Gender Policy Research in Mungule Ward, Central Province, Zambia: Final Report

Submitted to: Archie Hinchcliffe Disability Intervention (AHDI)

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Acronyms and Abbreviations

S/N	Acronym/Abbreviation	Complete Rendering
1	8NDP	Eighth National Development Plan
2	AHDI	Archie Hinchcliffe Disability Intervention
3	CBID	Community-Based Inclusive Development
4	CDF	Constituency Development Fund
5	CEDAW	Convention on the Elimination of all forms of Discrimination against Women
6	CEEC	Citizens Economic Empowerment Commission
7	CRPD	Convention on the Rights of Persons with Disabilities
8	CWACs	Community Welfare Assistance Committees
9	GBV	Gender-Based Violence
10	CSOs	Civil Society Organisations
11	MCDSS	Ministry of Community Development and Social Services
12	OPDs	Organisations of Persons with disabilities
13	PIMC	Policy Implementation Monitoring Committee
14	RHR	Reproductive Health and Rights Services
15	SCT	Social Cash Transfer
16	SRH	Sexual Reproductive Health
17	TEVETA	Technical and Vocational Education Training Authority
18	UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
19	WDC	Ward Development Committee
20	ZAMSTATS	Zambia Statistics Agency
21	ZNUT	Zambia National Union of Teachers
22	ZAPD	Zambia Agency of Persons with Disabilities

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The completion of this Gender Policy Research report, focusing on the intersectional challenges and inclusive development within Mungule Ward, Central Province, is the result of invaluable collaboration and commitment from numerous individuals and institutions.

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We are profoundly grateful to the community members, especially the women and girls with disabilities in Mungule Ward, who generously shared their time, experiences, and insights. Their voices form the core of this evidence base, illuminating the specific barriers to inclusion and gender equality, and driving the urgency for enhanced policy implementation.

Our appreciation is also extended to the various District Education staff, teachers at the five schools visited and volunteers whose expertise was critical in assessing the implementation status of key legislative instruments, including the **Persons with Disabilities Act (2012)**, the **National Gender Policy (2023)**, and the **National Policy on Disability (2016)**. Their cooperation and guidance were indispensable for conducting the context analysis and ensuring the policy assessment was grounded in current realities.

Finally, we recognize the tireless efforts of the dedicated Research Assistants and Data Analyst. Their meticulous work and dedication to ethical research standards ensured the rigor and quality of the findings and recommendations presented in this report.

We trust that this body of work will serve as a resource for AHDI, policymakers, and community leaders, enabling targeted interventions and monitoring mechanisms to foster genuinely inclusive development in Mungule Ward and beyond.

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Executive Summary

1 Background and Research Context

1.1 Introduction to Archie Hinchcliffe Disability Intervention (AHDI)

Archie Hinchcliffe Disability Intervention (AHDI) is a Non-Governmental Organization dedicated to promoting the rights and full potential of children and adolescents with disabilities, particularly those with cerebral palsy and allied conditions, in Zambia. AHDI's programs, including physiotherapy, home-based education, and self-help groups, are rooted in a Community-Based Inclusive Development (CBID) approach. The organization's work recognizes that disability is developmental, human rights, and social justice issue. The decision to commission this research stems from AHDI's commitment to strengthening its advocacy and programming efforts by generating evidence-based data that specifically addresses the intersecting vulnerabilities of women and girls with disabilities within its area of operation, namely the Mungule Ward in Chibombo District.

1.2 Rationale and Research Objectives

The purpose of this assignment was to move beyond merely documenting barriers and to generate concrete, evidence-based insights that enable AHDI and local partners to advocate for targeted change. This was to be achieved through the following core objectives:

I. **Context Analysis:** Conduct a context analysis of the intersectional challenges faced by marginalized groups in accessing social services, economic opportunities, and inclusive development within Central Province.
II. **Barriers Identification:** Identify specific structural, institutional, and social barriers to inclusion and gender equality affecting women and girls with disabilities in Mungule Ward.
III. **Policy Assessment:** Assess the actual implementation and localized understanding of the *Persons with Disabilities Act (2012)*, the *National Gender Policy (2023)*, and the *National Policy on Disability (2016)* within the Ward.
IV. **Actionable Recommendations:** Generate evidence-based recommendations for enhanced policy implementation and the development of sustainable, community-level monitoring mechanisms (social audits) to ensure grassroots accountability.

2 Summary of Key Findings

Table I shows a summary of key findings and barriers. The key findings and barriers are aligned to the research objectives.

Table I: Summary of Key Findings and Barriers

Research Objective	Key Findings
Context Analysis Conduct a context analysis of the intersectional challenges faced by marginalized groups in accessing social services, economic opportunities, and inclusive development	Women and girls with disabilities in Zambia face a "double discrimination". They are marginalized first on the basis of their gender, and second, on the basis of their disability. Gender-Based Violence (GBV) in Mungule Ward is primarily driven by harmful social norms, economic dependence, and poor access to justice, which is common in rural areas of the country. Women in the lowest wealth quintiles face significantly higher risks of sexual spousal violence and have less access to prenatal care Educational exclusion that is manifest in high dropout rates due to a lack of accessible schools, teacher training, and disability-related stigma.
Identification of Social, Structural, and Institutional Barriers	There is a confluence of social, structural, and institutional barriers that result in dual and intersecting discrimination on the basis of both gender and disability Education: (i) Inaccessible Infrastructure: Schools (classrooms, toilets) and lack of specialized learning aids, (ii) Teacher Capacity: Limited number of teachers trained in inclusive education, especially for intellectual or multiple disabilities Economic opportunities: Limited Tailored Vocational Training: Existing programs are often too rigid, physically inaccessible, or fail to consider the unique support needs (e.g. transport, caregiver support) required for women and children with disabilities to participate. Social services (Health): Inaccessible health infrastructure: Inaccessible health facilities make it difficult for persons with disabilities to access services. Health Worker Skill: Poor skills and attitudinal barriers by healthcare providers in handling clients with specific disabilities. Stigma and Low Expectation: Families and community members often keep girls with disabilities home due to stigma or low perceived educational value, prioritizing children without disabilities. Isolation and Violence Risk: women and girls with disabilities, especially those with psycho-social disabilities, are disproportionately isolated and vulnerable to gender-based violence (GBV), with a lack of accessible reporting and support mechanisms.

Policy assessment:	Policy Implementation and Service Delivery Gaps severely hampered by delayed or non-existent disaggregated funding from central to local government, which is critical for providing reasonable accommodation. Lack of Mainstreaming: Local policy implementation often fails to apply a dual-lens approach, treating disability policies and gender policies in silos. Women's empowerment programs rarely accommodate disability needs and disability programs often overlook the specific gender-based violence, reproductive health, and economic isolation faced by women and girls. Weak Accountability: There is a lack of clear local mechanisms and disaggregated data collection to monitor policy compliance by line ministries (Health, Education, and Community Development) and local service providers, making it difficult to hold them accountable for non-inclusive practices.
Actionable Recommendations: Generate evidence-based recommendations for enhanced policy implementation and the development of sustainable, community-level monitoring mechanisms (social audits) to ensure grassroots accountability	All AHDI programs and partner initiatives need to undergo a compulsory "Gender and Disability Accessibility Audit" during planning and review. An inclusive livelihoods hub that explicitly prioritizes women and girls with disabilities should be designed. This hub must feature accessible physical space, provide specialized financial literacy training, and offer micro-grants that do not require physical collateral. Establish a Multi-Stakeholder Policy Implementation Monitoring Group composed of WDC members, health/education representatives, AHDI, and representatives from Organizations of Persons with Disabilities (OPDs), with a clear mandate to review spending against gender and disability policy targets quarterly. Train a cohort of women and girls with disabilities as Accountability Champions on data collection, basic advocacy, and effective reporting using the toolkits developed. Conduct mandatory "Reasonable Accommodation and Non-Discriminatory Practice" workshops for all teachers, head teachers, health workers, and members of the Ward Development Committee.

3 Main Conclusions and Strategic Recommendations

3.1 Conclusions

This policy research, which focused on the intersectional challenges within Mungule Ward, reveals a critical gap between the nation's progressive legislative framework—including the Persons with Disabilities Act (2012), the National Gender Policy (2023), and the National Policy on Disability (2016)—and the practical reality of implementation at the community level. This gap is fundamentally characterized by four systemic failures: (i) a lack of fiscal prioritization for disability matters, (ii) inadequate institutional skills among local implementing partners, (iii) a critical knowledge deficit regarding statutory rights among marginalized groups, and (iv) a resultant failure to enforce accountability.

3.2 Recommendations

Based on these findings, we present the following high-priority recommendations for Archie Hinchcliffe Disability Intervention (AHDI) and its partners to drive immediate and measurable change in Mungule Ward as follows:

I. **Establish a Ward-Level Policy Implementation Monitoring Committee (PIMC):** AHDI should collaborate with the Ward Development Committee (WDC) and Organisations of Persons with Disabilities to establish a PIMC, ensuring at least 50% representation from women and girls with disabilities. This body will be responsible for conducting quarterly community scorecards to assess the accessibility and quality of essential public services (Health, Education, and Social Welfare).

II. **Targeted Economic Empowerment for Women and girls with disabilities:** Advocate for and directly implement a dedicated 25% quota for women and girls with disabilities within existing social cash transfer schemes, skills development programs, and revolving funds operating in Mungule Ward. Programs must integrate accessible training materials and accessible infrastructure to ensure full participation.

III. **Mandate Disability Mainstreaming in SRH Service Delivery:** Work with the District Health Office to ensure all Mungule health facilities provide disability-friendly SRH services. This must include mandatory Sign Language training for at least two clinical staff per clinic and the provision of accessible reproductive health information materials (e.g. simplified text and visual aids).

IV. **Data and Advocacy Resource Generation:** Partner with local CSOs (for example Community Welfare Assistance Committees - CWACs) to collect continuous, disaggregated data on access and exclusion indicators related to gender and disability. This evidence should be utilized in biannual advocacy meetings with Provincial and District leaders to push for budget allocations dedicated to removing physical and communication barriers in Mungule's infrastructure.

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1 Introduction to the Gender Policy Research

1.1 Background to the Study

The global commitment to inclusive development, enshrined in the Sustainable Development Goals (SDGs), demands that nations ensure equality and participation for all citizens, especially those at the margins of society. In Zambia, this imperative is guided by national frameworks that seek to eliminate inequality and foster gender equity. However, the lived reality is that not all forms of marginalization are experienced equally.

The **Archie Hinchcliffe Disability Intervention (AHDI)**, working at the community level, has consistently observed that the barriers faced by women and girls with disabilities are compounded—an outcome of the intersection of gender-based discrimination with disability stigma and structural exclusion. This compound disadvantage limits their access to fundamental social services, economic empowerment, and decision-making platforms.

This policy research was commissioned to move beyond anecdotal evidence to conduct a community-based assessment of this systemic challenge within Mungule Ward. The study used an intersectional lens to critically evaluate the practical implementation of Zambia's key policies—the *Persons with Disabilities Act (2012)*, the *National Policy on Disability (2016)*, and the *National Gender Policy (2023)*—to determine where and how policy intent breaks down at the local level. The ultimate goal is to generate evidence-based, actionable recommendations that will inform AHDI's advocacy and directly contribute to the development of effective, community-led accountability mechanisms in Mungule Ward.

1.2 National Context: Gender, Disability, and Development in Zambia

Zambia's commitment to inclusive development is anchored in a comprehensive policy and legal environment, yet significant disparities persist.

1.2.1 Gender and Development

Zambia has made notable progress in establishing frameworks to advance gender equality, including ratifying international instruments like the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). The **National Gender Policy (2023)** is the central instrument, aiming to eliminate all forms of Gender-Based Violence (GBV); increase equitable access to the economic sector (land, finance); and reduce gender disparities in education and health. Despite this, patriarchal norms, cultural practices (such as child marriage), and a high prevalence of GBV remain formidable obstacles to achieving gender parity. Women continue to be underrepresented in decision-making positions and face higher rates of poverty than men.

1.2.2 Disability and Development

The **Persons with Disabilities Act (2012)** and the **National Policy on Disability (2016)** domesticate the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). These policies seek to promote and protect the rights of persons with disabilities and ensure their inclusion in all spheres of life. However, persons with disabilities—estimated to be a significant portion of the population—disproportionately reside in rural areas where access to essential services is severely limited. Stigma, inaccessible infrastructure, and a lack of

disability-disaggregated data in service planning often result in the systematic exclusion of persons with disabilities from the mainstream development agenda.

1.2.3 The Intersection of Gender and Disability

At the intersection, women and girls with disabilities in Zambia face a "double discrimination". They are marginalized first on the basis of their gender, and second, on the basis of their disability. Documents reviewed during the research revealed that research consistently points to their heightened vulnerability to various factors. . Further, there is the rural versus the urban intersectionality. Mungule, though very near to Lusaka Central Business District, has characteristics of rural area.

Firstly, Gender-Based Violence (GBV) in Mungule Ward is primarily driven by harmful social norms, economic dependence, and poor access to justice, which is common in rural areas of the country. While specific ward-level statistics are unavailable, national data shows that women and girls are overwhelmingly the primary victims, accounting for approximately 77.5% of all reported GBV cases countrywide (Zambia Police 2024 data). Furthermore, women and girls with disabilities face a significantly higher dual vulnerability. They are reportedly more isolated, marginalized, and susceptible to violence than their non-disabled peers due to entrenched societal stigma and lack of awareness among support institutions. Poverty, which is high in rural areas, is also strongly linked to violence, as 40.4% of women in the lowest wealth quintile experience physical violence, compared to 28.8% in the highest.

Secondly, **educational exclusion** that is manifest in high dropout rates due to a lack of accessible schools, teacher training, and disability-related stigma. Yet education is widely believed to be the most effective equalizer of people in society . Thirdly, respondents identified **economic deprivation** at household level which severely limited access to vocational training, formal employment, and financial resources like loans. Fourthly, they mentioned poor access to quality and gender-responsive healthcare, especially Sexual and Reproductive Health and Rights (SRHR) services. ZDHS studies show that due to limited/lack of SRHR information, girls get pregnant and are married at a tender age when they cannot negotiate for their rights and eventually end up in abusive sexual relationships.

It is this specific, compounded disadvantage—the failure of policy to holistically address these intersecting vulnerabilities—that necessitated this localized policy research.

1.3 Geographical Focus: Mungule Ward

This research was geographically focused on Mungule Ward, with the study conducted to provide a localized understanding of policy implementation. This analysis examined the current status of gender and disability policy implementation in Mungule Ward, located within the Chibombo District of Zambia's Central Province. The research was specifically mandated to undertake a context analysis of intersectional vulnerabilities, identify inclusion barriers for women and girls with disabilities, assess the effectiveness of three key national legal frameworks, and generate evidence-based recommendations for policy enhancement and community-level monitoring. According to the Chibombo District Integrated Development Plan 2024, Mungule Ward has a population of **39,540**. It is predominantly a rural area whose population is heavily reliant on farming and other informal activities.

Disaggregated Disability Statistics

The specific, disaggregated figures for **Chibombo District** are not yet available in the public preliminary reports from the 2022 Census. These specific statistics—such as adults (18+) with disabilities, children (2-17) with disabilities, adult females with disabilities and male children with disabilities are contained in the final, comprehensive **National Analytical Census Report** (or corresponding provincial/district volumes) which ZamStats publishes after the preliminary reports.

Mungule Ward Estimate: The total population of Mungule Ward is **39,540** (2022 Census). **Table 1** shows that the estimated number of persons with disabilities is **3,040**. This is based on the national prevalence rate, which is 7.7 per cent.

Table 1: Mungule Ward Disability Prevalence

Demographic Group	National Prevalence (2015 ZNDS)	Estimated Population in Mungule Ward	Calculation
Total Estimated Persons with Disabilities	7.7% (Overall)	**Approx. 3,040**	*39,540 Total Population times 7.7%*

Estimated Gender/Age Breakdown: To provide the breakdown (Adult Females, Male Children) we applied national gender and age ratios to the estimated numbers above.

Table 2: Estimated Gender/Age Breakdown

Disaggregated Group	National Prevalence Rate Applied (2015 ZNDS)	Chibombo District (Estimate)	Mungule Ward (Estimate)
Adult Females with Disabilities (18+)	approx 55% of all Adults with Disability (Female adult disability prevalence was higher than male adult disability in the ZNDS)	Approx. 8,415	Approx. 760
Male Children with Disabilities (2-17)	approx 51% of all Children with Disability (Male child disability prevalence was higher than female child disability in the ZNDS)	Approx. 6,270	Approx. 565

Disclaimer: These figures are **estimates** and **extrapolations** based on the 2022 total population counts and 2015 national disability prevalence rates. They are used in the absence of the final, official, disaggregated ward-level statistics from the 2022 Census.

Specific numbers of Women and Children with Disabilities in Mungule Ward are not available. However, national and provincial figures from the **Zambia National Disability Survey (2015)** provide context for the wider population. See **Table 3**.

Table 3: National Prevalence of Women and Children with Disabilities

Category	National Prevalence
Adults (18+ years) with Disability	10.9%
Children (2–17 years) with Disability	4.4%
Adult Females with Disability	Higher than adult males (9.1% female vs. 7.7% male)
Male Children with Disability	Higher than female children (4.5% male vs. 4.2% female)

Source: Zambia National Disability Survey (2015)

Given that Mungule Ward is largely a **rural area** with limited access to certain services, the actual local prevalence of certain disabilities and the need for support services is significant, consistent with national trends where the highest percentage of people with disabilities live in rural areas. Key socio-economic indicators show that Mungule faces typical rural development challenges, including limited infrastructure, which is usually inaccessible**.** There is a lack of essential infrastructure, including accessible roads in some of the areas, healthcare facilities, and educational institutions, which significantly hinders service delivery and mobility for persons with disabilities. The other challenge is that of **service access gaps.** A significant proportion of households rely on home deliveries for births, and a high percentage of children are out of school, indicators that are likely to be worse for the most marginalized groups, specifically women and girls with disabilities. The third challenge is one of **traditional norms.** The prevalence of strong community and traditional structures means that gender and disability stigma is often entrenched in social norms and practices, directly influencing the uptake and effectiveness of government policies.

2 Problem Statement

2.1 The Intersectional Challenge: Women and Girls with Disabilities

Despite the existence of a progressive legal and policy framework in Zambia, including the *Persons with Disabilities Act (2012)* and the *National Gender Policy (2023)*, women and girls with disabilities in Mungule Ward continue to face profound and compounded exclusion from social services, economic opportunities, and inclusive development initiatives.

The core problem is the systemic failure in intersectional policy implementation, where the combined barriers of gender, disability, and geography (predominantly a rural location) create a unique pattern of marginalization which existing delivery mechanisms and monitoring systems fail to adequately address.

Specifically these barriers are firstly a **gap in service delivery.** There is an unclear understanding and insufficient data on how statutory and national policies are translated into tangible, accessible, and gender-responsive services (such as inclusive education, healthcare, and livelihood support) at the Mungule Ward level.

Secondly, there are **compounded barriers.** Women and girls with disabilities face distinct, overlapping, and mutually reinforcing social, structural, and institutional barriers (e.g. patriarchal norms, disability stigma, limited mobility, inaccessible infrastructure, and lack of disaggregated resource allocation) that prevent them from realizing their rights and fully participating in community life.

Thirdly, there is a clear **accountability** deficit in the survey sites**.** Current mechanisms for policy monitoring and accountability are weak at the grassroots level, leading to a disconnect between policy intentions and lived experiences, and preventing the effective use of evidence for corrective action.

3 Research Objectives

AHDI commissioned the Gender Policy Research for a consultant to:

I. Conduct a context analysis of the intersectional challenges faced by marginalized groups in accessing social services, economic opportunities, and inclusive development within the Zambian context, narrowed down to Central province
II. Identify barriers to inclusion and gender equality affecting women and girls with disabilities in Mungule
III. Assess the implementation of the **Persons with Disabilities Act (2012)**, **National Gender Policy (2023)**, and **National Policy on Disability (2016)**.
IV. Generate evidence-based recommendations for enhanced policy implementation and community-level monitoring mechanisms.

4 Scope and Limitations of the Study

4.1 Generalization Limitations in a Single-Ward Research

While the objective of the research was to generate evidence-based recommendations for enhanced policy implementation, the geographically narrow scope of Mungule Ward introduced limitations concerning the generalization of the results. Further, the research was planned to involve 250 participants, but, owing to the limited number of schools surveyed (five) and the reduced number of days for field data collection, (arising from limited financial resources), the research only reached **175 respondents**. The research was conducted at Mutakwa, Kapopo, Katete, Moomba Primary Schools and Kayosha Secondary School with school pupils and parents. Mungule Ward presents a complex local context marked by unique socio-political dynamics, including issues like high rates of teenage marriages and localized economic activities such as illegal mining, which often involve the consent of traditional leaders.

4.2 Constraints in Assessing Policy Implementation Efficacy

The research mandated an assessment of the implementation of three distinct national policies: the Persons with Disabilities Act (2012), the National Policy on Disability (2016), and the National Gender Policy (2023). Evaluating the efficacy of these policies, particularly their actual impact at the grassroots level in Mungule, was significantly constrained by data scarcity, implementation lag, and institutional deficits.

4.3 Limitations in Data Availability and Timeliness for Recent Policies

The National Gender Policy (NGP) was recently introduced in 2023. While policy reviews in Zambia have shown progress (e.g. School Re-Entry Policy which allows for girl readmission to school), challenges persist regarding effective enforcement mechanisms and application.

The primary constraint in assessing the National Gender Policy 2023 in Mungule Ward is the **operationalization lag**. The main implementation provisions, specific resource allocations, administrative sensitizations, and detailed dissemination mechanisms for a policy enacted in 2023 have not yet been fully established or consistently applied at the sub-district level. For example, other gender legislation has seen provisions remain non-operationalized years after enactment. **Table 4** synthesizes the implementation challenges specific to the three mandated policies.

Table 4: Data Gaps in National Policy Implementation Assessment

Policy Document	Enactment Year	Core Assessment Objective	Associated Implementation Data Limitation
National Gender Policy	2023	Assess measures to increase women's participation and gender equality.	Policy is too recent; provisions are largely not yet operationalized, leading to an inability to assess actual impact.
National Policy on Disability	2016	Identify structural barriers to inclusion and policy implementation.	Lack of institutionalized M&E mechanisms and integrated information systems at the local level. Non dissemination and distribution of actual document, especially in simplified local languages
Persons with Disabilities Act	2012	Assess implementation status and service delivery gaps.	Implementation hampered by weak enforcement, bureaucratic overload, and the persistence of non-dissemination and distribution of actual document, especially in simplified local languages

Source: Gender Policy Research Document Review

5 Conceptual Framework

5.1 Defining Intersectionality in the Zambian Context

Intersectionality in the Zambian context, for the study of Gender Policy, is an analytical framework that recognizes that Zambian women's and men's experiences of inequality, discrimination, and privilege are not solely determined by their gender, but are instead shaped by the **interlocking and overlapping effects** of multiple social identities and power structures. It moves beyond a simplified "women versus men" analysis to understand the compounded disadvantages faced by individuals whose gender intersects with other marginalized identities within the specific socio-economic and cultural landscape of Zambia. With the use of the

intersectional framework, we are able to confirm that what is obtained at national level tends to be reflected at lower levels like in the Mungule ward case. See **Table 5**.

Table 5: Gender Intersectionality in Zambia

Intersecting Factor	Description
Location: rural vs urban	Rural populations in Zambia often strictly adhere to patriarchal norms, leading to higher rates of child marriage and lower female land ownership compared to urban areas
Economic Status (wealth quantile)	Women in the lowest wealth quintiles face significantly higher risks of sexual spousal violence and have less access to prenatal care.
Education level	Educational attainment is a major predictor of empowerment; women with no education have higher odds of experiencing gender-based violence and being excluded from household decision-making.
Legal systems	Zambia's dual legal system (formal law vs. customary law) often intersects with gender, where patriarchal traditional beliefs can override constitutional rights regarding land and inheritance.
Age and life stage	Vulnerabilities shift across life stages, with adolescent girls in rural Zambia facing the intersecting risks of early marriage and school dropout

Source: Adapted from the Zambia Gender Assessment Report, 2023

6 Context Analysis of Intersectional Challenges - Mungule Ward Focus

This context analysis applies an **intersectional lens** to examine the compound disadvantages faced by women and girls with disabilities in Mungule Ward. The analysis highlights the convergence of gender, disability, and rural poverty as structural barriers to development. The use of the intersectional framework led to confirming that what is obtained at national level tends to be reflected at lower levels like in the Mungule ward case.

6.1 Access to Social Services (Health and Education)

Health

Health Facility Identified in or Serving Mungule Ward: Mungule Zonal Health Centre

This is a newly constructed facility (commissioned around April 2024) and is a significant health center in the area. This facility is expected to serve over 170,000 people from Mungule Ward

and neighboring wards of Katuba Constituency (**Source:** Health Minister Commissions Newly Constructed Mungule Zonal Health Centre in Chibombo District – Efficacy News (April 8, 2024).

Participants in the focus group discussions and key informant interviews (80 per cent of KIIs participants) reported that the primary barriers for women and girls with disabilities in accessing essential social services in Mungule are multi-layered, moving beyond mere physical accessibility. These barriers are evident in For women with mobility impairments, this distance is often an insurmountable physical and financial barrier, leading to under-utilization of essential services like maternal, sexual, and reproductive healthcare (SRHR). Distance poses a challenge even for persons without disabilities and young girls who cover long distances to school. This is highlighted in the National Gender Policy of 2000 (GRZ, National Gender Policy 2000).

The second barrier is attitudinal and knowledge barrier**.** Healthcare providers often hold negative or dismissive attitudes, sometimes assuming women with disabilities are not sexually active or do not require SRHR services, violating their rights and increasing their vulnerability to HIV/STIs and unwanted pregnancies.. This barrier is followed by communication gaps**.** A significant gap exists in providing accessible health information (Braille, sign language, plain language) and ensuring staff are skilled in communicating with clients who have sensory, intellectual, or psychosocial disabilities.

Education

The total number of schools *within Mungule Ward* is not specified in the public summaries. However, the ward, being one of the more densely populated areas along the Great North Road and close to Lusaka, is served by several schools. Mungule is mentioned in Constituency Development Fund (CDF) planning and reports as a location benefiting from school infrastructure projects Mungule, along with Chunga, Katuba, Cholokelo, Kamaila, and Chibombo, is among the most densely populated wards in the district (with an average of 67 to 117 persons per square kilometer as of 2024 projections) suggesting a higher need for and concentration of schools compared to sparsely populated wards.

The precise, current number of teachers specifically trained in special education or inclusive education and deployed **only** to schools within **Mungule Ward** is not detailed in readily available public documents. However, data from the Chibombo District Integrated Development Plan (IDP) provides the context and district-level statistics.

District-Level Context (Chibombo District): The education data for Chibombo District indicates a general shortage of specialized facilities and staff. The t**otal Special Education Units in Chibombo District** is reported to be **9** (Source: Chibombo District Integrated Development Plan 2024-2033).

State of Inclusive Education in the Survey Sites

Survey respondents of Key Informant Interviews revealed that there were training gaps among teachers in the survey sites**.** There were no reports of teachers trained in specialized areas like Braille, sign language, or adapting the curriculum for learners with special education needs (SEN). All the Key Informants could not distinguish the difference between inclusive education and special education.

While an exact figure for Mungule Ward is unavailable, the data suggests that the number is likely very low, perhaps only one or two specialized teachers.

Eight (8) of the eleven (11) Key Informant Interview respondents (over 72 per cent) reported that challenges with the provision of education in Mungule included inadequate Infrastructure and assistive devices**.** Mutakwa, Kapopo and Moomba Primary Schools did not have inclusive infrastructure (ramps, accessible toilets). However, Kayosha and Katete Schools had inclusive infrastructure. All of the five schools did not have basic assistive devices (wheelchairs, Braille materials). Further, all the KII respondents reported limited teacher capacity**.** They revealed that teachers often have limited training in disability-inclusive teaching, leading to the exclusion of children with disabilities.

Five (45.5 per cent) of the KII respondents added the challenge of gendered exclusion**.** They reported that girls with disabilities faced higher risks of abuse and sexual violence in school settings. They were also more likely to be kept at home by families, prioritizing non-disabled siblings' education due to the perceived lower return on investment for a girl with a disability.

6.2 Access to Economic Opportunities and Livelihoods

Exclusion from education and high poverty levels in Mungule Ward converge to severely restrict the economic autonomy of women and girls with disabilities. Regarding low educational attainment, the documented challenges in accessing quality, inclusive primary and secondary education directly result in low literacy and skills attainment for women and girls with disabilities, making them uncompetitive in the formal labour market.

Further, exclusion from empowerment programs was another factor**.** While Central Province has seen initiatives like the Citizens Economic Empowerment Commission (CEEC), women and girls with disabilities frequently face barriers of limited access to information on application processes; inability to meet collateral/literacy requirements for loans; stigma and stereotypes that see them as incapable of managing a business, limiting access to microfinance and business development training, and double burden of poverty**.** Women with disabilities are at a greater risk of poverty than their male counterparts with disabilities and women without disabilities, illustrating the cumulative effect of gender and disability discrimination on economic outcomes.

7 Research Methodology

The research framework was designed to move beyond a superficial assessment of policy presence, prioritizing an in-depth understanding of how intersectional vulnerability interacts with institutional failure at the grassroots level in Mungule Ward. Given the complexity of the research objectives—which span identifying structural barriers, assessing localized policy implementation, and designing a community monitoring mechanism—a robust, multi-phase research approach was essential to ensure validity and utility. The chosen methodology was the Mixed-Methods Design**.** This approach was appropriate for the type of research we conducted. It was a rights-based assessment of hard-to-reach populations in a developing context.

7.1 Ethical Governance and Research Principles

Since this research involved persons with disabilities, particularly those facing multiple layers of marginalization, (women and girls with disabilities), it was necessary to obtain ethical clearance

from UNZA Ethics Committee and to uphold ethical standards of research. Research Assistants were trained in research ethics in order for them to uphold high ethical standards during data collection.

7.2 Study Population and Sampling Strategy

The sampling strategy employed targeted, non-probability techniques due to the nature of the study population—a highly marginalized group residing in a rural environment. The population of the school communities of Mutakwa, Kapopo, Katete, Kayosha and Moomba were not known. Therefore, the study sampled the survey numbers from the project beneficiary numbers detailed in the Project Design document. **Table 6** shows the target numbers and the actual number reached (**175**). We interviewed pupils between the ages of 10 and 13(Grades 4 to 7). These survey respondents were pupils at five schools in the five survey sites. Since this research was about women and girls with disabilities, the study only targeted girls at the five schools, and their parents. The parents gave consent for the interviewing of their children and their own interviews. This means that we purposively sampled girls who fell in the age range stated. Parents of children with disabilities who could make it to the interview centres (schools) were also interviewed. Teachers were instrumental in identifying the girls for the interviews.

Table 6: Quantitative Survey Sample Size Calculations

Population Strata (Direct Beneficiaries)	**Total Population (*N*)**	**Calculated Sample (*n*)**	**Adjusted Sample**	**Sampling Proportion**	**Actual sample**
Marginalised Women w/ Disabilities	120	92	95	79.2%	
Adolescent Girls w/ Disabilities (10-12)	150	109	110	73.3%	
Marginalised Women Caregivers	50	44	45	90.0%	
Total Survey Sample	**320**	245	**250**	78.1%	**175** (70 per cent of the target)

***NB**: Total population (N) means number of beneficiaries as stated in the AHDI Project Proposal document*

7.2.1 Selection of Women and Girls with Disabilities

Women and girls with disabilities are systematically excluded from access to basic services, legal aid, and infrastructure, making them a hard-to-reach population. This systematic exclusion is often sharper in rural settings like Mungule Ward, which struggles with rapid, unplanned expansion. To counter the challenges of accessing this hidden population, non-probability methods were essential:

Purposive Sampling**:** This technique involved the deliberate selection of individuals based on specific characteristics relevant to the research questions. Selection criteria ensured representation across different age groups, socio-economic profiles (e.g. women caregivers who are parents of children with disabilities), allowing for an intersectional analysis.

7.2.2 Data Collection Instruments and Procedure

The research administered 175 household qualitative questionnaires, 11 Key Informant Interviews and two Focus Group Discussions at two schools. An Observation Checklist was filled in for each school to record compliance of the infrastructure to disability accessibility.

7.2.3 Data Analysis Techniques

Quantitative data was entered in excel and analysed by production of frequency tables and bar charts

7.2.4 Key Informant Interviews (KIIs)

Key Informants were selected because they possess specialized knowledge concerning policy implementation, local governance, or community norms. The use of strict Purposive Sampling was used for KIIs to ensure that the informants were reliable and competent sources for technical and administrative data. All the head teachers at the five schools were interviewed. We also interviewed the District Education Standards Officer (ESO) and teachers responsible for children with disabilities. A total of 11 key informants were interviewed to capture their perceptions on barriers, awareness of national policies, and implementation of the policies.

Eleven (11) key informant interviews were conducted, distributed across the crucial stakeholder categories tabulated in **Table 7**.

Table 7: Key Informant Selection Criteria and Rationale

Informant Category	Target Stakeholders	Research Objective Link	Rationale for Selection
Policy Implementers	ZAPD District Officials (Chibombo), Social Welfare Officers, Ministry of Education, Ministry of Health	Policy Assessment of the Persons with Disabilities Act 2012	To assess institutional capacity, the operational understanding of policy mandates
Local Governance	Mungule Ward Development Committee (WDC) members	Barrier Identification (Structural/Institutional)	To evaluate local resource allocation, service planning, and the capacity to manage the demographic pressure of a rapidly expanding area.
Service Providers	Health Post staff, School Heads, teachers, NGO partners, Community Welfare Assistance Committee (CWAC) members	Context & Policy Assessment (Access to Services)	To determine the practical reality of accessibility and inclusive service quality on the ground, particularly concerning educational facilities.

7.2.5 Focus Group Discussions (FGDs) with Community Members

Two FGDs were conducted at two schools (Kapopo and Kayosha) to capture the collective attitudes, perceptions, and social norms held by the broader Mungule community and dictated the social environment in which women and girls with disabilities live. These discussions were critical for identifying social barriers such as widespread stigma and the community's shared responsibility for exclusionary practices. **Table 8** shows the survey sites and the tools used for the survey.

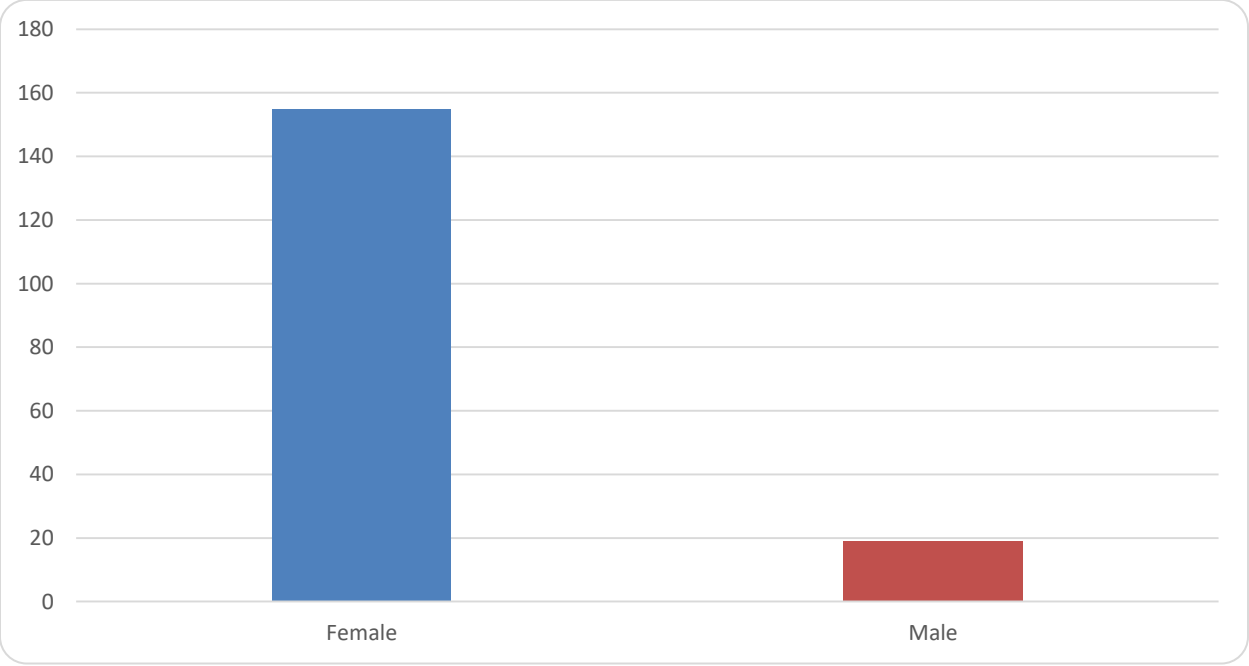
Table 8: Survey Sites and Tools Used

S/N	School/ Health Facility	Survey Tools Used
1	Mutakwa Primary School	FGD, interviews with parents and girls, observation checklist, KII
2	Kapopo Primary School	Interviews with parents and girls, observation checklist, KII
3	Katete Primary School	Interviews with parents and girls, observation checklist, KII
4	Kayosha Secondary School	Interviews with parents and girls, observation checklist, KII, FGD
5	Moomba Primary School	Interviews with parents and girls, observation checklist, KII
6	Mungule Health Centre	KII, observation

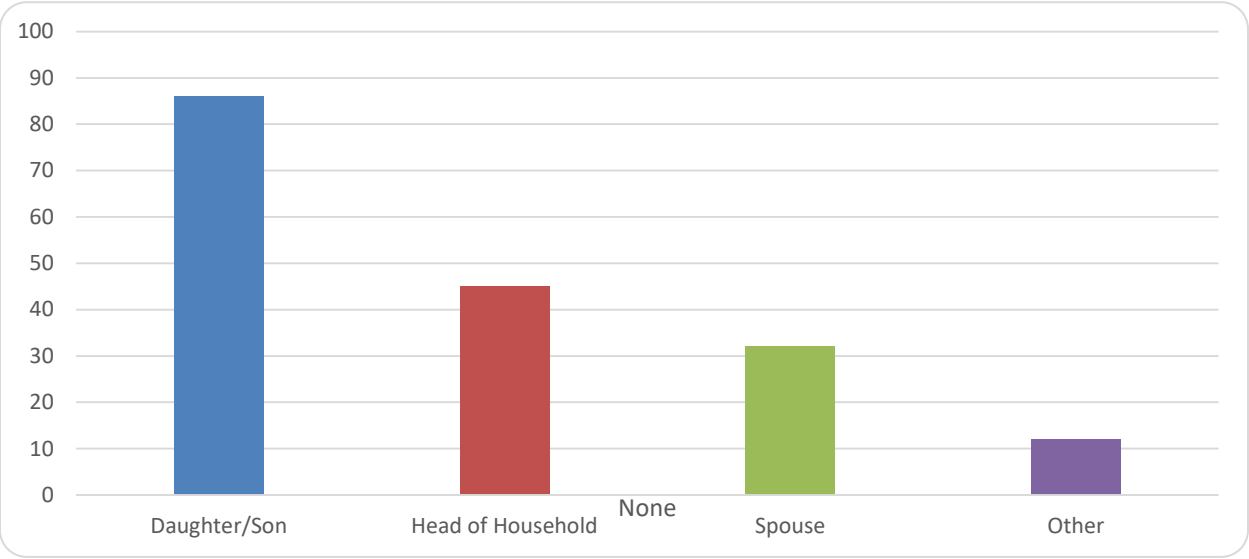
7.3 Characteristics of Quantitative Survey Respondents

Bar Chart 1 shows the gender of the survey respondents. 88.6 per cent of the 175 respondents were female while 10.9 per cent were male.

Bar Chart 1: Gender of Quantitative Survey Respondents

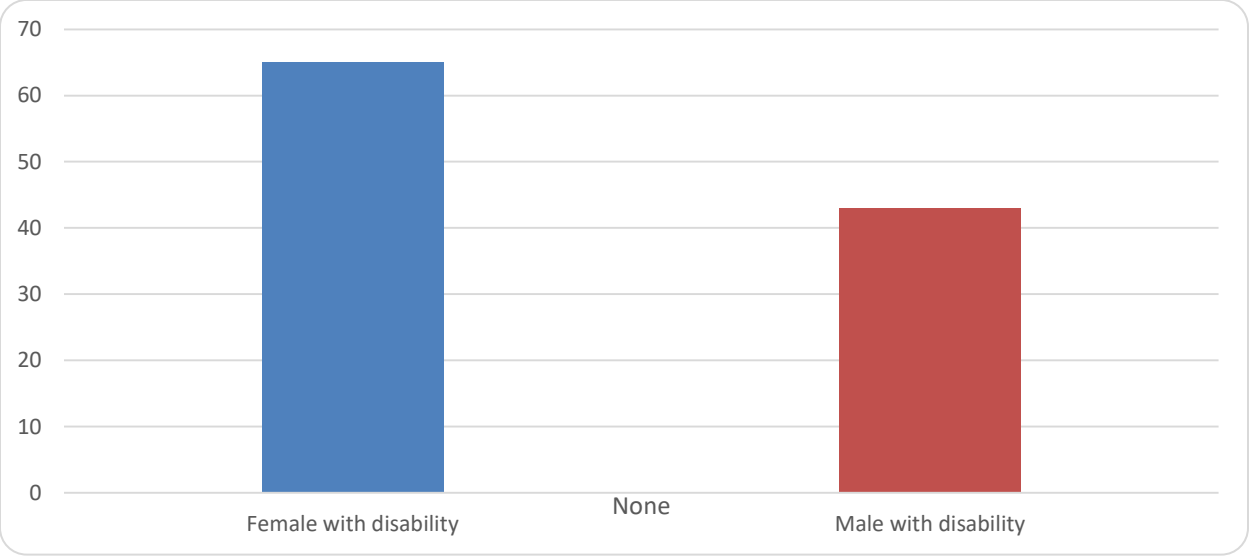


Bar Chart 2: Relationship to the Head of the Household



The bar chart shows that 49.1 per cent of the respondents were daughter/son, 25.7 per cent were heads of households, 18.3 per cent were spouses and 6.9 per cent were other household members.

Bar Chart 3: Household members with a Disability

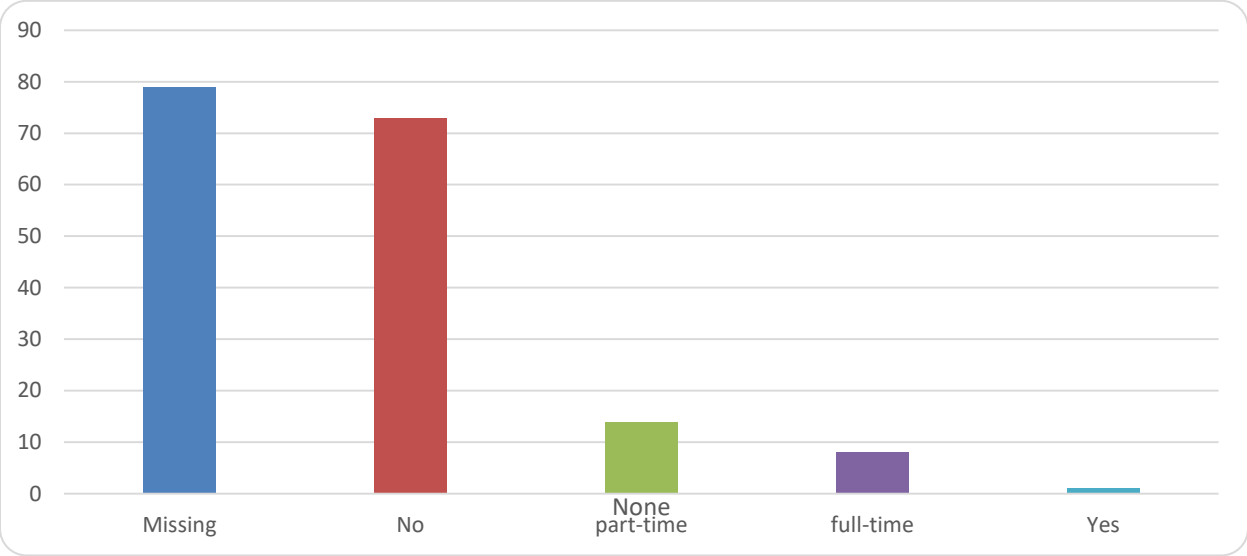


The bar chart shows household members who had a disability. It indicates that 60.2% were females with a disability while 39.8% were males with a disability.

Participants' Involvement in Livelihood Activities

We sought to investigate participants' involvement in livelihood activities. 45.1 per cent of the respondents indicated that they were not involved in any livelihood activities. These were school girls who were under the age of employment. 8 per cent were engaged in some part-time work to supplement the family work. 79 per cent did not respond to the question. Only 1 respondent reported having been involved in livelihood activities (0.6 per cent). This is shown in Bar Chart 4.

Bar Chart 4: Participants' Involvement in Livelihood Activities



7.4 Ethical Considerations and Quality Assurance

Ethical Clearance was obtained from the University of Zambia Ethics Committee. The research then abided by the rules of ethical considerations and quality assurance. Consent forms were kept in a lockable box while questionnaires did not include names of respondents.

8 Research Findings and Analysis of Policy Implementation

8.1 Awareness of Gender and Disability Policies by Survey Respondents

Bar Chart 5 shows respondents' awareness of the Disability Policy. 78.3 per cent of the 175 respondents had never heard of the Disability Policy 25 % reported having heard about it while 8% indicated that they knew a lot about it. This shows that the level of policy awareness was very low in the survey sites.

Bar Chart 5: Participants' Awareness of Disability Policy

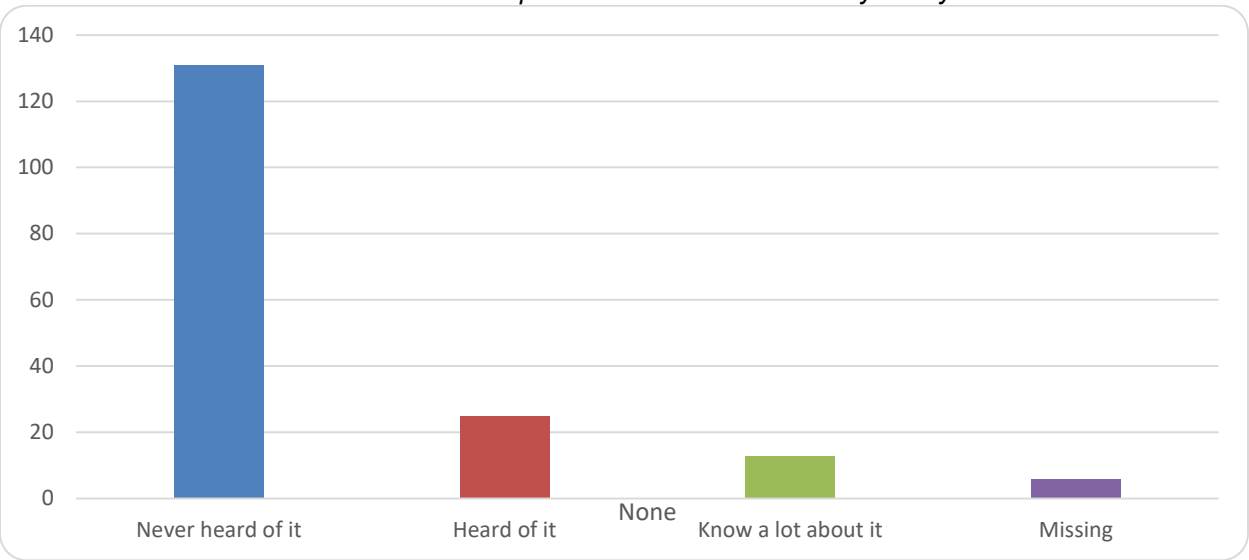


Table 9: Awareness of Persons with Disabilities Act

	No response	Never heard of it	Heard it	Know a lot about it	Total responses
Number	6	131	25	13	169
Percentage	3.4	74.9	14.3	7.4	

Source: Survey data

Table 9 shows that 74.9% of the respondents had never heard of the Persons with Disabilities Act. 14.3% reported having heard about it while 74% reported that they knew a lot about it. This is a clear demonstration of the low level of awareness of the Act.

Table10: Awareness of Gender Policy

	Never heard of it	Heard it	Know a lot about it	Noresponse	Total responses
Number	116	34	19	6	169 responded
Percentage	66.3	19.4	10.9	3.4	

Table 10 shows respondents' awareness of the Gender Policy. Of the 175 respondents who responded to the question of awareness of the Gender Policy, 66.3% reported that they had never heard of it. Only 10.9% per cent reported that they knew a lot about it. This confirms the respondents' low awareness of the policy. The data is also presented in the bar graph (Bar Chart 6).

Bar Chart 6: Awareness of the Gender Policy

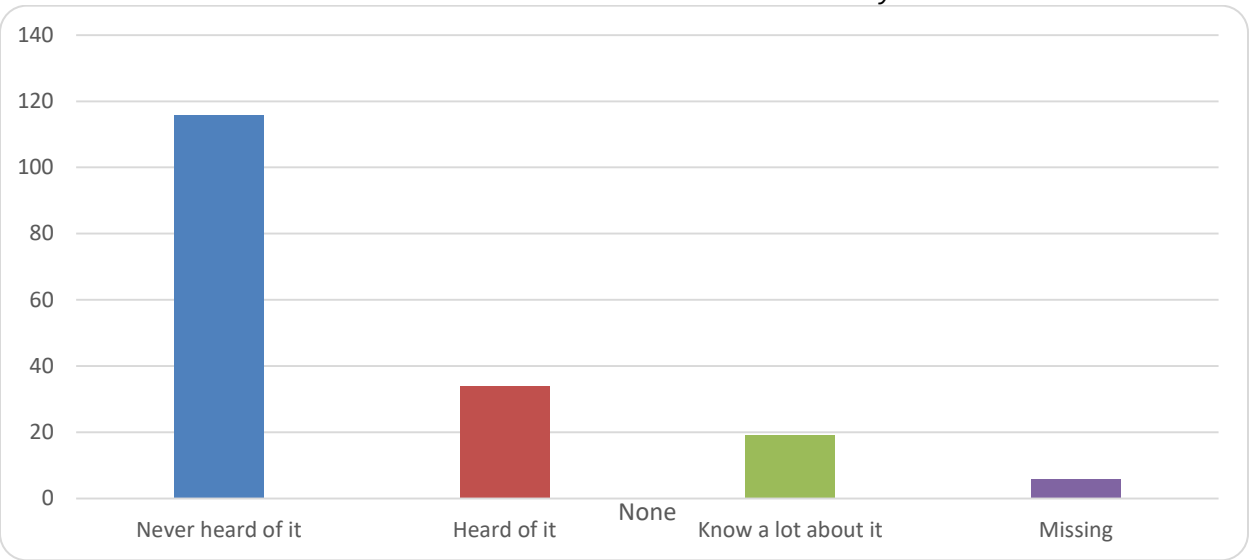
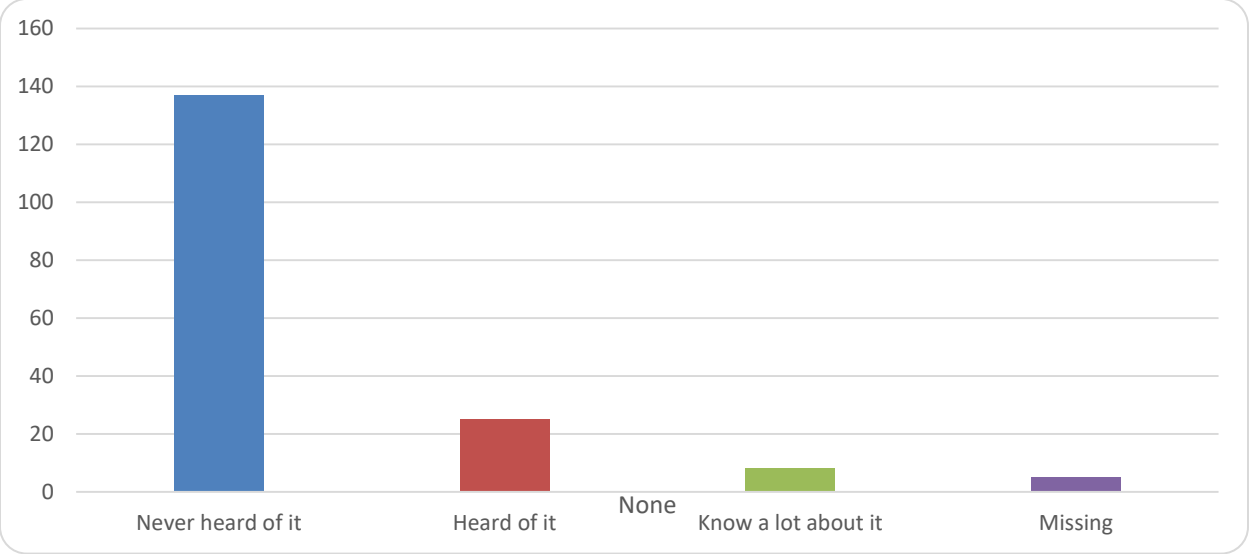


Table 11 shows respondents' awareness of National Disability Policy 2016. 170 respondents responded to the question of awareness of the national Disability Policy of 2016. 78.3% of this number had never heard of it. Only 4.6% indicated that they knew a lot about it. The bar graph presented as table 18 also indicates this finding.

Table 11: Awareness of National Disability Policy 2016

	No response	Never heard of it	Heard it	Know a lot about it	Total responses
Number	5	137	25	8	170
Percentage	2.9	78.3	14.3	4.6	

Bar Chart7: Awareness of National Disability Policy



From the tables and bar graphs, we conclude that the level of awareness of the national policies was very low in the survey sites. This was a result of absence of awareness-creation by relevant government departments.

8.2 Status of Policy Implementation in Mungule Ward

This section assesses the on-the-ground implementation and impact of key national policies relevant to gender and disability within **Mungule Ward** as captured from perceptions of survey participants in key informant interviews. It analyzes the extent to which these policies translate into tangible benefits and inclusive services for women and girls with disabilities. The review of three key Zambian national policy and legislative frameworks that govern gender equality and disability rights focuses specifically on the provisions that address the intersectional vulnerabilities and needs of women and girls with disabilities, particularly in the context of rural implementation in Mungule Ward. For each instrument, specific assessment criteria were used to guide field research and evaluate policy efficacy. The assessment criteria for the policies are presented in **Appendix B**.

8.2.1 Assessment of the Persons with Disabilities Act (2012) Implementation Gaps

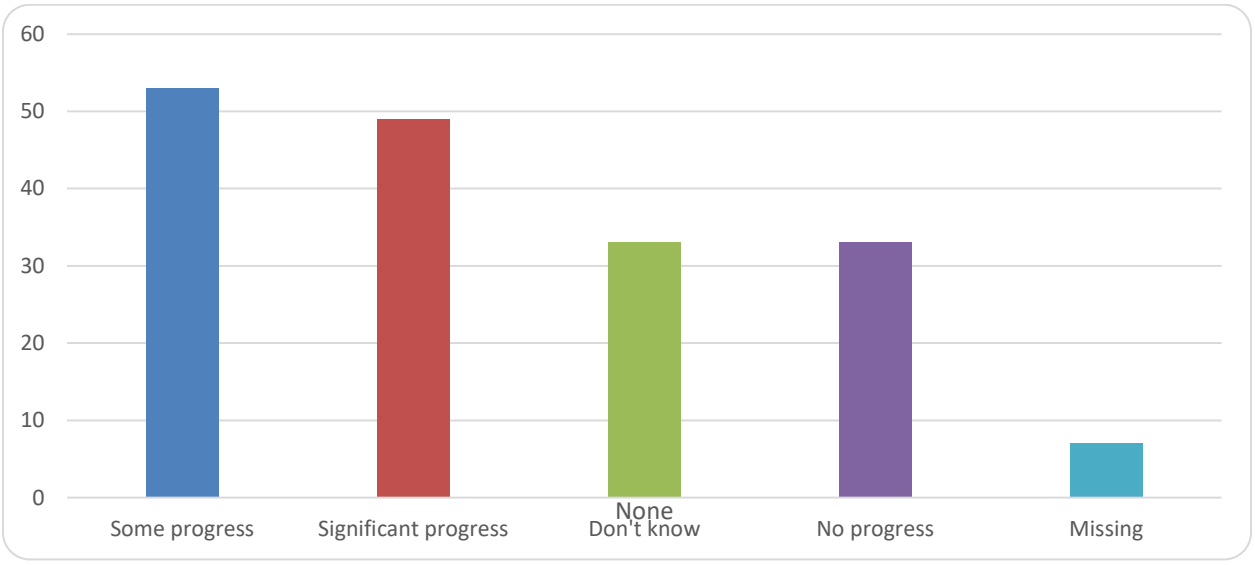
The **Persons with Disabilities Act (Act no. 6 of 2012)** is a crucial legislative instrument that domesticates the UN Convention on the Rights of Persons with Disabilities (CRPD) and mandates the promotion of rights and mainstreaming of disability issues in Zambia. However, its implementation in practice, particularly at the local level of Mungule Ward, faces significant gaps. Key Informant Survey respondents gave various explanations for this. The explanations are captured in **Table 12**.

Table 12: KII Respondents' Perceptions of Low Implementation of the Persons with Disabilities Act (2012).

	Inadequate resource allocation	Weak inter-sector coordination	Inaccessibility of infrastructure	Limited M and E
Number of respondents	7	5	10	8
Per cent	63.6	45.4	90.9	72.7

Of the 11 KII respondents interviewed, **63.6%** reported that the primary challenge was the lack of sufficient financial resources dedicated to the implementation of the Act's provisions. This hampered the Zambia Agency for Persons with Disabilities (ZAPD) and line ministries from effectively carrying out their functions, leading to limited program reach and impact on the ground. **90.9%** cited lack of accessible infrastructure and services. Despite provisions in the Act for accessibility in public places, transportation, and services, compliance remains low. Buildings in schools and health facilities lack ramps, accessible toilets, and clear signposting, thus creating physical barriers that directly contravene the law. **72.7%** of the KII respondents cited limited accountability and monitoring**.** They reported that mechanisms for holding institutions accountable for non-compliance and for effective community-level monitoring were non-existent.

Bar chart 8: Participants' Perceptions of the Persons with Disabilities Act (2012)

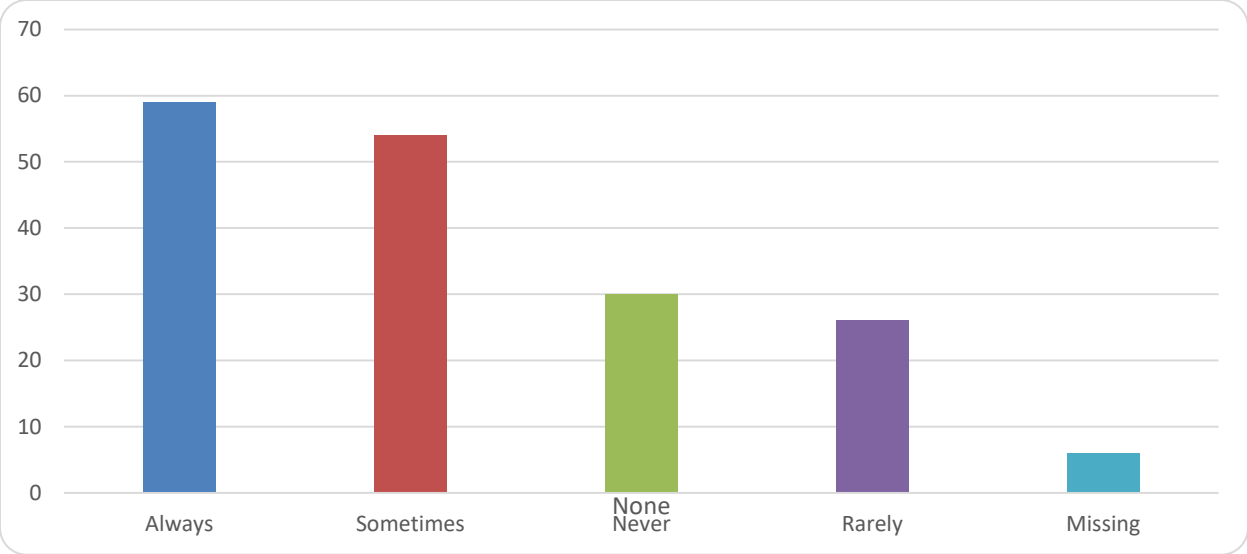


Quantitative survey respondents were asked how they perceived the implementation of the Persons with Disability Act (2012). 30.3% reported that there was some progress. 28% stated that there was significant progress. 18.9% didn't know and a further 18.9% reported that there was no progress. Therefore, a total of 58.3% of the respondents reported progress of some kind. This finding is illustrated in the bar chart 8.

8.2.2 Assessment of the National Gender Policy (2023) Responsiveness to Disability

The **National Gender Policy (NGP) of 2023** demonstrates a more intentional effort to address the intersection of gender and disability compared to previous iterations, though potential gaps in its practical application may exist. Seeing that there was a very low level of awareness of the National gender Policy among the household survey respondents, we relied on perceptions of the Key Informants in assessing implementation of this policy. 64 per cent of the Key Informant Interview respondents reported that while the policy was strong on paper, the major challenge lay in the translation of the policy objectives into budgeted, measurable, and specific actions at the ward level, such as Mungule. Bar Chart 9 shows the respondents' perceptions of the implementation of the Gender Policy.

Bar Chart 9: Respondents' Perceptions of the Implementation of the Gender Policy

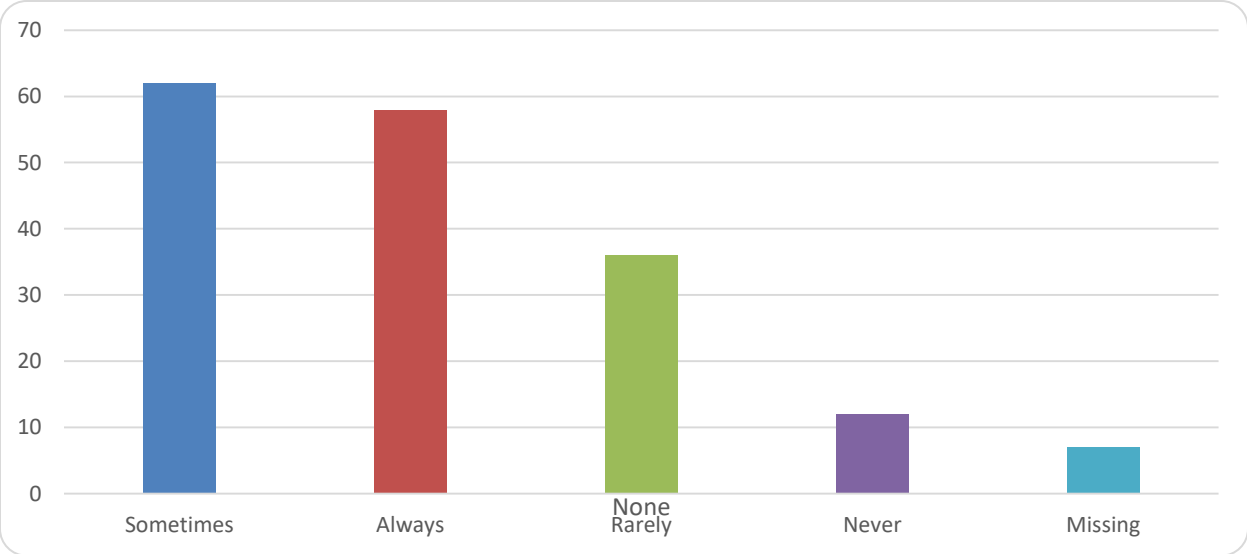


Respondents were asked how they perceived the implementation of the Gender Policy in their communities. 33.7% reported that the policy was always implemented. 30.9% reported that it was sometimes implemented and 17.1% indicated that it was never implemented.3.4% did not respond to the question.

8.2.3 Assessment of the National Policy on Disability (2016) Service Delivery

Respondents were further asked how they perceived the implementation of the National Disability Policy (2016). 35.4% reported that it was sometimes implemented. 33.1% stated that it was always implemented while 20.6% reported that it was rarely implemented. 6.9% of the respondents did not think it was ever implemented. A total of 62.9% of the respondents, therefore, did not think that the policy was well implemented. The bar graph illustrates this finding.

Bar Chart 10: Respondents' Perceptions of the Implementation of the National Disability Policy



8.3 Social and Attitudinal Barriers Affecting Women and Girls with Disabilities

8.3.1 Stigma, Cultural Beliefs, and Gender Stereotypes

During focus group discussions, we were able to capture perceptions of participants regarding stigma, cultural beliefs and gender stereotypes. Participants indicated that stigma against disability in Mungule Ward is often rooted in harmful cultural beliefs that attribute disability to witchcraft, ancestral curses, or divine punishment. This leads to profound social exclusion and internalized shame. They further indicated that women and girls with disabilities faced double discrimination based on their gender, their disability, and often their socio-economic status. There was also the risk of violence. The combination of dependency and low social status due to stigma made women and girls with disabilities highly vulnerable to gender-based violence (GBV), including physical, emotional, and sexual abuse, often perpetrated by family members or caregivers.

8.3.2 Exclusion from Community Participation and Decision-Making

Women and girls with disabilities are routinely excluded from the social, economic, and political life of Mungule Ward as follows: (i) Marginalization from Social Gatherings**:** Community events, religious activities, and social groups often operate without accessible infrastructure or inclusive communication methods, effectively silencing and isolating women and girls with disabilities; (ii) Lack of Voice in Local Governance**:** Despite being rights-holders, women and girls with disabilities are underrepresented or absent from Ward Development Committees (WDCs), community hearings, and other local decision-making bodies. Their specific needs and priorities are thus consistently left off the local agenda, and (iii) Paternalistic Attitudes**:** Community members and even family often adopt a paternalistic approach, making decisions *for* women and girls with disabilities rather than supporting their autonomy and self-representation. This fundamentally undermines their agency.

8.4 Structural and Institutional Barriers Affecting Women and Girls with Disabilities

Structural and institutional barriers are systemic obstacles embedded within the operational frameworks of institutions and infrastructure that make it difficult for women and girls with disabilities to access services and opportunities. These barriers include: (i) Physical Inaccessibility of Public Spaces. Most key public buildings in Mungule Ward, including schools, health centres, and market stalls, are physically inaccessible. This includes a lack of ramps, accessible toilets, and clear signage, thus creating fundamental barriers to participation and access to essential services; (ii) Lack of Accessible Information and Communication. Critical information regarding health, policy, emergency services, and economic opportunities is rarely provided in accessible formats (e.g. Braille, simplified text, sign language interpretation). This institutional oversight severely limits the ability of women and girls with disabilities to make informed choices, and (iii) Discriminatory Education**.** Schools often lack trained special education teachers, adequate resources, and a flexible curriculum. Girls with disabilities are disproportionately affected by drop-out rates due to distance, inaccessible facilities, and the pervasive belief that they are uneducable.

8.5 Social and Attitudinal Barriers Affecting Women and Girls with Disabilities

The core barriers to the inclusion and empowerment of women and girls with disabilities in Mungule are often non-physical. These social and attitudinal obstacles—rooted in deeply entrenched cultural norms, prejudices, and stereotypes—result in a cycle of marginalization that is far more challenging to dismantle than structural or physical barriers alone. This section details how intersectional discrimination based on both gender and disability limits the rights, opportunities, and personal agency of this vulnerable group.

8.5.1 Stigma, Cultural Beliefs, and Gender Stereotypes

Women and girls with disabilities in Mungule are subjected to multiple layers of stigma that diminish their value, restrict their mobility, and expose them to elevated risks of violence and neglect.

Intersectional Stigma and Attribution of Cause**:** Disability is frequently attributed to supernatural forces, ancestral curses, or divine punishment within various Mungule communities. When this attribution is coupled with the traditional subordinate status of women, the stigma intensifies, leading to profound social isolation. Families, particularly in rural areas, may hide daughters with disabilities to avoid social shame or the fear that the 'bad luck' associated with the disability will prevent their children without disabilities (especially sons) from marrying. This practice of *seclusion* effectively renders women and girls with disabilities invisible to local services, education providers, and opportunities for social and economic engagement. The pervasive belief that a daughter with a disability is a "permanent drain on the family with no hope of future marriage or social mobility" is a fundamental driver of neglect.

8.5.2 Exclusion from Community Participation and Decision-Making

Negative attitudes and stereotypes directly translate into the systematic exclusion of women and girls with disabilities from public and civic life, denying them fundamental rights to participation and self-determination.

Invisibility in Leadership and Civic Life: Women and girls with disabilities are rendered largely invisible in the civil and political spheres of Mungule. They are significantly underrepresented in the Ward Development Committee, women's groups, and traditional decision-making bodies. First invisibility is multiple discrimination**.** Exclusion occurs on two fronts: (i) general societal biases that restrict all women's leadership roles and (ii) the additional layer of discrimination based on disability. This dual barrier ensures that their unique needs—related to accessible healthcare, education, or protection from violence—are never effectively articulated or prioritized in community action plans or resource allocation discussions. Women and girls with disabilities also lack agency**.** The legal and cultural systems often fail to recognize the legal capacity of women with disabilities, particularly for those with intellectual or psychosocial disabilities. This means decisions regarding their health, finances, and living arrangements are frequently substituted by family members or guardians, completely removing their voice and autonomy.

Barriers to Social and Economic Integration**:** Exclusion extends beyond formal leadership to everyday social and economic opportunities. It includes (i) community forums**.** Inaccessible physical environments (meeting halls with stairs, poor road access) and communication barriers (lack of sign language interpretation or simplified documentation) prevent meaningful attendance at public gatherings, health forums, and Ward Development Committee meetings, (ii) self-exclusion and internalized stigma**.** The constant exposure to negative attitudes and low expectations often results in internalized stigma, shame, and low self-esteem. This can lead to self-exclusion, where women and girls with disabilities deliberately withdraw from social life, convinced that they have nothing to contribute, further entrenching their isolation. It further involves limited access to information**.** Critical information regarding health, rights, and available interventions is rarely provided in accessible formats (Braille, large print or plain language). This information poverty ensures that this population remains unaware of their rights and the support structures that exist, maintaining their dependence and marginalization.

8.6 Structural and Institutional Barriers Affecting Women and Girls with Disabilities

8.6.1 Barriers to Accessing Education

Access to and retention in education for girls and children with disabilities in Mungule Ward is severely hampered by a complex and interlocking matrix of economic, socio-cultural, and institutional factors. Children with disabilities, particularly girls with disabilities, face dual discrimination rooted in both gender inequality and disability stigma, resulting in systematic exclusion from the full enjoyment of their right to education.

Table 14: Barriers to Accessing Education

Barrier	% of KIIs who reported	% of FGD participants who reported
Economic: household poverty	81	70
Socio-cultural norms	52	55
Social stigma which perpetuates discrimination	73	75
Misinformation which results in fear and isolation	55	50

As **Table 14** shows, participants of Key Informant Interviews and Focus Group Discussions identified the barriers as (i) economic and Geographic impediments**.** The predominant barrier is

household poverty, which compels families to prioritize resource allocation. In conditions of extreme poverty, funding for education (including uniforms, stationary, and basic scholastic materials) is often deemed secondary to survival needs. This financial strain disproportionately impacts girls, as traditional norms often dictate that male children receive educational investment priority.

Other barriers are socio-cultural and gendered barriers which are deeply ingrained socio-cultural norms that perpetuate discriminatory attitudes that devalue the intellectual capacity of girls, especially those with disabilities. The belief that a girl's primary role is domestic often leads to their early engagement in child labour and the practice of early and forced marriage or adolescent pregnancy. With nearly a third of girls in similar regions married before the age of 18, this represents a major, irreversible break in educational continuity.

For children with disabilities, social stigma and misinformation regarding the causes of disability are pervasive. This lack of knowledge fosters fear and isolation within communities and, critically, within the family unit, resulting in low enrollment or withdrawal from school (all the five schools visited had very few children with disabilities on roll, for example Kapopo School only had two children with disabilities). Girls with psychosocial and intellectual disabilities are often the most marginalized due to this compounding layer of discrimination.

> "Parents don't take their children to school for fear of their children being laughed at by the children without disabilities." Renartus Mushibwe- Headteacher at Katete Primary School.

> "Most of the schools are not accessible, so children with disabilities are marginaliised from education. There is also low awareness of the rights of children with disabilities. Toilets are accessible and furniture is not accessible." Ms Grace Chimtende, ESO Chibombo

Infrastructural and Institutional Gaps

Table 15: Infrastructural and Institutional Gaps

Gap	Number of schools and percentage
Inaccessible buildings and latrines	3 (60)
Inaccessible water points	5 (100%)
Low teacher capacity	5 (100%)
No assistive devices	5 (100%)

From our field observations (see **Table 15**) and interactions with key informants, we noted that the education infrastructure itself presents fundamental barriers to inclusion. These barriers were mainly physical inaccessibility evident in the fact that school buildings, latrines, and water points in the ward often lack universal design principles, making them physically inaccessible for children with mobility or visual impairments. This lack of appropriate facilities forces some

CWDs to rely on assistance or forgo basic needs, directly violating their dignity and right to access. The second barrier identified was inadequate sanitation. The absence of gender-sensitive and adequate sanitation facilities (separate, safe, and private) is a key driver of dropout rates for girls, particularly after menarche. This infrastructural gap fails to accommodate adolescent girls' specific health and hygiene needs. The third barrier was teacher capacity and resources. The effective implementation of inclusive education is severely undermined by a shortage of teachers adequately trained in inclusive teaching and special education needs. Furthermore, the limited availability or non-provision of necessary assistive devices (wheelchairs, low-vision aids, hearing aids) and dedicated support personnel (interpreters, assistants) creates insurmountable classroom barriers, rendering the curriculum inaccessible to many children with disabilities. In summary, the challenges are structural, combining financial poverty with cultural biases and systemic capacity gaps, creating an environment where the education rights of girls with disabilities are consistently compromised.

> "There are no qualified teachers to teach children with disabilities, so the children with disabilities are left out." Mr. Renartus Mushibwe – Katete Primary School Headteacher

8.6.2 Barriers to Accessing Economic Opportunities (Financial and Market Access)

The Zambia Agency for Persons with Disabilities (ZAPD) provides economic empowerment through schemes focused on self-employment and sheltered employment for people with disabilities, which, in theory, Mungule Ward residents can access via the ZAPD district or provincial offices. While direct, localized ZAPD projects in Mungule are not specified, beneficiaries in Chibombo District are expected to access ZAPD's mandate to operate projects for skills training and employment. Furthermore, ZAPD strongly advocates for persons with disabilities to benefit from related initiatives like the Citizens' Economic Empowerment Commission (CEEC) loans and Constituency Development Fund (CDF) empowerment grants, which are formally available to finance enterprises and co-operatives formed by women and girls with disabilities.

8.6.2.1 Constraints in Financial Access

Financial inclusion is recognized globally as a key driver of economic empowerment, yet women with disabilities in the Mungule area face multi-layered discrimination in accessing both formal and informal financial services. Focus Group Discussion participants identified the constraints as:

A. Institutional Discrimination:

I. **Absence of Start-up Capital:** Due to pre-existing economic marginalization and limited educational opportunities, women with disabilities generally lack the personal capital or financial track record required to qualify for conventional financing. Government-led empowerment grants and loans often remain inaccessible due to complex bureaucratic processes and inadequate information dissemination at the local level.

B. Physical and Communication Inaccessibility:

I. **Geographic and Infrastructure Barriers:** Given the rural nature of Mungule, formal financial services are often physically distant, requiring travel to Lusaka or other district centres. For women with mobility impairments, this distance, coupled with high transport costs and non-accessible public transport, renders formal banking impractical or impossible.
II. **Information Exclusion:** Crucial information regarding available financial products, savings groups, and government support schemes re not provided in accessible formats (Braille, large print, sign language interpretation, or simple language) at the survey schools.. Furthermore, the lack of digital literacy and access to necessary assistive devices creates significant barriers to accessing modern digital financial services (DFS), which are critical for rural inclusion.

8.6.2.2 Barriers to Market Participation and Entrepreneurship

Economic activity for women with disabilities in Mungule predominantly centres on small-scale entrepreneurship within the informal economy, such as farming, petty trading, or basic crafts. However, even these avenues are fraught with market barriers:

A. Inaccessible Business Environment: (i) Lack of Accessible Infrastructure. Marketplaces, stalls, and community trading points in Mungule are rarely designed with universal access in mind. Inaccessible structures prevent women with physical disabilities from setting up viable trading spaces, severely limiting their visibility and customer reach and (ii) Transport and Logistics: Moving goods (inventory, inputs, and final products) to and from the market is a major challenge due to the high cost of specialized transportation or human assistance required for women with significant physical or sensory impairments.

B. Limited Business Development and Networking: (i) Exclusion from Networks. Crucial business networks, cooperatives, and mentorship programmes are often physically or socially inaccessible. Women with disabilities frequently experience social isolation and are overlooked by mainstream development initiatives, depriving them of the peer support, market intelligence, and collaborative opportunities essential for business growth, and (ii) Skills Gap. While enthusiasm for entrepreneurship is high, there are significant gaps in formal business management, marketing, and product development training tailored to their specific economic context and physical needs. Training opportunities provided by agencies like ZAPD or TEVETA often do not reach the remote Mungule community, or they fail to provide appropriate reasonable accommodation.

C. Policy and Implementation Gaps (Link to National Context): Despite the existence of the Citizens Economic Empowerment Commission (CEEC) and provisions within the Persons with Disabilities Act (2012) designed to promote economic inclusion, the implementation remains weak at the ward level. The promised allocation of public procurement to enterprises run by persons with disabilities has yet to translate into meaningful economic gains for grassroots entrepreneurs in Mungule, illustrating a major disconnect between national policy intent and community-level reality.

8.5.3 Barriers to Accessing Social Services (Health and Social Protection)

This section provides an assessment of the systemic, attitudinal, and procedural obstacles that limit access to fundamental health and social protection services for Women and Girls with

Disabilities in Mungule Ward. The analysis employs an intersectional lens, highlighting how the confluence of gender, disability, and rural poverty undermines the operationalization of national policies, including the *Persons with Disabilities Act (2012)* and the *National Gender Policy (2023)*. These deep-seated barriers prevent women and girls with disabilities from realizing their constitutional rights to health and social security, placing them among the most marginalized groups in Central Province.

8.6.3.1 Structural and Systemic Barriers to Inclusive Health Service Delivery

The primary impediments to healthcare access are rooted in physical infrastructure deficits and the chronic under-resourcing of rural health facilities. These constraints directly challenge the state's obligation, stipulated in the Persons with Disabilities Act (2012), to ensure accessibility to health services and facilities.

A. Physical Inaccessibility and the Failure of Reasonable Accommodation

Our visit to Mungule Health Centre proved that the health facility did not meet standards of disability-sensitive infrastructure, representing a persistent and direct violation of the provisions of the Persons with Disabilities Act (2012). The physical barriers included the conspicuous absence of ramps, and the use of inappropriately high examination beds. For women and girls with disabilities, especially those with mobility impairments seeking routine or essential maternal care, this physical negligence translates not into a mere inconvenience, but into a direct denial of service.

B. Near Total Absence of Specialized Rehabilitation Services

A significant gap in the healthcare system relevant to Mungule Ward is the lack of specialized rehabilitative support. Evidence indicates that physical rehabilitation services are heavily centralized in urban areas and large hospitals, characterized by weak leadership and governance at the local level. This creates an inherent disparity, as the essential community- and primary healthcare-level services critical for rural populations are virtually non-existent.

The absence of provincial or district rehabilitation satellite offices means that women and girls with disabilities in Mungule Ward are effectively excluded from accessing essential physical rehabilitation. This exclusion prevents them from mitigating functional impairments, reducing mobility and independence, and consequently restricting their access to all other social and economic opportunities. This gap highlights a fundamental deficiency in policy direction and dedicated budgetary allocation for rehabilitation, which has been identified nationally as a weakness in Leadership and Governance within the sector.

Table 16 synthesizes the core barriers to health access and links them directly to observed policy implementation gaps, framing the challenge faced by women and girls with disabilities in Mungule Ward.

Table 16: Categorization of Access Barriers to Health Services for Women and Girls with Disabilities in Mungule Ward

Barrier Domain	Specific Manifestation in Mungule	Associated Policy Implementation Gap	Data Source
Structural/Physical	Physical inaccessibility (lack of ramps, no assistive devices).	Failure to enforce accessibility mandates of Persons with Disabilities Act (2012) in facility upgrades.	Observation checklists
Geographic/Resource	Limited health facilities in rural Mungule; severe shortage of community-level physical rehabilitation services.	Unequal distribution of resources; weak district-level governance for specialized services.	Key informant interviews, Observations
Attitudinal/Social	Stigma, negative provider attitudes, and stereotyping regarding girls with disabilities' reproductive capacity.	Failure of Ministry of Education to implement mandatory, effective disability inclusion and ethics training for personnel.	Key Informant interviews
Human Resource/Communication	Absence of professional sign language interpreters; untrained staff in disability protocols.	Failure to fund and train human resources (District officers, teachers and health staff) as required by Persons with disabilities Act and National Gender Policy objectives.	Key informant interviews

Source: Research Primary Data

8.6.3.2 Procedural and Bureaucratic Barriers to Social Protection

Ministry of Community Development and Social Services (MCDSS) documents, and Chibombo Town Council social welfare reports, confirm the implementation of national programs like Social Cash Transfer, Supporting Women's Livelihoods, and the Food Security Pack within the district. Social protection programs in Mungule Ward primarily focus on delivering essential assistance from the Ministry of Community Development and Social Services (MCDSS). The central and most widespread intervention is the Social Cash Transfer Programme (SCTP), which provides regular, non-contributory payments to the poorest and most incapacitated households to help them meet basic needs like food and health. The ward also benefits from the Food Security Pack Programme that provides agricultural inputs to vulnerable but viable farmers, and is expected to participate in "Cash Plus" initiatives like the Supporting Women's Livelihoods (SWL) and Keeping Girls in School (KGS), all aimed at reducing poverty, improving resilience, and fostering human capital development in the local community. However, the pathway for accessing essential social safety nets, particularly the Social Cash Transfer (SCT) program, is undermined by complex procedural and bureaucratic gatekeeping mechanisms. These structures are inherently inaccessible and function to exclude the majority of women and girls with disabilities in Mungule Ward from poverty-targeted support.

Further, access to the Constituency Development Fund (CDF) for women and girls with disabilities in Mungule Ward is channeled through the Youth, Women, and Community Empowerment component, which explicitly prioritises persons with disabilities for grants and soft loans. While the national guidelines mandate inclusivity and the CDF bursary scheme

specifically mentions support for a learner with a disability, reports from the field indicate that challenges remain at the ward level. These include low awareness of the application process, a lack of capacity among vulnerable groups to develop viable proposals, and general administrative bottlenecks in disbursement, which disproportionately affect marginalized groups like women and girls with disabilities, despite the formal policy framework being in place to encourage their participation

A. The ZAPD Registration and Certification Bottleneck

The SCT program, the country's largest poverty-targeted social protection intervention, is designed to reduce poverty among vulnerable households, including those with severe disabilities. However, accessing this program requires navigating two critical administrative hurdles. First, eligibility requires **medical verification**: a household member must have a severe disability, certified by a qualified health practitioner from a government health facility. This mandate directly links social protection eligibility to the ability of women and girls with disabilities to overcome the existing geographic, structural, and attitudinal barriers of the constrained health system.

Second, the recipient must obtain **a disability identity card** from the Zambia Agency for Persons with Disabilities (ZAPD), which acts as the proof of disability required under State law. The ZAPD registration process is notoriously lengthy, costly, and complex. Efforts to reform the system and make assessments accessible in provinces are severely hindered by technical issues and limited physical accessibility to ZAPD offices, which are located in Kabwe, the provincial capital of Central Province. This procedural barrier functions as the single largest formal mechanism of exclusion, directly counteracting the Social Cash Transfer program's objectives.

B. Physical and Communicative Barriers at Social Protection Disbursement Points

Even for the limited number of women and girls with disabilities who successfully overcome the ZAPD certification bottleneck, accessing the bi-monthly SCT payments is challenging. Buildings used for disbursement and local administrative support run by the Ministry of Community Development and Social Services (MCDSS) are frequently not disability-friendly. Furthermore, administrative communication failures persist at the local level. District officers responsible for managing and distributing social protection payments often lack training in sign language interpretation, preventing effective communication with beneficiaries who have hearing impairments regarding critical issues such as payment schedules or grievance mechanisms. Compounding this, payment schedules were reported as irregular. When combined with the financial dependency resulting from disability and gender-based discrimination, the physical and communicative inaccessibility of the payment system increases women and girls with disabilities' vulnerability and reliance on third parties to collect funds, thus potentially compromising their independent control over the Social Cash Transfer.

Table 17 shows the successive stages of perceived procedural failure in the SCT access pathway from the point of view of FGD participants. The stages compound to exclude women and girls with disabilities in Mungule.

Table 17: Perceived Procedural Bottlenecks and Exclusion Mechanisms in Social Cash Transfer (SCT) Access

Step in SCT Inclusion Process	Requirement	Observed Barrier/Exclusion Mechanism	Data Source
Medical Verification	Certification of severe disability by a qualified government health practitioner.	Forces women and girls with disabilities to navigate existing geographic, structural, and attitudinal health access barriers.	Focus Group Discussions Key informant interviews
Identity Card Issuance (ZAPD)	Obtaining a disability identity card from ZAPD.	Lengthy, costly, and complex process; limited accessibility of ZAPD provincial offices (resulting in extremely low registration coverage).	Focus Group Discussions Key informant interviews
Program Access & Payment	Regular bi-monthly cash transfer delivery to beneficiaries.	Inaccessible payment buildings; district staff lack sign language training; irregular payments.	Key Informant Interviews and FGDs

Source: Survey data

9 Conclusions and Strategic Recommendations

1. From the research findings, we conclude that there is inadequate decentralization and funding**.** While Zambia has strong national laws (e.g. Persons with Disabilities Act, 2012), their implementation in Mungule Ward is severely hampered by delayed or non-existent disaggregated funding from central to local government, which is critical for providing reasonable accommodation. We also conclude that there is remarked absence of mainstreaming. Local policy implementation often fails to apply a dual-lens approach, treating disability policies and gender policies in silos. Women's empowerment programs rarely accommodate disability needs (e.g. accessible training venues, sign language interpretation), and disability programs often overlook the specific gender-based violence, reproductive health, and economic isolation faced by women and girls.

We therefore recommend for integration of the Gender-Disability Lens into Programming. This means that that all AHDI programs and partner initiatives need to undergo a compulsory "Gender and Disability Accessibility Audit" during planning and review. Practically, this requires the designing of an inclusive livelihoods hub that explicitly prioritizes women and girls with disabilities. This hub must feature accessible physical space, provide specialized financial literacy training, and offer micro-grants that do not require physical collateral.

2. We further conclude that there is weak accountability at local level**.** There are no clear local mechanisms and disaggregated data collection to monitor policy compliance by line ministries (Health, Education, and Community Development) and local service providers, thus making it

difficult to hold them accountable for non-inclusive practices. **Therefore, we recommend** that AHDI and partners advocate for resource allocation and coordination. This entails the use of the research findings to advocate to the Local Council and Ward Development Committee (WDC) for ring-fenced budgets for disability and gender mainstreaming, particularly within the education and health sectors. The actionable step is to establish a Multi-Stakeholder Policy Implementation Monitoring Group composed of WDC members, health/education representatives, AHDI, and representatives from Organizations of Persons with Disabilities (OPDs), with a clear mandate to review spending against gender and disability policy targets quarterly.

3. From the research findings we also conclude that community members, especially women and girls with disabilities, are not equipped with the knowledge or tools to effectively challenge non-inclusive services or monitor local government performance, thus reducing grassroots pressure for change. **Therefore, we recommend** capacity building for duty-bearers**.** This entails shifting focus from basic awareness to specialized skills training for key local duty-bearers. AHDI and partners need to conduct mandatory "Reasonable Accommodation and Non-Discriminatory Practice" workshops for all teachers, head teachers, health workers, and members of the Ward Development Committee staff in Mungule Ward. Focus modules on (i) Communication techniques (e.g. simplified language for intellectual disabilities); (ii) Disability-friendly maternal and reproductive health counseling, and (iii) The Persons with Disabilities Act, 2012, and its penalties for non-compliance.

4. We conclude that there is need to strengthen grassroots accountability to include the development and deployment of community-led social audit tools. We recommend that AHDI and partners create a Mungule Ward Gender-Disability Social Audit Toolkit and train women and girls with disabilities and their OPD representatives as lead auditors. **Therefore, we recommend** the use of the framework and social audit tools presented in **Appendix C.** The tools are to be used to assess accessibility and quality of services in three key areas of Health Clinic Accessibility, School Inclusivity, and Market/Business Starter-Pack Access**. We further recommend** training a cohort of women and girls with disabilities as Accountability Champions on data collection, basic advocacy, and effective reporting using the toolkits. Programming should include implementing a biannual social audit cycle where the Champions assess services, publish a "Ward Inclusivity Scorecard," and present the findings directly to the women and girls with disabilities and service providers (clinic in-charge, school head).

Finally, **we recommend** empowerment through information and advocacy**.** AHDI and partners need to ensure women and girls with disabilities are fully aware of their rights and available resources to foster self-advocacy. The actionable step is to establish Rights Literacy/Know Your Policy Sessions delivered through accessible, culturally-appropriate formats (e.g. drama, radio broadcasts, community meetings in accessible venues) to demystify the national disability.

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