



REPUBLIC OF ZAMBIA

REPORT

OF THE

COMMITTEE ON NATIONAL GUIDANCE AND GENDER MATTERS

FOR THE

FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

Published by the National Assembly of Zambia

REPORT

OF THE

COMMITTEE ON NATIONAL GUIDANCE AND GENDER MATTERS

FOR THE

FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

TABLE OF CONTENTS

No.	Item	Page
1.0	Membership of the Committee	1
2.0	Functions of the Committee	1
3.0	Programme of Work	1
4.0	Meetings of the Committee	1
5.0	Procedure adopted by the Committee	2
6.0	Arrangement of the Report	2

PART I

CONSIDERATION OF THE TOPICAL ISSUE: The Welfare of Women and Girls with Disabilities in Zambia

7.0	Background	3
7.1	Specific Objectives	4
7.2	Witnesses	4
8.0	Summary of submissions	4
8.1	Legislative and policy framework governing women and girls With disabilities and the gaps thereof	4
8.2	Challenges women and girls with disabilities face in various aspects of life	7
8.2.1	Health	7
8.2.2	Education	9
8.2.3	Agriculture	10
8.2.4	Access to Justice	12
8.2.5	Socio-Economic	13
8.3	Opportunities available to women and girls with disabilities	14
8.3.1	Health	14
8.3.2	Education	15
8.4	Recommendations on the way forward	16
9.0	Additional information by the Committee of Chiefs	18
10.0	Tours	21
10.1	Local Tour of Lusaka, Copperbelt and Luapula Provinces	21
10.2	Foreign Tour to Mauritius	34
11.0	Committee's Observations and Recommendations	37

PART II

CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON NATIONAL GUIDANCE AND GENDER MATTERS FOR THE FIFTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY

11.0	Gender-Based Violence Zambia	42
12.0	Conclusion	43
	Appendix I – List of National Assembly Officials	45
	Appendix II – List of Witnesses	46

ACRONYMS AND ABBREVIATIONS

AAZ	ActionAid Zambia
ABWENZI	Association for Blind Women, Empowering and Nurturing Zambian Initiatives
AIDS	Acquired Immunodeficiency Syndrome
CBR	Community Based Rehabilitation
CDC	Curriculum Development Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEEC	Citizens Economic Empowerment Commission
CMMB	Catholic Medical Mission Board Zambia
CSO	Central Statistical Office
DIMS	Disability Information Management System
DRW	Disability Rights Watch
DPOs	Disabled People's Organisations
GBV	Gender-Based Violence
GEEC	Gender Equity and Equality Commission
GEWEL	Girls' Education and Women's Empowerment and Livelihood Project
ICDR	International Centre for Disability and Rehabilitation
ILO	International Labour Organisation
FISP	Farmer Input Support Programme
HIV	Human Immunodeficiency Virus
KTH	Kitwe Teaching Hospital
MCDSS	Ministry of Community Development and Social Services
MHUNZA	Mental Health Users Network of Zambia
NGOCC	Non-governmental Gender Organisations Coordinating Council
NVRC	National Vocational Rehabilitation Center
PWDs	Persons with Disabilities
SCT	Social Cash Transfer
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
TEVET	Technical Education, Vocational and Entrepreneurship Training
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UTH	University Teaching Hospitals
WEDAZ	Women Entrepreneurship Development of Zambia
WHO	World Health Organisation
ZAFOD	Zambia Federation of Disability Organisations
ZAFWIB	Zambia Federation of Associations of Women in Business
ZAMDHARP	Zambia Disability HIV/AIDS Human Rights
ZAPD	Zambia Agency for Persons with Disabilities
ZCH	Zambia Council for the Handicapped
ZAMISE	Zambia Institute of Special Education
ZNADWO	Zambia National Association for Women with Disabilities
ZNAD	Zambia National Association of Deaf
ZNWL	Zambia National Women's Lobby

REPORT OF THE COMMITTEE ON NATIONAL GUIDANCE AND GENDER MATTERS FOR THE FIRST SESSION OF THE THIRTEENTH NATIONAL ASSEMBLY

1.0 MEMBERSHIP OF THE COMMITTEE

The Committee consisted of Mr Harry S K Kamboni, MP (Chairperson); Ms Brenda Nyirenda, MP (Vice Chairperson); Mr Saiti Michelo Kasauta, MP; Mrs Chrizoster Phiri Halwiindi, MP; Mr Jeffrey Mulebwa, MP; Dr Alex Katakwe, MP; Mr Simon Mwale, MP; Mr Luckson Mwaiwanu Lungu, MP; Mr Emmanuel Banda, MP; and Mr Bowman Lusambo, MP.

The Honourable Madam Speaker
National Assembly of Zambia
Parliament Buildings
LUSAKA

Madam

The Committee has the honour to present its Report for the First Session of the Thirteenth National Assembly.

2.0 FUNCTIONS OF THE COMMITTEE

The functions of the Committee are set out in Standing Orders No. 197 (g) and 198 of the National Assembly of Zambia Standing Orders, 2021.

3.0 PROGRAMME OF WORK

At the commencement of the First Session of the Thirteenth National Assembly, the Committee adopted the Programme of Work as set out below.

1. Consideration of the Action-Taken Report on the Report of the Committee for the Fifth Session of the Twelfth National Assembly;
2. Consideration of the topical issue *“The Welfare of Women and Girls with Disabilities in Zambia”*;
3. Local and foreign tours; and
4. Consideration and adoption of the draft Report.

4.0 MEETINGS OF THE COMMITTEE

The Committee held fourteen meetings during the year under review to consider the Action-Taken Report and receive submissions on the topical issue.

5.0 PROCEDURE ADOPTED BY THE COMMITTEE

The Committee requested for written memoranda from stakeholders on the topical issue under consideration and invited them to appear before it in order to make oral presentations and to clarify issues arising from the written submissions.

6.0 ARRANGEMENT OF THE REPORT

The Committee's Report is in two parts. Part I deals with the deliberations of the Committee on issues arising from the oral and written submissions by various stakeholders. Part I also contains the reports of the Committee on the local and foreign tours it undertook to Lusaka, Copperbelt and Luapula Provinces and Mauritius, respectively, as well as the Observations and Recommendations of the Committee. Part II is the consideration of the Action-Taken Report on the Report of the Committee for the Fifth Session of the Twelfth National Assembly.

PART I

CONSIDERATION OF TOPICAL ISSUE

THE WELFARE OF WOMEN AND GIRLS WITH DISABILITIES IN ZAMBIA

7.0 Background

Generally, women and girls with disabilities were subjected to dual discrimination; first because of their gender, which assigned them a lower status, and secondly, because of how society perceived disability. In most cases, women and girls with disabilities were more vulnerable on the basis of their sex and disability, making them more isolated, marginalised and susceptible to violence in mainstream society. The experience was worse for women and girls with psychosocial and intellectual challenges.

According to the World Health Organisation (WHO), 10 percent of men and women, worldwide have some form of disability. Approximately 300 million women, representing 10 percent, around the world have an intellectual, mental, sensory, and/or physical disability. Between 65 percent and 70 percent of these women lived in rural areas.

In Zambia, about 2 million men and women, representing 15 percent of the population, had a disability. A higher percentage of people with disabilities were said to live in rural areas where access to basic services was limited. A large number represented the poorest of the poor, victims of severe poverty and diseases that included the HIV and the Covid - 19. According to the Zambia National Disability Survey, 2015, the prevalence of disability in Zambia was estimated to be 10.9 percent among adults and 4.4 percent among children, with Luapula and the Copperbelt Provinces having the highest estimates among adults and children. The survey reported that prevalence of disability was higher among females than among males at 9.1 percent and 7.7 percent, respectively.

Majority of women and girls with disabilities in Zambia were excluded from several entitlements and services such as education, healthcare and employment. This exclusion was contrary to Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD), which urged state parties to take all appropriate measures to ensure that women and girls with disabilities enjoyed full rights and freedoms, and section 21 of the *Persons with Disabilities Act, No. 6 of 2012* which stated that:

“(1)The Minister shall, in collaboration with the Agency and other State institutions, whenever they are developing and implementing national policies and plans, progressively strive to achieve equalisation of opportunities for, and integration of, persons with disabilities in social and economic structures of society.

(2)The national strategies and plans, referred to in subsection (1), shall take into account cultural, social and economic disadvantages that have resulted in discrimination against persons with disabilities and incorporate measures to ensure.

(c) that women with disabilities have equal opportunities to participate in all aspects of life and to ensure the full development, advancement and empowerment of women with disabilities.”

As a signatory to the 2030 Agenda and in support of the Sustainable Development Goals (SDGs), Zambia had a conducive legislative and policy environment for addressing the needs of persons with disabilities as could be seen in pieces of legislation such as the *Persons with Disabilities Act, No. 6 of 2012* and the *Mental Health Act, No. 6 of 2019*, respectively.

However, although there were extensive listings of legal provisions, schemes and programmes for persons with disabilities in Zambia, very little data was provided about the differential access women and girls with disabilities had to these provisions. As a result, women and girls with disabilities continued to remain far from achieving gender equality. The Committee, therefore, found it prudent to undertake the study with the ultimate objective of providing a vivid picture of the challenges encountered by women and girls with disabilities in their everyday lives and to enjoin the Government to be more proactive in addressing their concerns.

7.1 Specific Objectives

The study sought to achieve the specific objectives set out below.

- i. Ascertain the adequacy of the legal and policy framework governing women and girls with disabilities and the gaps thereof.
- ii. Learn the challenges experienced by women and girls with disabilities in various aspects of socio-economic life and their impact on the quality of life.
- iii. Appreciate the opportunities that were available to women and girls with disabilities.
- iv. Make recommendations on the way forward with regard to the welfare of women and girls with disabilities.

7.2 Witnesses

The Committee received both written and oral submissions from the twenty stakeholder institutions listed at Appendix II.

8.0 SUMMARY OF SUBMISSIONS BY STAKEHOLDERS

A summary of the submissions by the stakeholders who appeared before the Committee is presented below.

8.1 National Legislative and Policy Framework and the Gaps Thereof

Stakeholders submitted that the advancement of the status of persons with disabilities, including women and girls, was rooted in the Universal Declaration of Human Rights

(UDHR), and supported by several international instruments, norms and standards on human rights, development, disability, gender and, more recently, peace and security.

Relevant instruments included the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDWA), the World Programme of Action concerning Disabled Persons, the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, the Beijing Declaration and Platform for Action and the Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol.

The Committee was informed that Article 6 of the UNCRPD recognised that women and girls with disabilities faced multiple and intersecting forms of discrimination. In the preamble to the Convention, attention was drawn to the particular susceptibility of women and girls with disabilities to violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.

At national level, the legal and policy framework was as set out below.

i. The Constitution of Zambia

The *Constitution of Zambia, Chapter 1 of the laws of Zambia*, under Articles 8 and 118(2)(a), embraced the National Values and Principles of human dignity, equity, social justice, equality and non-discrimination.

The Committee was informed that Article 8 and the Bill of Rights embodied in Part III of the *Constitution of Zambia, Chapter 1 of the Laws of Zambia*, as amended by Act No.2 of 2016 embraced the National Values and Principles of human dignity, equity, social justice, equality and non-discrimination and the protection of fundamental human rights and freedoms, respectively. Stakeholders were, however, concerned that the Bill of Rights excluded economic, social and cultural rights, such as the right to education or social protection, even for persons with disabilities.

Further, Article 266 defined disability as permanent physical, mental, intellectual or sensory impairment that alone, or in combination with social and environmental barriers, hindered the ability of a person to participate in an activity fully or effectively or perform a function as specified in the Constitution or as prescribed.

ii. The Persons with Disabilities Act, No.6 of 2012

The *Persons with Disabilities Act, No. 6 of 2012* promoted, among others, the participation of persons with disabilities, with equal opportunities, in the civil, political, economic, social and cultural spheres; provided for the mainstreaming of disability issues as an integral part of national policies and strategies of sustainable development; and incorporated a gender perspective in the promotion of the full enjoyment of human rights and fundamental freedoms by persons with disabilities.

The Committee was informed that the principal domestication instrument for the UNCRPD was the *Persons with Disabilities Act* even though it was not yet ratified. The Act eliminated discrimination on the ground of disability and sought to promote the inherent dignity of persons with disabilities to ensure their equal enjoyment of several important human rights and freedoms.

Stakeholders submitted, however, that apart from section 21(1)(2)(c) of the *Persons with Disabilities Act*, not much had been said or recorded on women and girls with disabilities in the Act. The Act only domesticated some provisions of the UNCRPD while excluding other important factors such as those relating to the rights of women and girls with disabilities. This was despite the fact that women and girls with disabilities were the most vulnerable and the poorest of the poor in society. Their concerns were lumped together with the men with disabilities, or the women without disabilities, thereby hardly recognising their interests.

iii. The Mental Health Act, No. 6 of 2019

The *Mental Health Act, No. 6 of 2019* provided for the promotion and protection of the rights of persons with mental illness, mental disorder, mental impairment or mental disability. The Act also domesticated some of the provisions in the UNCRPD. The Act, *inter alia*, provided for the prohibition of discrimination, degrading treatment and use of derogatory names and provided for the promotion of mental health and preventive programmes such as those relating to the prevention and reduction of stigma associated with mental illness, and training of law enforcement officers and adjudicators on mental health illness.

iv. Gender Equity and Equality Act, No. 22 of 2015

The *Gender Equity and Equality Act, No.22 of 2015* sought to, among others, provide for the taking of measures and making of strategic decisions in all spheres of life in order to ensure gender equity, equality and integration of both sexes in society; prohibit harassment, victimisation and harmful social, cultural and religious practices; provide for the elimination of all forms of discrimination against women; empower women and achieve gender equity and equality by giving effect to the Convention on the Elimination of all Forms of Discrimination against Women, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa and the Southern African Development Community (SADC) Protocol on Gender and Development.

Stakeholders submitted, however, that although the Act championed the rights of women generally, it did not address women and girls with disabilities specifically. Notably, the word 'disability' did not appear to have been used in the document.

v. National Policy on Disability

Stakeholders submitted that the formulation of the National Policy on Disability (NPD) had been necessitated by the need to have a specific framework for addressing disability issues in Zambia. Although the NDP drew on international experience from both the Southern African Development Community and other regions, it was formulated to provide a framework relevant to Zambia in its efforts to create an enabling environment for persons with disabilities.

Stakeholders submitted that although the NPD proposed measures for the protection of women and girls with disabilities, there was no statistical evidence on the status of women with disabilities. This entailed that the planning and implementation of well-meaning gender strategies and interventions for women and girls with disabilities was not possible.

Further, stakeholders submitted that the NPD did not single out women and girls with disabilities from men with disabilities. Although the country had documented the barriers faced by persons with disabilities, and some cases stated what it intended to do to embrace the rights of persons with disabilities, very little or nothing was mentioned specifically targeting women and girls with disabilities in the country. Thus, these women and girls remained invisible, with their desires not being seriously addressed in important national documentation. Information directed at women and girls with disabilities was scanty, especially ante-natal and maternal services. The policy had also not been disseminated to all persons with disabilities especially to those in rural areas.

Some stakeholders submitted that Zambia's policy and legal framework were not compliant with the regional and international instruments in that there was no specific article directed at women and girls with disabilities. Although empowerment was available for all women, especially the vulnerable in rural areas, women and girls with disabilities had to compete with fellow women without disabilities.

8.2 Challenges Experienced by Women and Girls with Disabilities in Various Aspects of their Life

Stakeholders submitted that women and girls with disabilities faced the same spectrum of human rights abuses that non-disabled women faced. However, their social isolation and dependence magnified these abuses and their consequences. Women and girls with disabilities fared less on most indicators of health, educational, vocational, and social success than their able-bodied counterparts as presented below.

8.2.1 Health

Stakeholders submitted that most girls and women with disabilities lacked access to healthcare services and this was detrimental to their quality of life. Certain disabilities required medical attention from time to time and when one did not have access to such

services, a lot of compromises were made on health, which led to worsened or accelerated disability.

The Committee was informed that children with specific needs in rural Zambia were rarely assessed and diagnosed due to the lack of specialist services. There were inadequate trained health personnel to provide therapy to children with disabilities, even on disabilities that could be reversed such as club foot and cleft palate, among others. Further, there were very few specialised centres countrywide that carried out disability screening among them the University Teaching Hospitals (UTH), the Zambia Institute of Special Education (ZAMISE) and the Kitwe Central Hospital.

The following were revealed as service gaps that required redress in healthcare:

a. Stigma when Accessing Reproductive Health Services

The Committee was informed that lack of accessible healthcare information such as information on Sexual Reproductive and Health Rights (SRHR), menstrual health and hygiene was a challenge because women and girls with disabilities were rarely included in the design of certain programmes. The challenge in accessing sexual and reproductive health was due to cultural beliefs that regarded them as not sexually active. Women and girls with disabilities were at a higher risk of sexual and gender-based violence and of contracting HIV/AIDS owing to certain beliefs that having sexual intercourse with a person with a disability could cure the virus.

The Committee was informed that the community and health workers tended to look at people with disabilities negatively when they sought reproductive health services. This was because society and some health workers did not expect women with disabilities to engage in sexual activities, and as such they were stigmatised when they sought such services.

b. Poor Access to Health Facilities due to Long Distances

The Committee was informed that strides had been made in ensuring access to health facilities within a five kilometre radius in Zambia. However, this was still a challenge for most women and girls with disabilities, and it hindered them from accessing the much-needed health services.

c. Poor Skills by Healthcare Providers to Handle Clients with Particular Disability

Stakeholders submitted that a number of healthcare workers did not have the requisite skills to handle persons, particularly women with disabilities. It was submitted that only a small number of healthcare workers had been trained in handling women and girls with disabilities.

d. Communication Barriers

Stakeholders submitted that effective communication was key to addressing one's health needs. However, women and girls who had visual and hearing impairment, including those with mental health challenges faced communication barriers due to lack of interpreters for sign language and braille. This had further been coupled with the lack of confidentiality as patients were accompanied by relatives during consultation and most service providers addressed relatives instead of the client with an illness, which created a service gap.

Despite attempts to improve communication with persons with disabilities, it was observed that content on the general and communication skills for the visually and hearing impaired was not mainstreamed in the curriculum for nurses and midwives. This had consequently posed a major barrier in the provision of health services in general, and sexual and reproductive health, in particular.

e. Limited Access to Health Information

The Committee was informed that persons with visual and hearing impairment were more disadvantaged with regard to health information needs because the information, education and communication (IEC) materials were not suitable as a medium of communication. There was need for sign language and braille.

f. User-Unfriendly Environments

Stakeholders submitted that there were so many factors that contributed to user-unfriendly environments for women and girls with disabilities, thereby making health service inaccessible. Some of the barriers included non-availability of ramps, non-availability of sunscreen lotions for persons with albinism, non-availability of skin cancer screening services in most facilities, and the lack of special call-out systems for the hearing impaired.

g. Non-Involvement in Community-Based Health Programmes

The Committee was informed that women and girls with disabilities were not fully involved in community health programmes as they feared to be discriminated against.

8.2.2 Education

The Committee was informed that the 2010 Population Census indicated a literacy rate of 70.2 per cent for the overall population, with stark discrepancies between rural, at 60.5 per cent and urban areas at 83.8 per cent and between men at 73.2 per cent and women at 67.3 per cent, while the literacy rate for the population with disabilities nationally was 58.6 per cent. The highest level of education attained by most persons with disabilities was primary education. The proportion of persons with disabilities that had never attended school was higher at 34.4 per cent than that of those without disabilities at 20.9 per cent.

The Committee was informed that although generally girls had a higher dropout rate from school, the situation was worse for girls with disabilities, especially in rural areas. This was as a result of a myriad of factors that worked against them. Discrimination was among the factors that led to dropping out or non-attendance of school. Girls with disabilities were made to feel less by their peers and this influenced their self-esteem and self-worth.

Further, girls with disabilities often lost out on education because of the absence of good and appropriate facilities in schools. Due to long distances, many girls with physical disabilities often opted to stay away. Many schools lacked good toilets and sanitary facilities and this situation was worse for girls with disabilities in rural areas as reasonable accommodation was not provided in most education facilities. Other existing challenges in education included the following:

- a. accessibility barriers to facilities due to lack of ramps, rails, slides and sanitary facilities;
- b. information barriers as formats used in communication lacked designs for persons with disabilities, women and girls;
- c. attitude barriers such as stigma, prejudice, stereotyping and discrimination; and
- d. policy barriers which denied qualified individuals with disabilities the opportunity to participate or benefit from the Government funded programmes. Further, individuals with disabilities were denied access to programmes, services or opportunities as a result of physical barriers.

Stakeholders submitted that although there had been efforts made to improve access to education for children, the youth and adults with disabilities through the enactment of the *Education Act, No, 23 of 2011*; the introduction of a mandatory course in special education needs for primary school level at the teacher training colleges of education; and the development of a revised curriculum for primary school learners with disabilities, much more needed to be done. For example, women and girls with disabilities were not receiving the requisite education in sexual and reproductive health and HIV prevention techniques to protect themselves. This was despite the adoption of the National HIV and AIDS Strategic Framework (2011-2015), which identified persons with disabilities as one of the key populations in the national HIV/AIDS response, especially those with sensory impairments and psychological disabilities.

8.2.3 Agriculture

The Committee was informed that the agricultural sector supported the livelihoods of over 50 percent of the Zambian population, and majority of the participants were women. The Committee also heard that gender was mainstreamed in all agricultural programmes as highlighted in table 1. Although generally women faced a number of challenges in the agricultural sector, women with disabilities were more likely to have limited access to productive resources such as land and agricultural finance; limited access to markets, lack

of specific agricultural machinery that met their needs; and lack of specifically designed interventions for them.

Table 1: Agriculture Programmes

Programme	Male	Female	Youth male	Youth female	Total
Scaling Up Nutrition Zambia SUN)	18,555	23,158	5,140	8,349	55,202
Irrigation Development Support Programme (IDSP)	7,325	7,533	1,500	1,543	17,901
Strengthening Climate Resilience of Agricultural Livelihoods in Agro-Ecological Regions I and II in Zambia – (SCRALA)	112,238	109,333			221,571
The Enhanced Smallholder Agribusiness Promotion Programme (E-SAPP)	20,618	22,686	14,629	16,413	74,346
The Cashew Infrastructure Development Project (CIDP)	34,868	17,740	4,894	3,670	61,172
Farmer Input Support Programme (FISP)	340,452	323,665	179,920	182,155	1,026,192
Chiansi Irrigation Infrastructure Project	4,002	3,271			7,273
Market –Oriented Rice Development Project (MOREDEP)	1,322	1,660			2,982

In addition to the projects and specific programmes, the Ministry of Agriculture provided extension and other agricultural development services to the farmers. The Ministry had been registering farmers in order to have up-to-date information on the clients in order to improve service delivery. The number of women registered in the farmer register was as shown in table 2 below.

Table 2: National Farmer Register

National Farmer Register by Province - 2021			
Province	Female	Male	Total
Central	224,718	219,309	444,027
Copperbelt	154,225	153,793	308,018
Eastern	315,386	276,002	591,388
Luapula	99,935	97,195	197,130
Lusaka	77,593	78,272	155,865
Muchinga	122,737	121,395	244,132
Northern	153,281	158,254	311,535
North Western	111,894	109,841	221,735
Southern	251,148	152,955	404,103
Western	51,371	51,109	102,480
TOTAL	1,562,288	1,418,125	2,980,413

The Committee was informed, however, that despite the efforts of the Ministry to include women in the agricultural programmes, it did not record statistics on women with disabilities.

8.2.4 Access to Justice

The Committee was informed that access to justice was a fundamental right and a prerequisite for the protection of all other human rights, especially for persons with disabilities. Across Africa, persons with disabilities, including women and girls with disabilities, encountered considerable obstacles in terms of access to justice.

In Zambia, women and girls with disabilities were significantly disadvantaged with regards to access to justice. Firstly, there was very little accessible information on the recourse available when a woman or girl with disabilities experienced a crime. Women and girls with disabilities often lacked knowledge about their rights, generally and specifically, relating to the justice system because the information was inaccessible; not produced in user-friendly formats, and not available in languages that they understood.

Coupled with this, was the inability by the institutions that were mandated to provide redress, to adequately offer the help required to women and girls with disabilities. The country's police stations and court infrastructure, as well as other institutions, were poorly equipped with both infrastructure and other technology to deal with persons with disabilities. For example, the High Court and Supreme Court buildings had no facilities to enable women and girls with disabilities to access justice without the process being cumbersome for them. The only court that was structured in a way that afforded access to justice for persons with disabilities to be comfortable was the recently constructed Subordinate Court building in Lusaka, near the University Teaching Hospitals.

In addition, women and girls with disabilities, more often than not, had to travel long distances to access police stations, courts and other institutions offering redress, which

proved costly and cumbersome, especially when the women and girls lacked sufficient means to be able to meet the transportation costs.

Furthermore, access to justice was particularly difficult for women and girls with disabilities largely due to the stigma associated with their sexuality and disability. As a result, they often did not get the support they needed at every stage of the justice process, including getting appropriate medical care where necessary. For example, women and girls with disabilities who had intellectual or psychosocial disabilities were usually prevented from testifying in the courts of law on the premise that they had a mental illness, mental disability or mental disorder. Such negative attitudes and false beliefs or assumptions by the relevant personnel in the justice system resulted in women and girls with disabilities being considered and treated as less credible at all stages of the justice system.

8.2.5 Socio-Economic Programmes

The Committee was informed that social services through grant-aided institutions, organisations for persons with disabilities and disability service organisations were provided to persons with disabilities in all the 116 districts of the country through various social protection programmes. According to the Disability Management Information System (DMIS), which was administered by the Zambia Agency for Persons with Disabilities (ZAPD), there were a total of 112,176 registered persons with disabilities countrywide whilst the Social Cash Transfer Programme had a total of 73,365 beneficiaries, including women with disabilities, countrywide.

During 2020, the grants set out below were received by grant-aided institutions, organisations for persons with disabilities and disability service organisations.

No.	Name of Institution	Actual Grant Received (K)
1.	Zambia Agency for Persons with Disabilities (ZADP)	17,208,108.65
2.	National Vocational Rehabilitation Centre (NVRC)	1,418,740.85
3.	National Trust Fund for Persons with Disabilities (NTFPD)	1,350,846.00
4.	Zambia Library Cultural Skills Centre of the Visually Impaired	1,294,778.00
5.	National Training Centre for the Disabled	132,992.00

In addition, the Committee was informed that the plight of women with disabilities in relation to employment was worsened by the fact that women tended to be less educated than the men folk, and therefore, faced double discrimination. Further, there was no neutrality in considering the needs of women with disabilities, despite having in place pieces of legislation that provided clauses that prohibited discrimination on the basis of disability for all forms of employment, among other others.

8.3 Opportunities Available to Women and Girls with Disabilities

The Committee was informed that some strides had been made in addressing some service gaps for women and girls with disabilities in the health, education and socio-economic sectors as set out hereunder.

8.3.1 Health

- a. There had been development and translation of some information, education and communication materials on HIV/AIDS, reproductive health, gender-based violence (GBV) and non-communicable diseases (NCDs) into braille and sign language. The materials had since been distributed to all the ten provinces, including posters, brochures, leaflets and content for radio listening groups.
- b. The pre-service curriculum for Registered Nurses had been revised to include communication for persons with hearing impairment to address the challenges associated with providing SRHR services.
- c. Persons with disabilities had been engaged to inform health programming and in the development of some strategic documents because of the important role that they played in designing quality health interventions.
- d. A number of stakeholders' meetings and outreach services, specifically for persons with disabilities, had been conducted to raise awareness and create demand on the available services.
- e. Rehabilitation services at University Teaching Hospital for children born with cerebral palsy, for example, were being provided.
- f. There had been sensitisation of health workers on respectful service provision to women and girls with disabilities and their health needs.
- g. Community awareness on SRH/HIV/GBV had been heightened among women with disabilities, especially those with intellectual challenges.
- h. There were enhanced integrated outreach programmes to communities.
- i. Some health facilities had been renovated to create ramps to facilitate access of persons with disabilities using wheelchairs.
- j. Pre and in-service training of health workers in sign language was being promoted.
- k. Employment of health workers with skills to communicate in sign language was being prioritised.
- l. Patients with disabilities were fast-tracked during the order of treatment to reduce on inconveniences and long waiting hours.

- m. Information dissemination using appropriate materials (signage, braille, large font, among others) across provinces had been enhanced.
- n. Rehabilitation services had been expanded to other facilities.
- o. Health needs for persons with disabilities in the National Health Strategic Plan (2022-2026) and other strategic documents had been prioritised.

8.3.2 Education

- a. Mechanisms were in place for basic screening at Early Childhood and Grade 1 levels, to identify disabilities before placement in schools.
- b. The Zambia Institute of Special Education (ZAMISE) trained teachers to manage the affairs of persons with disabilities, including women and girls. The College produced teachers yearly, who were deployed in special schools where most learners with disabilities were enrolled. However, more recruitment of teachers of special education was required.
- c. Disability issues had been included in the recruitment process to enhance inclusiveness in the teaching fraternity. A disability criterion had been included in the recruitment of teachers. In 2021, 347 teachers with disabilities were recruited.
- d. The curriculum had not been revised in 2013 to resolve curriculum challenges and emerging issues which were not only for persons with disabilities but for the entire sector. This meant that the education sector provided more inclusive learning. For example, the process of transcribing prominent features of the curriculum into braille and audio were already underway at the Curriculum Development Centre.
- e. The Directorate of Teacher Education and Specialised Services at the Ministry of Education had a structure that looked into the welfare of persons with disabilities, including women and girls. However, the section was underutilised due to financial constraints.
- f. Plans for schools introduced in 2008 had universally designed infrastructure which was inclusive. The old schools and offices in the public and private institutions were not accessible to persons with disabilities, in terms of signage, sanitation, structures and reception from front-line officers. Ramps were built on all classroom blocks for wheelchair movements as well as spacious toilet cubicles with grab rails for the physically challenged, in both the male and female ablution blocks.
- g. In terms of water and sanitation, schools had been encouraged to procure both hand and foot operated hand washing stations so that all pupils, including those with disabilities had access to proper hand washing facilities.

- h. With regard to the provision of alternative modes of learning, the Ministry of Education was making efforts to transcribe some of the materials for girls and women with disabilities at the Curriculum Development Centre. Further, a sign language interpreter featured at the Education Channel during lessons.
- i. The 1996 “Educating our Future” National Policy had been revised. Objectives and measures towards disability had been included on the priority list as it strived to make education very inclusive. All learners would have access to education despite their status.

8.4 Recommendations on the Way Forward

In light of the aforementioned challenges and in an effort to address the special and unique needs of women and girls with disabilities, stakeholders made the recommendations set out hereunder.

1. There was need to enhance the implementation of the already existing policy and legislative measures on persons with disabilities. This would address issues of women and girls with disabilities accordingly.
2. There was need for comprehensive law reform for the promotion of gender and disability equality by the amendment and/or repeal of discriminatory laws.
3. The Government should provide a clear framework and strategic direction to guide operations in terms of planning, programming and implementation of outlined Government interventions so that women and girls could enjoy equal opportunities as women and girls without disabilities.
4. There was need to implement measures to address the widespread negative attitudes that women and girls faced in accessing services, including economic empowerment programmes.
5. There was need to use all available means, including affirmative action, to ensure that women with disabilities had representation in Parliament and represent the Government at national and international level. There was also need to have women with disabilities in key positions for enhanced participation in decision-making positions.
6. There was need for the establishment of a baseline of disaggregated data, taking into consideration age and disability, against which progress towards achievements in the UNCRPD could be measured with regard to women and girls with disabilities in all socio-economic spheres of development.
7. There was need to collect data on the number of women and girls with disabilities that benefited from empowerment programmes and grants to clubs for effective monitoring.

8. Disability awareness programmes addressing women and girls with disabilities should be increased.
9. The National Gender Policy of 2014 and its strategic plan should be reviewed to expressly include the promotion of the rights of women and girls with disabilities, including their sexual and reproductive health rights.
10. There was need to amend the *Persons with Disabilities Act, No.6 of 2012* to ensure the inclusion of provisions specifically addressing the rights of women and girls with disabilities, including sexual and reproductive health rights. Further, there was need to expeditiously develop and issue the statutory instrument (SI) of the said Act to enforce the setting of an employment quota for persons with disabilities in the public and private sector.
11. There was need for continuous training of legal assistants, paralegals, legal aid service providers, lawyers, judges and law enforcement officials for the effective delivery of justice.
12. A national Referendum should be held to amend the Bill of Rights to include social, economic, cultural and environmental rights, in order to make justiciable.
13. The *Penal Code Act, Chapter 87 of the Laws of Zambia* and the *Criminal Procedure Code Act, Chapter 88 of the Laws of Zambia* should be amended to align them to the *Mental Health Act, No 6 of 2019* so that derogatory and discriminatory words such 'imbecile' and 'idiot' in relation to persons with mental illness were removed.
14. The Zambia Agency for Persons with Disabilities (ZADP) headquarters and provincial and district offices should be fully capacitated through the provision of technical and adequate financial support to effectively and efficiently carry out its mandate.
15. There was need for increased access to financial and other economic empowerment initiatives for women with disabilities. There was a noted discrepancy in access to assets such as land and capital for women with disabilities.
16. *The Gender Equity and Equality Act, No.22 of 2015* should be amended to make special provision for women and girls with disabilities. The Act only provided for the mainstreaming of gender in all spheres of life.
17. There was need to involve women and girls with disabilities in the design and implementation of agricultural programmes targeting them, to allow them to be part of the decision-making process and promote their participation in public life.

18. Appropriate facilities like ramps, sign language and braille should be provided in various public places such as schools, courtrooms, health centres, among others to enhance access for women and girls with disabilities.
19. There was need to introduce sign language as the nation's eighth official language;
20. There was need to actualise the Directorate of Disability Inclusive Education which should fall under the Department of Teacher Education and Specialised Services as inclusive education was significant.
21. There was need to roll out disability screening centres to provincial and district centres.
22. The National Trust Fund for Persons with Disabilities and the Citizens Economic Empowerment Commission (CEEC) should develop loan and financial management products tailored for women with disabilities to enhance their economic empowerment.

9.0 ADDITIONAL INFORMATION SUBMITTED BY THE COMMITTEE OF CHIEFS

The House of Chiefs constituted a committee of three royal highnesses to study and make submissions on the welfare of women and girls with disabilities. A summary of the submission is set out hereunder.

i. The Significant Role Played by Traditional Leaders in Influencing Communities, Families and Individuals in the Inclusion of Women and Girls with Disabilities

The Committee was informed that traditional leadership was the oldest form of governance in human history. Traditional leaders remained the pillars of influence and guidance to their communities, families and individuals because they were closer to the people. Due to their closeness to the communities, traditional leaders were better placed to understand the needs of people with disabilities in their areas. The role of traditional leaders in influencing communities, families and individuals in the inclusion of women and girls with disabilities could not, therefore, be over-emphasised.

ii. Chiefs' and Traditional Leaders' Involvement in the Socio-Economic Empowerment of Women and Girls with Disabilities

The Committee heard that women and girls with disabilities were disadvantaged by poverty as they were often excluded from opportunities. This left them desperately poor. Poverty was the lack of resources, skills, knowledge and social connections, and not just money. Without resources, women with disabilities had very limited access to institutions, services, markets, and employment. Chiefs played a critical role in identifying people with disabilities in chiefdoms so as to recommend them for empowerment programmes such as the social cash transfer and the Farmer Input

Support Programme (FISP). Economic empowerment programmes for persons with disabilities strengthened their right to decent life and provided them access to equitable opportunities to make a living.

The various empowerment programmes in chiefdoms usually prioritised women and girls with disabilities. Apart from the chiefs sharing the resources that they had with the vulnerable women and girls, the chiefs also lobbied the Government and other non-governmental organisations (NGOs) that assisted to better the lives of women and girls with disabilities. Some chiefs facilitated and supported girls with disabilities in their application for scholarships from the Government and other sources. The Committee was informed that people in chiefdoms lived as a community, and when families failed to cater for certain needs for people with disabilities, the community members were always ready to help. Chiefdoms, such as Kaputa Chiefdom, had come up with initiatives to arrange houses for persons with disabilities, which had been provided with basic services like water.

iii. *Widespread Negative Attitudes and Misconceptions about Women and Girls with Disabilities that Resulted in their Exclusion*

The Committee was informed that there were negative attitudes and misconceptions towards women and girls with disabilities in the chiefdoms. Erroneously, disability was associated with evil, and people in chiefdoms avoided whatever was associated with evil. Women and girls with disabilities were also associated with pity, fear, uneasiness, guilt, and sympathy. These negative perceptions of disability relegated persons with disabilities to the background, thereby making them the largest oppressed minority in society.

The Committee heard that some religious leaders and witchdoctors at times indicated that persons with disabilities, especially those with mental disabilities, were possessed by evil spirits. Witchdoctors usually subjected people with disabilities to mental and physical pain as a means of exorcising the spirits, while the religious leaders deterred mental patients from accessing medical services believing its spiritual attacks. The Committee was further informed that the inaccurate cultural values on disability dominated people's understanding of disability. For example, the message that a child with disability received about himself or herself from his environment determined, to a large extent his feelings about whom he was, what he could do and how he should behave. In the same way, the inaccurate presentation of disability negatively influenced how the people in that cultural set up interacted with persons with disabilities. In some African countries like Zambia, people living with albinism lived a life of fear as people viewed them as a source of wealth. Albinos were being killed and their body parts used for rituals.

iv. Challenges Faced by Women Girls with Disabilities in Various Aspects of Socio-Economic Life in the Chieftdoms, and their Impact on the Quality of Life

The Committee was informed that there were various challenges faced by women and girls with disabilities as outlined below.

1. Exclusion – most persons with disabilities were excluded from societies, and this increased the vulnerability of women and girls with disabilities; this resulted in sexual and gender-based violence, abuse, sexually transmitted infections, undiagnosed and untreated illnesses such as cancer, malaria, anaemia, among others, as well as unintended pregnancies.
2. Ignorance of the causes of disability also resulted in exclusion as some communities believed that disability was punishment for past wrongdoing either by the disabled person or by the family or ancestors.
3. Discrimination – persons with disabilities in most chieftdoms were often discriminated against or stigmatised. Like all other disabled people, women with disabilities were often treated as if their particular disability had affected all their other abilities.
4. Lack of access to basic services including education, health care, clean water and sanitation.
5. Lack of access to decent work and employment - this resulted in them being more vulnerable as they could not sustain their livelihood.
6. Women and girls with disabilities were regularly prevented from accessing sexual reproductive health (SRHR) services. In addition to being excluded from receiving critical health services, women and girls with disabilities were subjected to coercive healthcare practices and medical procedures such as forced sterilisation, forced abortion and forced contraception.
7. Lack of availability of drugs such as creams for the albinos.

v. Suggestions on how to Enhance the Welfare of Women and Girls with Disabilities in Chieftdoms

The recommendations set out below were made on how to enhance the welfare of women and girls with disabilities in chieftdoms.

1. The Government should expand the social cash transfer fund to help women and girls with physical disabilities acquire crutches, braces, or a wheelchair so that they could regain some or most of their ability to move about as they were limited only by their particular impairment.
2. The Government should put in place inclusive policies and legislation.

3. Communities, religious leaders and witchdoctors should be sensitised on the fact that disability was part of human diversity. The sensitisation messages should condemn beliefs and practices that encouraged discriminatory practices which were acts of injustice towards persons with disabilities.
4. Put in place different interventions for different levels of disabilities. Some women and girls with disability could not be provided for through charity or welfare, which perpetuated ignorance and discrimination. There was need to change people's attitudes and behaviour.
5. Women and girls with disabilities should be trained under the same conditions as women and girls without disabilities.
6. Creams used by albinos should be made available in government hospitals as they were quite expensive.
7. Engage civil society organisations (CSOs) to accommodate women and girls with disabilities the same way they accommodated orphans.

10.0 TOURS

10.1 Local Tour of Lusaka, Copperbelt and Luapula Provinces

In order to consolidate its findings on the Welfare of Women and Girls with Disabilities from the long meetings, the Committee undertook a local tour to Lusaka, Copperbelt and Luapula Provinces. During the tour, the Committee held stakeholder meetings and visited a number of institutions as set out below.

1. Lusaka Province – Stakeholder meetings with the following:
 - i. Zambia Institute of Special Education (meeting and site visit);
 - ii. Curriculum Development Centre; and
 - iii. Zambia National Association of the Deaf in Lusaka.
2. Copperbelt Province – Stakeholder meetings with the following:
 - i. Kitwe Teaching Hospital (meeting and site visit); and
 - ii. National Vocational Rehabilitation Centre (meeting and site visit)
3. Luapula Province – Stakeholder meetings with the following:
 - i. Zambia Agency for Persons with Disabilities, Mansa office

The key findings of the Committee during its local tour are summarised below.

a. Zambia Institute of Special Education

During the tour of the Zambia Institute of Special Education (ZAMISE), the Committee learnt that the Institute was a Public Teacher Training College

established in 1971 as Lusaka College for the Teachers of the Handicapped (LUCOTEHA) to train in-service teachers in Special Education skills. Its areas of specialty included education for the hearing impaired; education for the visually impaired; education for learners with learning disabilities; and education and communication for persons with deaf-blindness.

Challenges Faced by the Zambia Institute of Special Education

The Committee was informed that there were a number of challenges being faced by the ZAMISE. For example construction of the new ZAMISE structure, which was started in 2008, was abandoned in 2014 by the contractor, and fixtures are falling apart as seen in the pictures below.



Zambia Institute of Special Education (New wing)



Part of the Ceiling inside the new structure



Dilapidated ceiling board at the new wing

The Committee was informed that the Institute was using some of the rooms at the new structure as classrooms due to inadequate space at the old wing even though the classrooms had not yet been commissioned. The Committee also learnt that the old campus had hostels and hostel facilities, especially toilets that were not user-friendly in terms of accessibility and hygiene for both staff and students.



Female ablution block



A shower in the female ablution block



The walls in the female ablution block



Toilets in the female ablution block

The Committee was informed that other challenges included lack of specialised classrooms for learners with disabilities as well as specialised teaching and learning materials such as software applications for the visually impaired; lack of assistive devices for learners with special needs; inadequate budgetary allocation, for instance, the 2022 budgetary ceiling for ZAMISE was K245,926; inadequate awareness by the public about ZAMISE due to the fact that the Institute was not visible countrywide; and lack of good transportation for students and staff of the Institute.

b. Curriculum Development Centre

The Committee was informed that the Curriculum Development Centre (CDC) developed relevant curriculum materials to reinforce the teaching and learning process. The Centre evaluated teaching and learning materials by giving regular orientation on the use of new curriculum materials. The centre also reviewed curriculum materials to ensure relevance to the needs of society. Lastly, but not the least, the Centre undertook regular research activities on curriculum issues.

The Committee was informed that in order to better the welfare of women and girls with disabilities in Zambia, CDC, through the Faculty of Combined Services, adapted the standard curriculum materials to suite learners with special education needs and disabilities. One of the sections at the Faculty of Combined Services at CDC was Special Education. The section of Special Education had three sub-sections, namely: Hearing Impairment; Visual Impairment; and Learning Disabilities. The section had strived to bridge up the work coordination with the Examinations Council of Zambia as follows:

- i. the visual impairment section did transcriptions of examination papers;
- ii. the Centre developed mathematics braille codes (dots) from Grades 1 to 10 to help learners with visual impairment write concepts using dots;
- iii. the Centre had adapted literacy course books for Grades 1 to 4, which had been embossed into braille to suit the learners in special schools;
- iv. the sign languages section had developed a syllabus for sign language for Grades 1 to 7 to help learners breakthrough in their language through the application of their special grammar;
- v. the syllabus for sign language was also developed to facilitate examinations for sign language so that candidates were certified like any Zambian or foreign language.

Challenges Faced by the Curriculum Development Centre

The Committee was informed that there were a number of challenges faced in the Curriculum Development Centre as set out below.

- i. The adapted syllabus and books for sign language had not been printed. Only soft copies had been sent to schools.
- ii. Children with special education needs did not have text books for use at Early Childhood Education level.

- iii. The cost of developing materials for special education needs was very high in comparison to the standard materials, and the annual budgets were not adequate to cater for them.
- iv. Private publishers did not provide materials with low print runs as this was not profitable for them.
- v. Learners with multiple disabilities such as the deaf-blind were not catered for under the Special Education section. The learners were only assessed and catered for at school level because they were not under the ambit of the CDC.
- vi. Most aspects of the curriculum had not been implemented for the last eight years due to inadequate resources.

c. Zambia National Association of the Deaf

During a stakeholder meeting with the Zambia National Association of the Deaf, the Committee was informed that the Zambia National Association of the Deaf (ZNAD), which was founded in 1981, was a rights organisation for the deaf and managed by people with hearing impairment. The Committee learnt that ZNAD had over 2,000 registered members. The organisation raised awareness, advocated and campaigned for the rights and freedoms, development and well-being of the hearing impaired.

ZNAD ran a number of programmes including sign language programme; information programme; health and welfare programme; membership development programme; deaf women programme; placement services; and culture, arts and sports programme. The organisation advocated for the inclusion of persons with hearing impairment. In the private sector, some persons with hearing impairment had been employed in Pep Stores, Pick n Pay, and Shoprite through ZNAD.

Challenges Faced by the Zambia Association of the Deaf

The Committee was informed that there were a number of challenges faced by the ZNAD including, but not limited to the following:

- i. lack of quality education for the majority of women with hearing impairment which made it difficult for them to participate in social, economic and political spaces;
- ii. many programmes on national and private television stations ran without professional sign language interpreters;
- iii. access to information at health centres with regard to family planning, ante and postal natal was a challenge for women with hearing impairment because there were no sign language interpreters stationed there;

- iv. printed materials were not easily understood by women and girls with hearing impairment due low literacy levels; and
- v. ZNAD had developed the second edition sign language dictionary, which had not been published yet.

d. Kitwe Teaching Hospital

During the stakeholder meeting and tour of the Kitwe Teaching Hospital (KTH), the Committee was informed that Kitwe Teaching Hospital was built in the 1950s and commissioned in 1958 as a tertiary hospital offering specialised services. The hospital received referrals from six districts in the northern region of Copperbelt namely; Kitwe, Chingola, Chililabombwe, Kalulushi, Lufwanyama and Mufulira, North Western and Luapula Provinces. KTH was the only public hospital in Kitwe that had taken over the serving of former mine workers who were initially served by the mine hospital. Common disabilities at the hospital included cerebral palsy, hearing impairments, speech impairments, visual impairments, limp paralysis, Hemiplegia, club foot, spinal injury, amputations, mental illness, epilepsy and stroke, among others.

Challenges Faced by the Kitwe Teaching Hospital

The Committee was informed that there were a number of challenges faced by the KTH with regard to enhancing the welfare of women and girls with disabilities. The hospital had inadequate space. For instance, the dilapidated orthopaedic clinic operated from the workshop, where assistive devices were manufactured. Due to lack of adequate space, personnel had to share the office space at the clinic.



Two specialists attending to patients in a 2.5x6 square metre office within the orthopaedic workshop



Cracking in the condemned orthopaedic workshop building at KTH



Cracks in the orthopaedic workshop/clinic

The Committee further learnt that the psychiatry unit at KTH had no admission space for acute psychiatric illnesses and no proper ward. Further the unit had no psychiatrist and clinician psychiatrist. The unit, which lacked psychotic drugs, and had no running water, only had two staff. At the moment, the building operating as the psychiatric unit was in a dilapidated state.



Psychiatric unit

e. National Vocational Rehabilitation Centre – Ndola

During the tour of the National Vocational Rehabilitation Centre (NVRC), the Committee learnt that the centre was a training institution offering vocational and entrepreneurship skills in industrial, commercial and agriculture fields to persons with disabilities. The Centre, which had 167 students, was affiliated to TEVETA. The Centre also offered rehabilitation and placement services.

Challenges Experienced by the National Vocational Rehabilitation Centre

The Committee learnt that the clinic at NVRC was no longer operational. Qualified medical personnel had not been provided even after lobbying the Ministry responsible for Health for some. Equipment in the orthopaedic section was obsolete and in some cases non-existent.



Thermo Pool for Therapy



Thermo Pool for Therapy

Luapula Province

During the tour of the Luapula Province, the Committee interacted with His Royal Highness Chief Kasomabangweulu at his palace, and the Provincial Chairperson of Persons with Disabilities, Mr Mathews Kaoma, a lecturer at the Mansa College of Education at the Zambia Agency for Persons, Mansa office, The Committee learnt the following:

- i. persons with disabilities had to travel to Mansa to get their Disability Certificates which was very costly;

- ii. there was lack of sanitation facilities for women and girls with disabilities in training and resource centres, which discouraged most of them from participating;
- iii. registration of persons with disabilities was a huge challenge. Traditional leaders who lived with subjects that had disabilities were not keen to present them to disability agencies or organisations for registration and/or disability certificates;
- iv. due to the fact that they were not registered, most persons with disabilities did not benefit from programmes such as the social cash transfer;
- v. women with disabilities shunned cooperatives, associations and clubs due to discrimination, and so these were mostly dominated by the men folk; and
- vi. Natwampane, a consortium of non-governmental organisations (NGOs), which collaborated with the Zambia Police Service in Samfya, operated a one-stop-centre, and was on hand to offer social, educational and legal aid services to women and girls with disabilities as well as on matters of sexual and gender-based violence.

Recommendations on How to enhance the Welfare of Women and Girls with Disabilities

The institutions visited made some recommendations on how to enhance the welfare of women and girls with disabilities as set out below.

1. The Government should increase ZAMISE's budgetary allocation and consider giving it autonomy. Autonomy would allow the Institute to offer greater service for rural communities with less red tape. By granting the Institute autonomy, its mandate would expand by way of setting up light assessment and rehabilitation and research centres, and other awareness services to all parts of the country.
2. The Government should sponsor learners with disabilities who could not afford tuition and boarding fees, on full scholarships.
3. There was need to increase the budgetary allocation to the Curriculum Development Centre for the curriculum to be fully implemented the way it was designed.
4. The Government should consider introducing the disability allowance as most persons with disabilities, including women and girls, spent money on sign language interpreters or personal assistants when they went to health centres, schools or court.
5. The Government should recognise and promote sign language as an official language to be used as a medium of instruction in educational institutions or for

legislative, administrative and judicial purposes. This was because according to *Article 258(2) of the Constitution of Zambia*, as amended by Act No.2 of 2016, a language, other than English, may be used as a medium of instruction in educational institutions or for legislative, administrative or judicial purposes.

6. Procure diagnostic equipment at KTH for the hearing impaired. The Government should ensure that the hearing diagnostic equipment and hearing aids as well as anti-psychotic drugs were procured as a matter of urgency.
7. Employ or train audiometry, speech and occupational therapists and a permanent interpreter at KTH.
8. There was need to have a One-Stop-Centre such as the Centre of Excellence in Lusaka for people with disabilities to facilitate a more efficient screening and therapeutic process.
9. There was need for the construction of a special school for children with disabilities at KTH as it was centrally located. Caregivers and guardians complained of transport costs.
10. The Government should construct a new operating theatre and raze the orthopaedic workshop, which was a condemned structure, and construct a new one.
11. There should be representation of the Zambia Agency for Persons with Disabilities in Kitwe as it was centrally located. There was need for disability mapping and enhanced community based outreaches and follow-up with women and girls with disabilities.
12. The Government should consider tax rebates for private companies that were willing to hire persons with disabilities, including women. The Government should increase support to the NVRC in terms of adequate financial and technical assistance in order for the centre to provide effective and timely rehabilitation services to persons with disabilities so as to facilitate their integration at the centre and in society; to provide effective and timely job placement for graduates to enable them become self-reliant; to effectively conduct research on disability issues in order to generate information for informed decision-making; to periodically monitor and evaluate the programmes at the centre in order to facilitate and implement appropriate interventions; and to provide timely financial administrative and logistical support services for the efficient and effective operation of the centre.

10.2 FOREIGN TOUR TO MAURITIUS

In order to share information and experiences on any challenges encountered in enhancing the welfare of women and girls with disabilities and to learn how institutions, agencies, civil society, among others, were complementing Government effort in uplifting the status of women and girls with disabilities, the Committee undertook a benchmarking tour to Mauritius.

The Committee, during the week-long visit to Mauritius, paid courtesy calls on the Speaker of the National Assembly of Mauritius, Hon Sooroojdev PHOKEER, GCSK, GOSK, the Minister of Gender Equality and Family Welfare, Hon. Mrs Kalpana Devi KOONJOO-SHAH, and the Minister of Social Integration, Social Security and National Solidarity, Hon. Mrs Fazila JEEWAH-DAUREEAWOO, GCSK. The Committee also visited a number of Government Ministries and Institutions, namely; the Ministry of Gender Equality and Family Welfare; the Ministry of Social Integration, Social Security and National Solidarity; the Triolet Women Empowerment Centre, the National Council for the Rehabilitation of Disabled Persons; and the National Social Inclusion Foundation.

a. Gender Caucus – National Assembly of Mauritius

The Committee visited the National Assembly of Mauritius and interacted with the Gender Caucus which was established through amendment made to the Standing Orders and Rules and Regulations of the National Assembly of Mauritius in 2017. The functions of the Caucus include carrying out periodical gender assessment of Government policies and research on salient issues and facilitating networking with organisations and institutions in Mauritius and abroad with a view to promoting gender equality and participation.

b. Ministry of Gender Equality and Family Welfare

The Committee learnt that Mauritius was party to numerous international and regional human rights treaties and signed declarations and commitments to call on the State to respect, promote and fulfill human and women's rights. Mauritius' unwavering commitment to the principles of social justice and human rights had led it to develop a number of policies to remedy any gender inequality or inequity that had persisted in that society. The Committee was informed that whilst in the initial period after independence, the authorities had to negotiate, persuade and advocate for women to be treated at par with men, it had been possible, in later years, to place women at the core of development.

The National Gender Policy, 2022-2030 laid emphasis on the objective to work continuously towards a gender-inclusive society. The policy was an action-oriented agenda to engineer women's empowerment and to do away with outstanding gender inequalities in the social, economic and political settings. An "all-inclusive" consultative approach was adopted in formulating the policy, which was a critical tool for the attainment of sustainable development goal (SDG) 5: "Achieve Gender

Equality and Empower all Women and Girls,” as a prerequisite for attaining the set targets of Agenda 2030.

The Constitution of Mauritius, as amended in 1995, forbade discrimination based on grounds of race, place of origin, political opinion, colour, creed or sex. Other statutes were also geared towards the promotion of equality and non-discrimination. These included the Equal Opportunities Act of 2008 and its amendments of 2011 and 2017; the Workers’ Rights Act enacted in 2019 and amended in 2020; the Local Government Act of 2011, the Protection from Domestic Violence Act of 1997, and its subsequent amendments in 2004, 2007, 2011 and 2016, the Protection of Human Rights Act of 1999, as amended in 2011 and 2017; and the Workers’ Rights Act of 2019 and its regulations of 2019-2022 to reinforce the equal rights and forbid discrimination based on grounds of age, race, colour, caste, creed, sex, sexual orientation, HIV status, impairment, marital or family status, pregnancy, religion, political opinion, place of origin, national extraction and social origin.

The Committee was informed that achieving gender equality required women’s active participation and involvement in decision-making at all levels starting at family level and extending to other social, economic, political and religious spheres. Women’s equal access and participation in political decision-making was a pre-requisite for gender responsive governance.

c. Ministry of Social Integration, Social Security and National Solidarity

Issues Relating to Persons with Disabilities

The Committee learnt that Mauritius signed the United Nations Convention on the Rights of Persons with Disabilities in September, 2007, and ratified it in January, 2010. Since then, Mauritius had worked on many measures for the well-being of persons with disabilities. The Ministry of Social Integration, Social Security and National Solidarity was working on a Protection and Welfare of Persons with Disabilities Bill, which would cover all aspects of the well-being of persons with disabilities and the protection of their rights, as per the UNCPRD. The Bill would be introduced in that Parliament this year, 2022.

Key Measures taken in Mauritius for the Well-being of Persons with Disabilities

The Committee learnt that one of the first actions of the Government, at the start of its first mandate in 2014, was to increase the invalidity pension from 75 US dollars (Rs 3267) to 115 US dollars (Rs 5000). Furthermore, in December, 2019, the invalidity pension increased once again, this time from 144.50 US dollars (Rs 6210) to 209.42 US dollars (Rs 9000). Overall, this was an increase of 175 percent in pension from 2014 to this day.

The Committee heard that previously, children with disabilities, who were under the age of 15 and had a disability of 60 percent or more, were not eligible for any invalidity pension. It was, therefore, necessary for the Government to correct this serious injustice. Currently, children of all ages, who lived with a disability of 60 percent and above, benefited from an invalidity pension.

In an effort to favour inclusion at the level of their education system, the Government of Mauritius also sought to improve the educational framework for children with special needs. Earlier this year, the Government passed legislation for the creation of a Special Needs Education Authority. The objective of the Authority was to facilitate the design and implementation of special education needs policies, in line with the UNCRPD.

The Committee was informed that the Building Control Act was amended in 2017 so that promoters and builders ensured that all new buildings catered for accessibility for persons with disabilities. All new buildings now complied with these new regulations. As for existing buildings, whenever major works or renovations were carried out, the new regulations applied.

The Committee was informed that at the Ministry level, there were a number of measures that existed to provide support to persons with disabilities on a day to day basis including the following:

- i. reimbursement of bus fares for children with disabilities who attended specialised schools or Day Care Centres;
- ii. reimbursement of taxi fares for students with disabilities who were enrolled in primary, secondary and tertiary education;
- iii. free medical visits at home for children with severe disabilities;
- iv. 100 percent duty free on vehicles adapted to persons with disabilities;
- v. free parking coupons;
- vi. reduced rates for persons with disabilities who travel via Air Mauritius;
- vii. the provision of assistive devices such as wheelchairs, glasses, or hearing aids;
- viii. creation of a Special Needs Education Authority whose objective was to facilitate the design and implementation of special education needs policies, in line with the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities;

d. National Social Inclusion Foundation (NSIF)

The Committee was informed that Mauritius was the first country in Africa to legislate on Corporate Social Responsibility. In 2016, Mauritius set up the National Social Inclusion Foundation (NSIF), which was a central body for receiving and allocating public funds to non-governmental organisations (NGOs). The Foundation operated under the auspices of the Ministry of Social Integration, Social Security and National Solidarity.

The NSIF received, managed and allocated Corporate Social Responsibility (CSR) funds collected by the Mauritius Revenue Authority and funds as may be appropriated by the Government through the national budget. NGOs supported persons with disabilities through programmes and projects. Since they complemented Government effort, NGOs were supported by the NSIF for the implementation of their programmes and projects. The Foundation's framework of action included socio-economic development as a means for poverty alleviation; educational support and training; family protection, including gender-based violence; peace and national building; social housing; environment and sustainable development; support for persons with disabilities, health problems and leisure and sport.

11.0 COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

Taking into account both written and oral submissions from stakeholders, the Committee makes the observations and recommendations set out hereunder.

- i. The Committee is concerned that the Zambia Agency for Persons with Disabilities (ZAPD), a quasi-Government institution whose functions are elaborated under section 14 of the *Persons with Disabilities Act, No.6 of 2012* is poorly funded. The Committee recommends that the annual budgetary allocation for the Agency be increased, and its provincial and district offices should be fully capacitated with technical and financial support to effectively and efficiently initiate and improve targeting and programming of programmes and projects for women and girls with disabilities.
- ii. The Committee observes that women and girls with disabilities experience double discrimination, and this places them at higher risk of sexual and gender-based violence, neglect, maltreatment and exploitation. The Committee, therefore, recommends that the Government, through the Ministry of Community Development and Social Services, and in collaboration with the ZAPD, civil society organisations (CSOs), the church, traditional leadership and Members of Parliament, should embark on a massive national awareness raising campaign to educate communities and families on the rights of women and girls with disabilities.
- iii. The Committee is saddened that there are no solid statistics on persons with disabilities, especially women and girls. The Committee is very concerned that

available statistics are based on the Population Census of 2010, and the Zambia National Disability Survey of 2015, which were not holistic. In this regard, the Committee recommends that the Government establishes a baseline of disaggregated data, taking into consideration age, sex and disability in all socio-economic spheres for appropriate budgeting and targeted focus in programmes and other interventions.

- iv. The Committee is concerned that the statutory instrument (SI) to fully operationalise the *Persons with Disabilities Act, No. 6 of 2012* which was enacted to promote, inter alia the participation of persons with disabilities in the civil, political, economic, social and cultural spheres; and provide for the mainstreaming of disability issues as an integral part of national policies and strategies of sustainable development has to-date not been issued. The Committee, therefore, recommends that the Government should develop and issue the relevant statutory instrument (SI) to implement the employment quota for persons with disabilities in both the private and public sector.
- v. The Committee is of the view that discrimination against women and girls with disabilities and degrading treatment will reduce only with the continuous training of key service providers. The Committee, therefore, recommends that there should be continuous training of law enforcement officers, health workers, legal assistants, paralegals, legal aid service providers, and lawyers and judges on gender and disability inclusion, especially in sign language, disability appropriate language and terminologies for the effective delivery of service.

The Committee further recommends that the Government should equip all officers working at one-stop-centres on sexual and gender-based violence with skills to effectively resolve matters related to women and girls with disabilities considering their multiple and inter-sectional discrimination.

- vi. The Committee observes with concern that some pieces of legislation such as the *Penal Code Act, Chapter 87 of the Laws of Zambia* and the *Criminal Procedure Code Act, Chapter 88 of the Laws of Zambia* still use derogatory terminologies such as “imbecile” and/or “idiot” in relation to persons with intellectual or psychological disabilities. The Committee strongly recommends that these sections in the Penal Code Act and the Criminal Procedure Code Act should be amended to appropriate terminologies in line with the *Mental Health Act, No. 6 of 2019*.
- vii. The Committee observes that Article 258(2) of the Constitution of Zambia, provides that as amended by Act No.2 of 2016, a language, other than English, may be used as a medium of instruction in educational institutions or for legislative, administrative or judicial purposes. The Committee observes that content in the general and communication skills for the visually and hearing impaired is not mainstreamed in the different curricula, which poses a major barrier in the provision of services. The Committee recommends that the Government should consider recognising and promoting sign language as an official language to be used as a medium of

instruction in educational institutions or for legislative, administrative and judicial purposes.

- viii. The Committee notes with concern that there are no specific policies and pieces of legislation addressing the welfare of women and girl with disabilities. For example, the National Gender Policy, 2014, makes no reference, if at all, to women and girls with disabilities in the country while section 21(1)(2)(c) of the *Persons with Disabilities Act, No. 6 of 2012* simply provides that women with disabilities should have equal opportunities to participate in all aspects of life and to ensure the full development, advancement and empowerment of women with disabilities.

The Committee, therefore, recommends that the *Persons with Disabilities Act* should be amended to ensure the inclusion of provisions specifically addressing the rights of women and girls with disabilities, including sexual and reproductive health rights. The Committee further recommends that the National Gender Policy should be reviewed to expressly include the promotion of the rights of women and girls with disabilities, including their sexual and reproductive health rights.

- ix. The Committee is very concerned that despite the efforts by the Ministry of Agriculture to mainstream gender in their agricultural projects and programmes, the Ministry does not record statistics on women with disabilities. The Committee, therefore, recommends that the Ministry of Agriculture should work closely with the Ministry of Community Development and Social Services to fill the gap with regard to statistical data, so that interventions and mechanisms in the Farmer Input Support Programme (FISP), for example, reach women with disabilities to ensure equitable distribution of inputs.

- x. The Committee is very concerned that the annual budget ceiling for the Zambia Institute of Special Education is a paltry K245,926.62. The Committee is of the view that as a Public Teacher Training College that trains in-service teachers in Special Education skills, the institute should be adequately funded. The Committee, therefore, recommends that the annual budget ceiling for the Zambia Institute of Special Education should be increased for it to effectively train teachers in special education skills.

In the same vein, the Committee recommends that the Government should consider giving the Institute autonomy and expanding its mandate. This will allow it to offer greater service for rural communities with less red tape and set up light assessment and rehabilitation and research centres, and other awareness services to all parts of the country.

- xi. The Committee is aware that the Curriculum Development Centre adapts the standard curriculum materials to suite learners with special education needs by embossing it into braille, which is a very expensive undertaking. In this regard, the Committee recommends that the budgetary allocation to the Centre be increased in order for it to efficiently and effectively implement the curriculum, which has not

been revised since 2013, and resolve the challenges and emerging issues which are not only for persons with disabilities but for the entire education sector.

- xii. The Committee is greatly concerned that Kitwe Teaching Hospital is the only public hospital in Kitwe receiving referrals from six districts in the northern region of Copperbelt namely; Kitwe, Chingola, Chililabombwe, Kalulushi, Lufwanyama and Mufulira, North-Western and Luapula Provinces, and serving former miners who were being served by mine hospitals. Between 2018 and 2021, the hospital attended to 13,498 persons with disabilities. The Committee recommends that a One-Stop-Centre, such as the Centre of Excellence in Lusaka, should be opened for persons with disabilities at the hospital to facilitate a more efficient screening and therapeutic process. In the same vein, the Committee recommends that the Government should consider constructing a special school for children with disabilities, an operating theatre and an orthopaedic workshop at KTH as it is centrally located.
- xiii. The Committee observes that vocational and entrepreneurship skills in industrial, commercial and agriculture fields for persons with disabilities can improve their socio-economic well-being. The Committee is concerned, however, that the National Vocational Rehabilitation Centre, which is supposed to provide effective and timely rehabilitation services to persons with disabilities in order to facilitate their integration at the centre and in society and to provide effective and timely job placement for graduates to enable them become self-reliant, is very poorly funded.

The Committee, therefore, recommends that the Government should increase support to the NVRC in terms of financial and technical assistance in order for the centre to run efficiently and effectively.

- xiv. Mauritius offers an invalidity pension for persons with disabilities of 60 percent or over, and a carer's allowance. In December 2019, the invalidity pension increased from 144.50 US dollars to 209.42 US dollars, equivalent to MUR 9,000. The Committee recommends that the Government should consider increasing the social cash transfer to a substantial amount and rolling it out to all persons with a certain degree of disability. Further, the Committee recommends that the Government should consider introducing a disability allowance as most persons with disabilities, including women and girls, spend a lot of money on personal assistants when they go for healthcare or other public services.
- xv. The Committee notes that Mauritius is the first country in Africa to legislate on Corporate Social Responsibility. In that regard, Mauritius has set up the National Social Inclusion Foundation, which is a central body for receiving and allocating public funds to non-governmental organisations (NGOs). The Foundation operates under the auspices of the Ministry of Social Integration, Social Security and National Solidarity to receive, manage and allocate Corporate Social Responsibility funds collected by the Mauritius Revenue Authority and funds as may be appropriated by the Government through the national budget for the support of persons with

disabilities, among others. The Committee recommends that the Development and implementation of such a framework will ensure that the Zambia Agency for Persons with Disabilities and other organisations for disabled persons are fully capacitated and adequately resourced to carry out programmes and projects.

- xvi. The Committee noted that many women in Mauritius have been appointed to positions of decision-making. The Committee is aware that women's active participation and involvement in decision-making at all levels is a pre-requisite for gender equality. The Committee, therefore, recommends that all available means, including affirmative action, should be applied ensure that women with disabilities have representation in Parliament and at national and international level. There is also need to have women with disabilities in key positions for enhanced participation in decision-making positions.
- xvii. The Committee notes that Mauritius has created a Special Needs Education Authority to facilitate the design and implementation of special education needs policies, in line with the Convention on the Rights of Persons with Disabilities. The Committee recommends that the Department of Disability Inclusive Education, which is supposed to fall under the directorate of Teacher Education and Specialised Services at the Ministry of Education Headquarters, should be revamped and actualised through technical and financial assistance. The Department can facilitate the design and implementation of Special Education needs policies in line with the UNCRPD.

PART II

CONSIDERATION OF THE ACTION-TAKEN REPORT ON THE REPORT OF THE COMMITTEE ON LEGAL AFFAIRS, HUMAN RIGHTS, NATIONAL GUIDANCE, GENDER MATTERS AND GOVERNANCE FOR THE FIFTH SESSION OF THE TWELFTH NATIONAL ASSEMBLY

11.0 GENDER-BASED VIOLENCE IN ZAMBIA

11.1 Expansion of Legal Definition of Medical Personnel

The previous Committee had recommended expanding the legal definition of who could certify a medical examination report and testify in court. The previous Committee had also recommended that the *Anti-Gender-Based Violence Act, No.1 of 2011* be amended accordingly to allow for flexibility and preservation of evidence.

Executive's Response

It was submitted in the Action-Taken Report that the project to review the *Anti-Gender-Based Violence Act, No.1 of 2011* had reached an advanced stage. The delay was due to the Covid-19 pandemic as well as the need for rigorous consultation with various stakeholders in order to come up with a binding Act. It was anticipated that all stakeholders should provide necessary input so that the Bill was taken to Parliament for approval as soon possible.

It was further reported that the recommendation by the Committee to expand the legal definition of medical personnel in the *Anti-Gender Based Violence Act, No. 1 of 2011* to include clinical officers and nurses, where a medical doctor was not available, to allow for flexibility and preservation of evidence was duly noted and would be included and presented to stakeholders at validation for discussion.

Committee's Observations and Recommendations

The Committee notes the response by the Executive and resolves to await a progress report.

1.2 Resident Magistrate in Nyimba District

The previous Committee had observed with great concern that the absence of a Subordinate Court in Nyimba District was denying justice to victims of GBV, resulting in many victims withdrawing cases. The Committee had urged the Executive to quickly construct a court house in the District in order to expeditiously deliver justice for the victims of GBV. Further, the Committee had recommended that the Government should consider sending a Resident Magistrate to Nyimba District so as to address issues of delayed delivery of justice in GBV cases.

Executive's Response

It was reported in the Action-Taken Report that the Secretary to the Treasury was engaged on the matter, and funding for infrastructure development was still being awaited. It was reported that despite the absence of a Subordinate Court structure in Nyimba, the Judiciary had in the interim deployed one Magistrate to Nyimba.

Committee's Observations and Recommendations

The Committee notes the response by the Executive and resolves to await a progress report on the matter of infrastructure development.

1.3 Enactment of the Child Code Bill

The previous Committee had resolved to await a progress report on the matter of the enactment of the Child Code Bill.

Executive's Response

It was reported in the Action-Taken Report that the Ministry of Justice had finalised the drafting of the Children's Code Bill. The Bill was submitted to Cabinet which resolved that the Bill undergo further consultations before publication and introduction in Parliament. It was anticipated that the Bill would be presented to Parliament during the September, 2021 sitting.

Committee's Observations and Recommendations

The Committee is concerned with the inordinate delay of the presentation to Parliament of the Child Code Bill. The Committee strongly urges the Executive to expedite the process and ensure that the Bill is presented in the First Session of the Thirteenth National Assembly and resolves to await a progress report on the matter.

12.0 CONCLUSION

For the First Session of the Thirteenth National Assembly, the Committee on National Guidance and Gender Matters undertook to study the topic "*The Welfare of Women and Girls with Disabilities in Zambia*" with the view to providing a vivid picture of the challenges encountered by women and girls with disabilities in their everyday lives and to enjoin the Government to be more proactive in addressing their concerns.

The Committee notes that women and girls with disabilities in Zambia face several challenges which have remained unattended to for quite some time with no proper mechanisms to curb them. It observes that women and girls with disabilities are victims of widespread stigma and discrimination in their access to health, particularly reproductive health services. Women with disabilities, particularly those with intellectual and psychological disability continue to experience sexual and gender-based violence.

The Committee further notes that there is inadequate data on the state of women and girls with disabilities in Zambia in decision-making and economic activity. Other challenges that the Committee observes include the lack of universal access in the structural buildings because of lack of ramps, rails, slides, sanitary facilities, among others. Women and girls with disabilities also lack specialised teachers, interpreters, sign language experts and equipment to enable them communicate effectively.

The Committee observes that the welfare of women and girls with disabilities, who face multiple discriminations, firstly based on their sex and secondly on the ground of their disability, is not specifically addressed in policy and legal frameworks that particularly deal with persons with disabilities. This has left a gap when addressing their rights and welfare using specific legislative and policy measures.

The Committee is hopeful that the specific recommendations to the Government that are contained in this Report will go a long way in ensuring that the welfare of women and girls with disabilities in Zambia is uplifted.

The Committee wishes to express its gratitude to the Honourable Madam Speaker and the Clerk of the National Assembly for the guidance and support rendered to it throughout its deliberations.

The Committee is also indebted to all the stakeholders who appeared before it for their cooperation in providing the necessary memoranda and briefs, and for appearing before it to make oral submissions.



Harry Simbeleko Kazimete Kamboni, MP
CHAIRPERSON

June, 2022
LUSAKA

APPENDIX I – List of National Assembly Officials

Mr Francis Nabulyato, Acting Principal Clerk of Committees (SC)

Mrs Chitalu K Mumba, Acting Deputy Principal Clerk of Committees (SC)

Mrs Angela M Banda, Senior Committee Clerk (SC)

Ms Betty P Zulu, Committee Clerk

Mrs Annette Maluwa, Administrative Assistant

Mr Muyembi Kantumoya, Committee Assistant

APPENDIX II – List of Witnesses

NON-GOVERNMENTAL GENDER ORGANISATIONS COORDINATING COUNCIL

Ms M Kanjimana Hayward, Programme Manager
Mrs M Kaseketi, Programme Manager
Ms R Chomba, Programme Manager
Mr M Simasiku, Programme Manager

CHESHIRE HIMES SOCIETY IN ZAMBIA

Ms P Kanguma, Project manager
Ms S Handongwe, Project Coordinator

ZAMBIA CONFERENCE OF CATHOLIC BISHOPS

Ms C Ngwira, Knowledge Management Specialist
Ms M Mwikauze, Programme Officer - Conflict Transfund and Peace Building

ZAMBIA AGENCY FOR PERSONS WITH DISABILITIES

Mr N Goma, Acting Director General
Ms A Banda, Director –Rehabilitation and Research
Ms C Zulu, Rehabilitation Officer
Ms M Miti, Senior Planner

HUMAN RIGHTS COMMISSION

Ms F Chibwasha, Director
Ms L Munthali, Education and Training

OXFAM

Ms C Musonda, Consultant
Ms C Mwandalesa, Women's Rights Programme Manger
Mr A Lesa, Coordinator

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

Ms B C Darko, Permanent Secretary
Mr N Goma, Director General – Zambia Agency for Persons with Disabilities
Mr K Mwamba, Director
Mr J Mwamba, Acting Chief Planner
Ms M Tembo, Acting Director

NATIONAL LEGAL AID CLINIC FOR WOMEN

Ms C Jere, Senior Legal Officer
Ms B M Mulenga, Legal Officer

MINISTRY OF AGRICULTURE

Mr M Mwaika, Director
Ms P Mweene, Director Planning and Policy
Ms M Michelo, Acting Chief Statistics
Mr K Kapeputa, Chief Agriculture Economist
Ms M Chulu, Principal Policy Analyst

ACTION AID ZAMBIA

Mr M Kabinga, Head of Programmes – Action Aid
Mr H Ngwale, Director – Zambia Disability HIV/AIDS Human Rights Programme
Mr H Kaambwa, Communications Officer –Action Aid
Mr J Chisha, Member - Zambia Disability HIV/AIDS Human Rights Programme

MINISTRY OF HEALTH

Dr G Magwende, Permanent Secretary – Administration
Dr C Sichone, Director – Public Health
Dr A Silumesi, Director – Public Health
Mr E Malikano, Director – Public Health Policy

DISABILITY RIGHTS WATCH

Mr W Waliuya, Director
Mr G Kabinga, Head of Programmes
Mr B Chooma, Programmes Coordinator
Mr N Banda, Project Coordinator
Mr B Sampa, Finance Officer
Mr R Musuma, Project Officer
Ms G Banda, Communications Officer
Ms Shinaka, Member

YOUNG WOMEN'S CHRISTIAN ASSOCIATION COUNCIL OF ZAMBIA

Ms M Mwiinga, Executive Director
Ms M Simushi, National Programmes Manager
Ms B Simasiku, Project Manager
Mr D Shula, Dreams Coordinator

ZAMBIA FEDERATION OF DISABILITY ORGANISATIONS

Ms M C Kaseketi, President
Mr P Mbewe, Vice President
Mr M Mutamba, Programmes Manager
Mr J Bbakali, federal Director
Mrs E Mbewe, Member
Ms M P Chengo, Member

MINISTRY OF JUSTICE

Ms T D Oteng, Permanent Secretary –Administration
Mr L Banda, Senior Parliamentary Counsel

HOUSE OF CHIEFS

His Royal Highness Chief BundaBunda
His Royal Highness Chief Kaputa
His Royal Highness Senior Chief Ishindi
Ms G Zulu, Clerk
Mr J Kawangu, Deputy Clerk

COUNCIL OF CHURCHES IN ZAMBIA

Father E Chikoye, General Secretary
Ms E Bweupe, Administrative Assistant
Ms M Hachitapika, Youth Coordinator
Ms D Kaloa, Communications Officer

MENTAL HEALTH USERS NETWORK OF ZAMBIA

Mr S Katonka, Director
Ms V Mwanza, Legal Officer
Mr F Phiri, Project Coordinator

MINISTRY OF EDUCATION

Ms M Muneku, Permanent Secretary
Mr N Chikwenya, Director – Planning
Ms N Musonda, Keeping Girls in School Coordinator
Mr K W Musonda, Keeping Girls in School Coordinator
Mr Kabwe, Parliamentary Liaison Officer

MINISTRY OF LABOUR AND SOCIAL SECURITY

Mr B C Nalishiwa, Permanent Secretary

Mr V Mwamba, Director

Mr A Duminyo, Director

Mr P Kashiuka, Director

Mr C Mayemba, Director

Mr K Chola, Assistant Labour Coordinator

Mr L Zulu, Chief Planner