ARCHIE HINCHCLIFFE DISABILITY INTERVENTION

POLICY BRIEF

From Legislation to Lived Reality: Addressing Intersectional Barriers for Women and Girls with Disabilities in Mungule Ward, Chibombo District

Organization:	**Archie Hinchcliffe Disability Intervention (AHDI)**
Date:	January 2026
Area of Focus:	Intersectional Gender and Disability Inclusion
Location:	Mungule Ward, Central Province, Zambia
Target Audience:	Ministry of Community Development and Social Services, Ministry of Education, Ministry of Health, Ministry of Local Government and Rural Development, Zambia Agency for Persons with Disabilities (ZAPD), and Parliamentary Committee on National Guidance and Gender Matters.

1. Executive Summary

This Policy Brief, informed by gender policy research conducted in Mungule Ward, Chibombo Distirct, highlights the critical gap between Zambia's progressive disability and gender legislation and the lived experience of women and girls with disabilities in rural settings. While the **Persons with Disabilities Act (2012)**, **National Policy on Disability (2016)**, and **National Gender Policy (2023)** provide a robust legal framework for inclusion and non-discrimination, implementation in Mungule is severely constrained by deep-seated attitudinal, environmental, and institutional barriers.

The research confirms that women and girls with disabilities face a **"double burden"** of discrimination due to intersecting gender and disability identities, resulting in acute exclusion from social services, economic opportunities, and decision-making processes.

Key Recommendation: AHDI commends ongoing efforts to devolve resources to the ward and district levels and recommends strengthening awareness-raising on relevant policies and

programmes, alongside enhancing community-led monitoring of resource utilization to ensure effective and accountable implementation.

2. Introduction and Context

Problem Statement

Achieving inclusive development requires deliberate strategies to reach the most marginalized segments of the population. In Central Province, specifically Mungule Ward, women and girls with disabilities remain largely excluded from mainstream development gains. Their lack of access is not merely due to poverty, but to the compounded effects of discrimination rooted in cultural stigma, inaccessible infrastructure, and a lack of disability- and gender-sensitive service delivery. The research sought to bridge this knowledge gap by generating localized evidence to inform policy course correction.

Research Objectives

1. **Context Analysis:** 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 Mungule Ward in Central Province.
2. **Identify Barriers:** Identify barriers to inclusion and gender equality affecting women and girls with disabilities in Mungule.
3. **Assess Implementation:** Assess the implementation of the Persons with Disabilities Act (2012), National Gender Policy (2023), and National Policy on Disability (2016).
4. **Generate Recommendations:** Generate evidence-based recommendations for enhanced policy implementation and community-level monitoring mechanisms.

3. Key Findings

3.1 Intersectional Marginalization: The Double Burden (Objectives 1 & 2)

The research confirms that the primary challenge is the **intersection of gender-based inequality and disability discrimination.**

I. **Exclusion from Social Services:** Access to essential services is highly compromised.
   a. **Health:** Women and girls with disabilities face dual barriers: physical inaccessibility of rural health posts (environmental) and attitudinal barriers from health personnel (institutional), including stigma and the incorrect assumption that they are not sexually active, leading to neglect of reproductive health services.
   b. **Education:** Girls with disabilities in Mungule have significantly lower enrollment and completion rates compared to boys with disabilities and peers without disabilities. Barriers include inaccessible school sanitation facilities, lack of assistive devices, and teachers untrained in inclusive pedagogy.

II. **Economic Opportunity:** Women and girls with disabilities are largely excluded from financial inclusion initiatives and livelihood programs. They rarely access input support

or market opportunities, perpetuating dependency on family members, which further limits their autonomy.

III. **Attitudinal Barriers:** Deeply held cultural beliefs often link disability to supernatural causes or curses, intensifying stigma and social isolation for women and girls, making them more vulnerable to abuse and exploitation.

3.2 Policy-Practice Implementation Gap (Objective 3)

Zambia possesses an advanced legal and policy framework, yet its decentralization and enforcement at the local level (Mungule Ward) are critically weak.

Table 1: Policy - Practice Implementation Gap

Policy Framework	Intent/Focus	Implementation Gap in Mungule Ward
Persons with Disabilities Act (2012)	Prohibits discrimination, mandates reasonable accommodation, and establishes ZAPD to promote rights.	**Denial of Reasonable Accommodation:** Public infrastructure (boreholes, markets, hospitals, schools, government offices) remains overwhelmingly inaccessible. ZAPD's local coordination role is virtually invisible.
National Policy on Disability (2016)	Aims for social and economic inclusion; emphasizes community-based rehabilitation (CBR) and mainstreaming.	**Lack of Mainstreaming:** District and Ward Development Plans (WDCs) rarely contain explicit, budgeted disability inclusion line items, resulting in development activities that bypass women and girls with disabilities entirely.
National Gender Policy (2023)	Aims to achieve gender equality and equity; mandates the consideration of intersectionality.	**Missing Disaggregation:** Local service delivery data (e.g. Social Cash Transfer beneficiary status, health utilization) is not consistently disaggregated by both gender and disability, masking the specific vulnerabilities of women and girls with disabilities.

The assessment found that the failure is not in the *spirit* of the laws, but in the **operationalization, funding, and localized monitoring** of these laws.

4. Policy Recommendations

To effectively translate Zambia's legal commitments into tangible improvements for women and girls with disabilities in Mungule and similar rural wards, AHDI proposes the following evidence-based actions:

4.1 Recommendation 1: Localized Policy Implementation and Budgeting

Mandate all Ministries, Agencies, and Local Authorities to allocate a ring-fenced portion of their **Constituency Development Fund (CDF)** or equivalent expenditure to projects that specifically address accessibility and inclusion for persons with disabilities, ensuring gender parity in beneficiaries.

- **Action A:** Require all Ward Development Committees (WDCs) to submit development proposals that explicitly demonstrate **Universal Design Principles** (e.g. ramps, accessible sanitation) and prioritize economic empowerment programs tailored for women and girls with disabilities.
- **Action B:** Ensure mandatory allocation of resources for acquiring assistive devices at schools and health centres in rural districts.

4.2 Recommendation 2: Enhanced Capacity Building and Sensitization

Implement mandatory, standardized training modules on the intersection of gender and disability rights for all frontline civil servants and local officials.

- **Action A:** The Ministry of Health must enforce training for all rural health staff to eliminate attitudinal barriers and ensure confidential, inclusive Sexual and Reproductive Health and Rights (SRHR) counseling for women and girls with disabilities.
- **Action B:** ZAPD, in partnership with civil society, should conduct routine, community-level sensitization campaigns to demystify disability and challenge negative cultural attitudes, explicitly targeting traditional leaders and community decision-makers.

4.3 Recommendation 3: Institutionalize Disaggregated Data and Monitoring

Strengthen the effectiveness of ZAPD and local government planning by enforcing rigorous data collection protocols.

- **Action A:** Require all Government Ministries (especially Education, Health, and Community Development and Social Services) to collect and publicly report service utilization and outcomes disaggregated by **sex, age, and type of disability** to highlight and address the specific access deficits faced by women and girls with disabilities.

Action B: Establish formal, localized community monitoring committees (involving Organizations of Persons with Disabilities) with the authority to regularly report policy implementation gaps directly to the District Council and ZAPD provincial offices.