well-being of those they care for. These legal provisions emphasize family-based care, training, and coordination of services. However, continuous efforts are needed to strengthen these protections and support caregivers in their essential roles.  Zambia has all these legal provisions in place. However, implementation and awareness raising is where we have a very serious challenge especially in the case of persons with intellectual disabilities.  **A law that is there but does not favor the intended beneficiary is as good as not being there at all. Efforts to scaleup advocacy programmes should scaled up** |
|  | In Zambia, there are legal provisions aimed at safeguarding the rights of various groups, including those who provide care and support. Let’s explore these in the context of persons with intellectual disabilities:   1. **Women**:    * The **Persons with Disabilities Act (PWDA)**, enacted in 2012, recognizes the rights of women with disabilities. [While it doesn’t specifically address maternity leave, it ensures equal opportunities for women with disabilities in various spheres of life, including education, employment, and social participation](https://www.parliament.gov.zm/node/3123)[1](https://www.parliament.gov.zm/node/3123).    * Additionally, Zambia’s broader legal framework, such as labor laws, may provide provisions related to maternity leave for all women, regardless of disability status.   As a foundation, we still have issues with these laws because our persons with intellectual disabilities are not in employment. We shall appreciate more their existence once  **Advocacy for the rights of most of the disabilities has been vivid in all sectors of society. There have been gaps when it came to the rights of persons with intellectual disabilities. So, these laws may appear alien to persons with intellectual disabilities and their families because they have not been on board for years.**   1. **Children**:    * The PWDA emphasizes the inclusion of children with disabilities in mainstream education and other aspects of life. [Although it doesn’t explicitly mention compulsory education, it promotes equal access to educational opportunities for all children, including those with disabilities](https://www.parliament.gov.zm/node/3123)[1](https://www.parliament.gov.zm/node/3123).   **This provision is defeated by the rampant chasing and rejection of children with intellectual disabilities from mainstream schools as well as existing special schools dotted around the country. Parents and caregivers of these children have no choice but to keep them in their homes since the school environments and systems in place are not welcoming.**   * + The right to support adolescents who are parents is not explicitly addressed in the PWDA. However, Zambia’s child protection laws and policies may provide relevant provisions.  1. **Families of Persons with Disabilities**:    * The PWDA recognizes the importance of family support for persons with disabilities. [While it doesn’t specifically mention respite care, it aims to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities, including their families](https://www.parliament.gov.zm/node/3123)[1](https://www.parliament.gov.zm/node/3123).    * The law also establishes the National Trust Fund for Persons with Disabilities, which supports initiatives benefiting persons with disabilities and their families.    * **This fund has not been very beneficial to families of persons with intellectual disabilities.** 2. **Legal Capacity and Rights**:    * Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is central to protecting the rights of persons with disabilities, including those with intellectual disabilities. [It guarantees the right to legal capacity, allowing individuals to enforce their civil rights in court](https://www.parliament.gov.zm/node/3123)[2](http://disabilityrightswatch.net/wp-content/uploads/2015/08/Legal-Capacity-for-Persons-with-Mental-and-Intellectual-Disabilities-in-Zambia1.pdf).    * The PWDA domesticates the CRPD in Zambia.    * [It recognizes legal capacity for persons with disabilities and emphasizes their right to make decisions, participate in legal proceedings, and enjoy equal protection under the law2](http://disabilityrightswatch.net/wp-content/uploads/2015/08/Legal-Capacity-for-Persons-with-Mental-and-Intellectual-Disabilities-in-Zambia1.pdf).   **As an OPD for persons with intellectual disabilities, we can say, there is still more to be done in order for the persons with intellectual disabilities to be enlightened so that their representation in the courts of law will be meaningful and devoid of flaws in the process. Persons with intellectual disabilities do not feel very protected when faced with legal matters.**  In summary, while Zambia has made strides in protecting the rights of persons with disabilities, including those with intellectual disabilities, there is room for further improvement. The PWDA serves as a critical legal framework, but ongoing advocacy and awareness are essential to ensure effective implementation and address specific needs within these groups. |
|  | In Zambia, there are laws and policies that include persons with disabilities, ensuring their full and equal human rights and freedoms. Let me provide you with some relevant information:   1. **The Persons with Disabilities Act 2012**:    * This legislation continues the existence of the **Zambia Agency for Persons with Disabilities** and defines its functions and powers.    * It aims to promote the participation of persons with disabilities in civil, political, economic, social, and cultural spheres.    * The law emphasizes mainstreaming disability issues as an integral part of national sustainable development policies and strategies.    * It incorporates a gender perspective in the promotion of human rights and fundamental freedoms for persons with disabilities.    * The act ensures accessibility for persons with disabilities to physical, social, economic, and cultural environments, as well as health, education, information, communication, and technology.    * Additionally, it regulates and registers institutions providing services to persons with disabilities and organizations representing them.    * The law also continues the existence of the **National Trust Fund for Persons with Disabilities**.    * [Furthermore, it domesticates the **Convention on the Rights of Persons with Disabilities** and its Optional Protocol, along with other international instruments related to disability rights that Zambia is a party to](https://www.parliament.gov.zm/node/3123)[1](https://www.parliament.gov.zm/node/3123). 2. **Human Rights Situation in Zambia**:    * In 2021, Zambia experienced a significant break from years of authoritarian drift with the election of President Hakainde Hichilema.    * His administration has expressed strong support for human rights and democratic governance at international forums.    * However, credible reports highlighted several human rights issues, including unlawful or arbitrary killings, torture by police, harsh prison conditions, restrictions on free expression online and in the media, and serious interference with the right to freedom of assembly.    * [The government’s commitment to respecting the rights of persons with disabilities is essential, especially in line with the **UN Convention on the Rights of Persons with Disabilities**2](https://zm.usembassy.gov/2021-country-reports-on-human-rights-practices-zambia/).   In summary, Zambia has legal provisions to protect the rights of persons with disabilities, but implementation remains a challenge. Advocacy and continued efforts are crucial to ensure effective enforcement and equal opportunities for all individuals, including those with intellectual disabilities. |
|  | In Zambia, there are legal provisions that protect the rights of specific groups, including persons with disabilities, children, and older people. Let’s explore each group:   1. **Persons with Disabilities**:    * **The Persons with Disabilities Act 2012** ensures full and equal human rights and freedoms for persons with disabilities.    * It promotes their participation in civil, political, economic, social, and cultural spheres.    * The law emphasizes mainstreaming disability issues as part of national sustainable development policies.    * Accessibility to physical, social, economic, and cultural environments, health, education, information, communication, and technology is emphasized.    * [The act also domesticates the **United Nations Convention on the Rights of Persons with Disabilities (CRPD)**](https://cdn.sida.se/app/uploads/2021/05/07125819/rights-of-persons-with-disabilities-zambia.pdf)[1](https://cdn.sida.se/app/uploads/2021/05/07125819/rights-of-persons-with-disabilities-zambia.pdf)[2](https://www.parliament.gov.zm/node/3123).    * Despite these legal provisions, implementation remains a challenge, and advocacy efforts are crucial. 2. **Children**:    * **The Children’s Code Act 2022** reforms and consolidates laws related to children.    * It covers parental responsibility, custody, maintenance, guardianship, foster care, adoption, and child protection.    * The act establishes procedures for treating children in conflict with the law, social welfare reports, and rehabilitation programs.    * [It also safeguards child victims and witnesses during investigative and judicial processes](https://cdn.sida.se/app/uploads/2021/05/07125819/rights-of-persons-with-disabilities-zambia.pdf)[3](https://www.parliament.gov.zm/node/10343).    * [Additionally, Zambia has ratified international treaties like the **Convention on the Rights of the Child (CRC)**, which protects children’s rights](https://cdn.sida.se/app/uploads/2021/05/07125819/rights-of-persons-with-disabilities-zambia.pdf)[4](https://bettercarenetwork.org/sites/default/files/Presentation%20on%20Laws%20Relating%20Children%20Zambia.pdf). 3. **Older People**:    * Zambia recognizes the importance of policies affecting older persons.    * The **National Ageing Policy** aims to review ageing policies and address issues related to older people.    * Affirmative actions include ratifying international protocols like the **African Charter on the Rights of Older Persons**.    * [Efforts focus on social security reform, health insurance, and cash transfer programs for older persons5](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/12/Policies-affecting-older-persons-in-zambia.pdf)[6](https://social.un.org/ageing-working-group/documents/ninth/Inputs%20NGOs/SeniorCitizensAssociation_Zambia%20.pdf).    * [The **Care for the Aged** document sets minimum standards for homes catering to older persons in Zambia7](https://www.mcdss.gov.zm/?page_id=2229). |
|  | In Zambia, there isn’t a specific law that explicitly addresses the human right to self-care for both caregivers and care recipients. However, various legal provisions indirectly contribute to promoting well-being and self-care. Let’s explore these aspects:   1. **Health and Social Services**:    * Zambia has a **National Health Policy** that emphasizes preventive health measures, health promotion, and community-based care.    * The **Health Act** outlines the rights and responsibilities of patients, including access to health services, informed consent, and confidentiality.    * While it doesn’t explicitly mention self-care, these policies encourage individuals to take charge of their health and well-being. 2. **Rights of Caregivers**:    * The **Labor Act** and **Employment Code** provide rights and protections for workers, including caregivers.    * These laws address working conditions, leave entitlements, and occupational health and safety.    * While not specific to self-care, they indirectly support caregivers’ well-being by ensuring fair treatment and rest periods. 3. **Rights of Care Recipients**:    * The **Persons with Disabilities Act 2012** and the **Children’s Code Act 2022** recognize the rights of care recipients.    * These laws emphasize dignity, autonomy, and participation.    * While not explicitly about self-care, they promote an environment where care recipients can express their needs and preferences. 4. **Community-Based Support**:    * Zambia encourages community-based care and support.    * Programs like the **Community Health Assistants (CHAs)** and **Community-Based Rehabilitation (CBR)** focus on empowering individuals and families.    * These initiatives indirectly promote self-care by providing education, awareness, and resources. 5. **Advocacy and Awareness**:    * Civil society organizations advocate for health, well-being, and self-care.    * Awareness campaigns highlight the importance of self-care practices such as hygiene, nutrition, and mental health.   While Zambia lacks a specific law solely dedicated to self-care, the existing legal framework aims to protect human rights, dignity, and well-being. Advocacy efforts continue to raise awareness about self-care practices for both caregivers and care recipients. |
|  | * **Children**:   + **The Children’s Code Act 2022** prohibits child abuse and promotes child protection.   + [It establishes procedures for regulating foster care, adoption, and childcare facilities1](https://www.wvi.org/stories/zambia/zambias-childrens-code-act-prohibits-child-abuse-and-promotes-child-protection)[2](https://www.unicef.org/zambia/press-releases/unicef-commends-government-zambia-enacting-childrens-act).   + While it doesn’t explicitly mention self-care, it emphasizes the well-being and rights of children. * **Older People**:   + Zambia recognizes the importance of policies affecting older persons.   + The **National Ageing Policy** aims to review ageing policies and address issues related to older people.   + While not explicitly about self-care, it focuses on inclusion, dignity, and well-being.   + [Additionally, Zambia has ratified international protocols like the **African Charter on the Rights of Older Persons**](https://www.wvi.org/stories/zambia/zambias-childrens-code-act-prohibits-child-abuse-and-promotes-child-protection)[3](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/12/Policies-affecting-older-persons-in-zambia.pdf)[4](https://social.un.org/ageing-working-group/documents/ninth/Inputs%20NGOs/SeniorCitizensAssociation_Zambia%20.pdf). * **Persons with Disabilities**:   + **The Persons with Disabilities Act 2012** ensures full and equal human rights and freedoms for persons with disabilities.   + [While not specifically about self-care, it promotes accessibility, participation, and dignity for persons with disabilities5](https://cdn.sida.se/app/uploads/2021/05/07125819/rights-of-persons-with-disabilities-zambia.pdf)[6](https://www.parliament.gov.zm/node/3123).   In summary, while these laws don’t explicitly mention self-care, they contribute to creating an environment where children, older people, and persons with disabilities can exercise their rights and well-being. |
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| **Section C: Policy and programs** | |
|  | In Zambia, several policies and measures aim to promote the well-being and rights of those who provide care and support. Let’s explore some of these initiatives:   1. **National Health Policy**:    * The **National Health Policy** outlines Zambia’s commitment to realizing the human rights of all citizens.    * [It emphasizes equity of access to cost-effective and affordable health services, with a focus on family-centered care](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[1](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf).    * While it doesn’t specifically address caregivers, its principles indirectly benefit those providing care. 2. **Social Protection Policies**:    * The **National Social Protection Policy** focuses on social safety nets for vulnerable groups, including caregivers.    * It aims to reduce poverty, enhance social inclusion, and improve well-being.    * [While not exclusively targeting caregivers, it recognizes their role in supporting persons with disabilities and older people](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[2](https://www.mcdss.gov.zm/wp-content/uploads/2021/06/National-Social-Protection-Policy.pdf). 3. **Community-Based Support**:    * Zambia encourages community-based care and support.    * Programs like the **Community Health Assistants (CHAs)** and **Community-Based Rehabilitation (CBR)** empower caregivers and families.    * These initiatives indirectly promote self-care for caregivers by providing education, awareness, and resources. 4. **Zambia Agency for Persons with Disabilities (ZAPD)**:    * ZAPD offers a **Disability Identity Card** that provides important health information for persons with disabilities.    * This card helps caregivers access medical devices, tax breaks, and social services.    * [While not exclusive to caregivers, it indirectly supports families caring for persons with disabilities](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[3](https://zapd.org.zm/). 5. **Family Support Programs**:    * The **C-ECT (Cash-Enhanced Community Transfer)** program supports over 200,000 households in 25 districts.    * [While not caregiver-specific, it addresses socio-economic impacts, including those faced by caregivers4](https://www.unicef.org/zambia/stories/supportive-family-helps-overcome-disability-barriers-zambia). 6. **Advocacy and Awareness**:    * Civil society organizations advocate for caregiver rights and well-being.    * Awareness campaigns highlight the importance of respite care and support for families.   Regarding specific groups:   * **Women**: Policies recognize the significant caregiving role women often play. Gender empowerment initiatives aim to enhance their well-being and rights. * **Persons with Disabilities**: The ZAPD Disability Identity Card indirectly benefits caregivers by facilitating access to services. * **Older People**: The **National Ageing Policy** promotes independence for older Zambians with disabilities.   While Zambia lacks a specific respite care law, these policies and measures contribute to a supportive environment for caregivers and care recipients alike. |
|  | In Zambia, several policies and measures aim to promote the well-being and rights of those who receive care and support. Let’s explore some of these initiatives:   1. **National Health Policy**:    * The **National Health Policy** outlines Zambia’s commitment to realizing the human rights of all citizens.    * [It emphasizes **equity of access to, cost-effective, and affordable health services**, with a focus on family-centered care](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[1](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf).    * While it doesn’t specifically address support persons, its principles indirectly benefit those receiving care. 2. **Social Protection Policies**:    * The **National Social Protection Policy** focuses on social safety nets for vulnerable groups, including those receiving care.    * It aims to reduce poverty, enhance social inclusion, and improve well-being.    * [While not exclusively targeting specific groups, it recognizes their rights and needs](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[2](https://www.mcdss.gov.zm/wp-content/uploads/2021/06/National-Social-Protection-Policy.pdf). 3. **Community-Based Support**:    * Zambia encourages community-based care and support.    * Programs like the **Community Health Assistants (CHAs)** and **Community-Based Rehabilitation (CBR)** empower individuals and families.    * These initiatives indirectly promote self-care and choice by providing education, awareness, and resources. 4. **Zambia Agency for Persons with Disabilities (ZAPD)**:    * ZAPD offers a **Disability Identity Card** that provides important health information for persons with disabilities.    * This card helps individuals access medical devices, tax breaks, and social services.    * [While not exclusive to those receiving care, it indirectly supports their rights and autonomy](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[3](https://zapd.org.zm/). 5. **Family Support Programs**:    * The **C-ECT (Cash-Enhanced Community Transfer)** program supports over 200,000 households in 25 districts.    * [While not directly about support persons, it addresses socio-economic impacts, including those faced by care recipients](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)[4](https://www.unicef.org/zambia/stories/supportive-family-helps-overcome-disability-barriers-zambia). 6. **Advocacy and Awareness**:    * Civil society organizations advocate for the rights and well-being of those receiving care.    * Awareness campaigns highlight the importance of choice, dignity, and empowerment.   Regarding specific groups:   * **Women**: Policies recognize the significant caregiving role women often play. Gender empowerment initiatives aim to enhance their well-being and rights. * **Persons with Disabilities**: The ZAPD Disability Identity Card indirectly benefits those receiving care by facilitating access to services. * **Children**: The **Children’s Code Act 2022** emphasizes child protection and well-being, indirectly benefiting care recipients. * **Older People**: The **National Ageing Policy** promotes independence and dignity for older Zambians receiving care.   While Zambia lacks specific laws solely dedicated to support persons’ choice, these policies and measures contribute to a supportive environment for care recipients. |
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| **Section D: Data** | |
|  | * + **Quality of Services**: Information on the quality and effectiveness of care services is essential for evidence-based policy improvements.   Efforts to collect and analyze disaggregated data, especially for persons with intellectual disabilities, would enhance policy formulation, implementation, and monitoring in Zambia.  **Learn more**  [1unicef.org](https://www.unicef.org/esa/media/11001/file/Care-Reform-Zambia-2021.pdf)[2bmcpublichealth.biomedcentral.com](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13923-1)[3unicef.org](https://www.unicef.org/zambia/media/3491/file/UNICEF%20ZAMBIA%20Budget%20brief_Disability%202023%20Final.pdf%20.pdf)[4unfpa.org](https://www.unfpa.org/data/transparency-portal/unfpa-zambia)[5un.org](https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/12/Policies-affecting-older-persons-in-zambia.pdf)[6unicef.org](https://www.unicef.org/zambia/media/2591/file/Zambia-situation-analysis-2021-revised.pdf)[7afro.who.int](https://www.afro.who.int/news/zambia-road-improving-health-equity-through-action-social-determinants-health)[8apps.who.int](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf;sequence=1)[9democracyinafrica.org](https://democracyinafrica.org/the-feminist-landscape-in-zambia-changes-continuities-and-challenges/)[10uprdoc.ohchr.org](https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=4421&file=EnglishTranslation)[11afro.who.int](https://www.afro.who.int/sites/default/files/2019-06/Draft%20ANC%20Guidelines%202018%20-%20Final%20Copy.pdf)[12mywage.org](https://mywage.org/zambia/decent-work/maternity-and-work)[13worldbank.org](https://www.worldbank.org/en/news/press-release/2023/05/17/achieving-afe-zambia-s-gender-parity-will-require-significant-acceleration-of-policies)[14mcdss.gov.zm](https://www.mcdss.gov.zm/wp-content/uploads/2021/06/National-Disability-on-Policy.pdf)[15ilo.org](https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_115100.pdf)[16pmrczambia.com](https://www.pmrczambia.com/wp-content/uploads/2019/01/Latest-PMRC-Policy-Analysis-Empowering-Persons-with-Disabilities-Assessing-the-Implementation-of-the-National-Policy-on-Disability-copy.pdf)[17mcdss.gov.zm](https://www.mcdss.gov.zm/?page_id=2128)[18mcdss.gov.zm](https://www.mcdss.gov.zm/?wpfb_dl=102)[19apps.who.int](https://apps.who.int/iris/bitstream/handle/10665/136991/ccsbrief_zmb_en.pdf)  In Zambia, while there is some data related to care and support policies, there are gaps in disaggregated data specifically focusing on beneficiaries with intellectual disabilities and their families. Let’s explore the available information:   1. **Older People**:    * A reform of the social security scheme expanded coverage to more older persons.    * [However, it reduced the amount of benefit received by older persons with disabilities1](https://www.unicef.org/esa/media/11001/file/Care-Reform-Zambia-2021.pdf). 2. **Children**:    * Inclusive early child care and education in specific localities increased access to these services for children with disabilities.    * Unfortunately, the exact number of children benefiting from this inclusive approach, as well as the gender breakdown, indigenous representation, and other relevant data, are not readily available. 3. **Data Gaps**:    * **Disaggregated Data**: There is a lack of detailed data specifically focusing on beneficiaries with intellectual disabilities and their families.    * **Coverage and Impact**: We need more comprehensive data on the reach and impact of care and support policies across different vulnerable groups.    * **Gender Disaggregation**: Gender-specific data would help understand the differential effects of policies on men, women, boys, and girls.    * **Indigenous Representation**: Data on indigenous populations’ access to care and support services is limited.    * **Quality of Services**: Information on the quality and effectiveness of care services is essential for evidence-based policy improvements.   Efforts to collect and analyze disaggregated data, especially for persons with intellectual disabilities, would enhance policy formulation, implementation, and monitoring in Zambia. |
|  | In Zambia, while there is some data related to care and support policies, there are gaps in disaggregated data specifically focusing on beneficiaries with intellectual disabilities and their families. Let’s explore the available information:   1. **Older People**:    * A reform of the social security scheme expanded coverage to more older persons.    * [However, it reduced the amount of benefit received by older persons with disabilities1](https://www.unicef.org/esa/media/11001/file/Care-Reform-Zambia-2021.pdf). 2. **Children**:    * Inclusive early child care and education in specific localities increased access to these services for children with disabilities.    * Unfortunately, the exact number of children benefiting from this inclusive approach, as well as the gender breakdown, indigenous representation, and other relevant data, are not readily available. 3. **Data Gaps**:    * **Disaggregated Data**: There is a lack of detailed data specifically focusing on beneficiaries with intellectual disabilities and their families.    * **Coverage and Impact**: We need more comprehensive data on the reach and impact of care and support policies across different vulnerable groups.    * **Gender Disaggregation**: Gender-specific data would help understand the differential effects of policies on men, women, boys, and girls.    * **Indigenous Representation**: Data on indigenous populations’ access to care and support services is limited.    * **Quality of Services**: Information on the quality and effectiveness of care services is essential for evidence-based policy improvements.   Efforts to collect and analyze disaggregated data, especially for persons with intellectual disabilities, would enhance policy formulation, implementation, and monitoring in Zambia. |
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| **Section E: Challenges** | |
|  | In Zambia, while efforts have been made to collect data related to care and support, there are still significant gaps. These data gaps hinder our comprehensive understanding of the effectiveness of policies and programs. Here are some areas where data is lacking:   1. **Disaggregated Data**:    * Detailed information about specific vulnerable groups, such as persons with intellectual disabilities, remains scarce.    * We need data that breaks down beneficiaries by age, gender, ethnicity, and disability type.    * This disaggregated data would help tailor policies and services to meet the unique needs of different populations. 2. **Quality of Services**:    * While we have data on the existence of services, we lack comprehensive information on their quality.    * Assessing the effectiveness, accessibility, and impact of care and support services requires robust data on service delivery standards and outcomes. 3. **Coverage and Reach**:    * We need data on the extent of coverage for various care programs.    * How many individuals are benefiting from specific services? Are there gaps in reaching certain communities?    * Understanding coverage rates helps identify underserved areas and populations. 4. **Impact Assessment**:    * Data on the long-term impact of care and support interventions is limited.    * We need rigorous evaluations to measure outcomes, including improved well-being, independence, and social inclusion.    * Impact assessments would guide evidence-based policy adjustments. 5. **Financial Data**:    * Information on funding allocation, utilization, and efficiency is essential.    * How much budget is allocated to care and support programs? Are resources being optimally utilized?    * Financial data informs resource allocation decisions. 6. **User Perspectives**:    * Data capturing the experiences and perspectives of care recipients and caregivers is lacking.    * Surveys, interviews, and qualitative research can provide insights into user satisfaction, challenges, and unmet needs. 7. **Intersectionality**:    * We need data that considers the intersection of identities (e.g., disability, gender, age).    * How do policies affect women with disabilities, older persons, or indigenous communities differently?    * Intersectional data informs targeted interventions.   In summary, addressing these data gaps is crucial for evidence-based policymaking, effective resource allocation, and ensuring the human rights of both care providers and recipients in Zambia.  Creating care and support systems that consider the age, gender, and disability of individuals according to their human rights is essential but faces several challenges in Zambia. Let’s explore some of these challenges:   1. **Intersectionality and Disaggregation**:    * **Challenge**: Integrating age, gender, and disability considerations requires understanding the unique needs of different groups.    * **Data Gaps**: Lack of disaggregated data hinders targeted interventions. [Without specific information on vulnerable populations (e.g., older women with disabilities), policies may not effectively address their rights](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability)[1](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability). 2. **Gender Inequality**:    * **Challenge**: Gender norms and discrimination persist, affecting access to care and support.    * **Impact**: Poverty disproportionately affects women and girls due to patriarchal property ownership structures. [Disabled women are more vulnerable to domestic violence](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability)[2](https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/meekosha-meekosha.pdf). 3. **Access and Inclusion**:    * **Challenge**: Ensuring equal access to services for all, regardless of age, gender, or disability, remains a challenge.    * **Barriers**: Physical, social, and attitudinal barriers limit participation and inclusion.    * [**Impact**: Persons with disabilities face challenges in accessing health, education, and social services](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability)[3](https://www.unicef.org/zambia/media/2591/file/Zambia-situation-analysis-2021-revised.pdf). 4. **Stigma and Discrimination**:    * **Challenge**: Negative attitudes toward disability persist.    * **Impact**: Stigma affects care recipients’ well-being and caregivers’ mental health.    * **Rights Violation**: Discrimination denies individuals their right to dignity and autonomy. 5. **Resource Constraints**:    * **Challenge**: Limited resources affect the implementation of inclusive care systems.    * **Trade-offs**: Expanding coverage may reduce benefit amounts for specific groups (e.g., older persons with disabilities).    * [**Balancing Act**: Balancing resource allocation while safeguarding rights is complex](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability)[4](https://www.interaction.org/wp-content/uploads/2021/06/Applying-an-Age-Gender-Disability-Diversity-Lens-in-Forced-Displacement-Contexts.pdf). 6. **Capacity Building and Training**:    * **Challenge**: Building capacity among service providers to address diverse needs.    * **Training**: Health workers, educators, and caregivers need training on gender-responsive, disability-inclusive, and age-sensitive care.    * **Empowerment**: Empowering caregivers with knowledge and skills is crucial. 7. **Legal Framework Implementation**:    * **Challenge**: Translating legal provisions into practical actions.    * **Rights-Based Approach**: Establishing systems that align with human rights principles requires sustained effort.    * [**Monitoring and Accountability**: Ensuring compliance with laws and policies is essential](https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability)[5](https://www.ohchr.org/en/stories/2023/02/care-and-support-systems-matter-human-rights). 8. **Inclusive Education and Early Childhood Care**:    * **Challenge**: Ensuring inclusive education for children with disabilities.    * **Data Gap**: Lack of specific data on the number of children benefiting from inclusive services.    * **Gender Disaggregation**: Understanding the gender balance in access to early childhood care is crucial. 9. **Participation and Consultation**:    * **Challenge**: Meaningful consultation with diverse stakeholders.    * **Representation**: Involving under-represented groups (e.g., adolescents, youth, indigenous persons) ensures policies meet their needs.    * [**Inclusion**: Engaging civil society, disability advocates, and local communities is vital4](https://www.interaction.org/wp-content/uploads/2021/06/Applying-an-Age-Gender-Disability-Diversity-Lens-in-Forced-Displacement-Contexts.pdf). 10. **Monitoring and Evaluation**:     * **Challenge**: Regularly assessing the impact of care and support systems.     * **Indicators**: Developing gender-responsive, disability-inclusive, and age-sensitive indicators.     * **Accountability**: Monitoring ensures accountability and identifies areas for improvement.   In summary, addressing these challenges requires a multi-dimensional approach, collaboration among stakeholders, and a commitment to human rights principles. Advocacy, data collection, and policy adjustments are essential for creating equitable care systems in Zambia. |
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