



**REPUBLIC OF ZAMBIA**

**MINISTRY OF COMMUNITY DEVELOPMENT, MOTHER  
AND CHILD HEALTH**

**NATIONAL POLICY ON DISABILITY**

**“EMPOWERING PERSONS WITH DISABILITIES”**

*This is a draft National Policy on Disability and as such is a working document and not a formal policy document. It should not be quoted and interpreted as the policy of the Government of Zambia or any other government ministry or department until it has been finally agreed and approved. This draft is for consultations and discussions. Suggestions, comments, additions, and deletions are welcome.*

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## Contents

FOREWORD .....	i
ACKNOWLEDGEMENT .....	ii
WORKING DEFINITIONS .....	iii
LIST OF ACRONYMS: .....	viii
2.0 SITUATION ANALYSIS .....	3
2.1 Background: .....	3
2.2 Causes of Disability .....	6
2.2.1 Direct Causes.....	6
2.2.2 Pre-disposing factors .....	6
2.3 Current Status.....	7
2.3.1 Prevalence of Disability in Zambia .....	8
2.3.2 Disability and Poverty .....	9
2.3.3 Disability and unemployment .....	10
2.3.4 Disability as a Human Rights and Development Issue .....	11
2.3.5 Disability and Economic Development.....	11
2.3.6 Disability, Information and Education .....	12
2.3.7 Prevention and Rehabilitation .....	13
3.0 VISION .....	14
4.0 RATIONALE.....	14
5.0 GUIDING PRINCIPLES .....	15
5.1 Partnership .....	16
5.2 Co-ordination .....	16
5.3 Full and Effective Participation and Inclusion in society .....	16
5.4 Accountability and Transparency .....	16
5.5 Respect for Inherent Dignity and Individual Autonomy .....	17
5.6 Equity and Non-discrimination.....	17
5.7 Traditional Values.....	17
6.0 POLICY OBJECTIVES AND MEASURES.....	18
6.1 PREVENTION OF DISABILITY .....	18
6.1.1 Objective .....	18
6.1.2 Measures.....	18
6.2 HABILITATION AND REHABILITATION .....	19
6.2.1 Objective .....	19
6.2.2 Measures.....	19
6.3 HUMAN RIGHTS .....	21
6.3.1 Objective .....	21
6.3.2 Measures.....	21
6.4 EQUITY OF OPPORTUNITIES.....	22
6.4.1 Objective .....	22
6.4.2 Measures.....	22
6.5 NETWORKING AND PARTNERSHIP.....	23
6.5.1 Objective .....	23
6.5.2 Measures.....	24
6.6 EDUCATION AND SKILLS TRAINING.....	25

6.6.1	Objective .....	25
6.6.2	Measures.....	25
6.7	ACCESS TO QUALITY HEALTH CARE AND SERVICES .....	26
6.7.1	Objective .....	26
6.7.2	Measures.....	26
6.8	ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION .....	28
6.8.1	Objective .....	28
6.8.2	Measures.....	28
7.0	IMPLEMENTATION FRAMEWORK.....	31
7.1	Institutional Arrangements.....	31
7.2	Legal Framework .....	47
7.3	RESOURCE MOBILISATION.....	48
8.0	MONITORING AND EVALUATION .....	48

## FOREWORD

Disability affects every society and cuts across age, gender, ethnicity and all areas of humanity. Currently our communities view persons with disabilities as people who require charity. However, persons with disabilities are responsible individuals capable of contributing significantly to the development of our society and beyond. Unfortunately, they face a number of barriers to participate fully in all aspects of life. For instance, most of the external environment and social amenities are not accessible. Therefore, as a nation we should work towards creating an enabling environment in which persons with disabilities will find enjoyment, happiness and fulfilment of their aspirations. Similarly, persons with disabilities have an obligation to fulfil their responsibilities with regard to their contribution and participation in social, economic, political and cultural development.

Considering that this policy document reflects the aspirations of persons with disabilities in our country, I am confident that its implementation will be a starting point for addressing meaningfully the many challenges being faced by persons with disabilities. Further, the policy will guide Government, Non-State Actors and the nation at large in the design and implementation of various programmes targeting persons with disabilities.

Government is committed to partnering with persons with disabilities, Disabled Persons Organizations and other stakeholders towards the realisation of the rights of persons with disabilities as enshrined in the UN Convention on Rights of Persons with Disabilities. Together and in unity, we will be able to create a truly inclusive society.

Dr. Joseph Katema, MP,  
**Hon. MINISTER OF COMMUNITY DEVELOPMENT, MOTHER AND CHILD  
HEALTH**

## ACKNOWLEDGEMENT

This policy is a product of extensive and thorough consultations with relevant stakeholders, ranging from Government Ministries, Disabled People's Organizations, Cooperating Partners, Non-Governmental Organizations, Civil Society, the Private sector and Individuals who participated in the national stakeholders' consultative meetings.

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Prof. Elwyn M. Chomba

**PERMANENT SECRETARY**

**MINISTRY OF COMMUNITY DEVELOPMENT, MOTHER AND CHILD HEALTH**

## WORKING DEFINITIONS

<b>Assistive Devices</b>	These are instruments, tools and equipment used to help persons with disabilities to perform some activities partially or fully.
<b>Blind person</b>	A person with no sight.
<b>Community Based Rehabilitation</b>	These are strategies aimed at reintegrating persons with disabilities within the communities where they live as opposed to confining them into institutions.
<b>Deaf Person</b>	A person with hearing impairment.
<b>Director General</b>	The Chief Executive of Zambia Agency for Persons with Disabilities.
<b>Disability</b>	Any restriction resulting from an impairment or inability to perform any activity in the manner or within the range considered normal for a human being and would or would not entail the use of supportive or therapeutic devices and auxiliary aids, interpreters, white canes, reading assistants, hearing aids, guide dogs or any other animal trained for that purpose.
<b>Discrimination</b>	Any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.
<b>Equalisation of</b>	The process through which the system of society such

<b>Opportunities</b>	as political, economic, social and cultural life including sport and recreation facilities are made accessible to all.
<b>Human Guide</b>	A person specially trained to guide persons with disabilities according to various categories of disabilities and in most cases the visually impaired.
<b>Hard of hearing</b>	Those with hearing difficulties.
<b>Hearing aids</b>	Special devices used by a person who has a hearing difficulty.
<b>Human Rights</b>	Rights and freedoms to which all humans are entitled. Proponents of the concept usually assert that everyone is endowed with certain entitlements merely by reason of being human.
<b>Impairment</b>	These are complications in body function and structure such as a significant deviation or loss.
<b>Intellectual Disability</b>	This is a significant subnormal general intellectual functioning that exists concurrently with deficiencies in adaptive behaviour and manifested during the developmental period.
<b>Mainstreaming</b>	Including persons with disabilities in employment, education, training and all other sectors of society.
<b>Mental Illness</b>	It is a health condition that disrupts one's thinking, feeling and behaviour.
<b>Networking</b>	Collaborating and forging links with other service providers.
<b>National Policy On Disability</b>	This is a set of broad guidelines put systematically together to regulate and guide the implementers of disability programmes in Zambia.

<b>National Trust Fund for the Disabled</b>	A Grant Aided Institution established to provide micro-credit to persons with disabilities.
<b>National Vocational Rehabilitation Centre</b>	A Grant Aided Institution established to provide vocational training and rehabilitation and placement services to persons with disabilities.
<b>Partially Sighted</b>	A person with low or residual sight.
<b>Partnership</b>	Collaboration with other stakeholders in the delivery of services.
<b>Persons with Disabilities</b>	Persons with long term physical, intellectual or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others.
<b>Pre-disposing Factors</b>	Indirect causes of disability such as abuse, misapplication of drugs or poor administration of medical equipment by some medical personnel or traditional healers.
<b>Prevention</b>	Measures taken to stop or reduce new disabilities occurring.
<b>Reasonable Accommodation</b>	Necessary and appropriate modifications and adjustments, not imposing undue burden, where needed in a particular case, to ensure persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.
<b>Rehabilitation</b>	The processes through which persons with disabilities are provided with tools or skills to partially or fully restore their physical, mental, sensory and social



	functional abilities.
<b>Resource Mobilisation</b>	Raising of financial, material and human resources from various sources for effective implementation of disability programmes.
<b>Sign Language Interpreter</b>	A person who facilitates communication between the deaf and those who are able to hear.
<b>Universal design</b>	The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adoption or specialized design but shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.
<b>Violence</b>	Any physical, mental, social or economic abuse against a person because of that person's disability. This includes abuse that is or likely to result in physical, sexual, psychological harm or suffering to a person with a disability.
<b>Vocational Rehabilitation</b>	A process, which enables persons with disabilities to secure vocational training and advance in suitable employment and thereby re-integrate into society.
<b>Vocational Training</b>	Training an individual in a specified skill for gain-full employment and sustainability.
<b>White Cane</b>	A special walking stick used as a guide by a visually impaired person.
<b>Zambia Agency for Persons with Disabilities</b>	The Agency established under section three of the Persons with Disabilities Act No. 33 of 1996 to plan, promote and coordinate the administration of services

	to Persons with Disabilities.
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## LIST OF ACRONYMS:

ARI	-	African Rehabilitation Institute
DPO	-	Disabled Persons Organizations
DSO		Disability Service Organizations
IYDP	-	International Year of the Disabled Persons
ILO	-	International Labour Organization
LSEN	-	Learners with Special Educational Needs
MCDMCH	-	Ministry of Community Development, Mother and Child Health
NPD	-	National Policy on Disability
NGO	-	Non-Governmental Organization
NVRC	-	National Vocational Rehabilitation Centre
NTD	-	National Trust Fund for the Disabled
PWD	-	Persons with Disabilities
SAFOD	-	Southern Africa Federation of the Disabled
SNDP	-	Sixth National Development Plan
RAPIDS	-	Reaching Aids Affected People with Integrated Development and Support
TEVET	-	Technical Education Vocational and Entrepreneurship Training
UN		United Nations
UNCRPD	-	United Nations Convention on Rights of Persons with Disabilities
UNDP	-	United Nations Development Programme
WHO	-	World Health Organization
ZAPD	-	Zambia Agency for Persons with Disabilities



## **1.0 INTRODUCTION**

Formulation of the National Policy on Disability (NPD) has been necessitated by the need to have a specific framework for addressing disability issues in Zambia. Though the NPD draws on international experience from both SADC and other regions, it is formulated to provide a framework relevant to Zambia in its efforts to create an enabling environment for persons with disabilities. From as far back as pre independence, the country has not adequately responded to the challenges being faced by persons with disabilities. Therefore, this policy has been formulated to respond to their particular experiences as persons with disabilities in Zambia and to create an environment that responds to their challenges as members of our society in order to safeguard their human rights.

Experience has shown that in the absence of a Policy, it is difficult to respond to the needs and challenges of persons with disabilities in a comprehensive and coordinated manner. In addition, efforts in promoting the rights of persons with disabilities lack legitimacy, consensus, commitment and this has led to the needs of persons with disabilities not being adequately addressed by Government and stakeholders.

Persons with disabilities have the potential to contribute to economic prosperity and growth if given an equal opportunity and supported with resources. Therefore, the policy also provides interventions which if fully implemented with cooperation and commitment from Disability Persons Organizations (DPOs) and other stakeholders will ensure that poverty among persons with disabilities is reduced.

This Policy document is divided into seven parts. Part one deals with the introduction, part two the situation analysis, part three the policy objectives and measures, while parts four, five, six and seven deals with the implementation framework.

## **2.0 SITUATION ANALYSIS**

### **2.1 Background:**

Traditionally disability in Zambia has been perceived as a misfortune or punishment in the family, caused by ancestral spirits and witchcraft. Due to these misconceptions and myths, persons with disabilities are in some cases hidden from society by family members, as they are considered to be a misfortune and incapable of carrying out day- to- day activities. More often than not, they are denied the opportunity to engage in socio-economic activities. Ignorance, neglect, fear and lack of confidence in persons with disabilities are some of the social factors that hinder their development. These factors coupled with poor health service delivery also contributed to the absence of adequate interventions that could have prevented some of the disabilities resulting from diseases such as polio, small pox, meningitis and measles.

Legislation pertaining to persons with disabilities dates back to the pre-independence period. For instance, in 1961, the Blind Persons Ordinance was enacted, under the Northern Rhodesia Government. This created the Northern Rhodesia council for the Blind to coordinate the provision of specialised services to the visually impaired. The Ordinance however, was not inclusive as it omitted persons with other disabilities. After independence, Government intervention became more pronounced through enactment of laws to address disability issues. The Government decided to have all categories of persons with disabilities covered under one Act, having their affairs administered under a single umbrella organization. This

led to the enactment of the Handicapped Persons Act of 1968, which facilitated the establishment of the Zambia Council for the Handicapped. This Council was mandated to, among other things provide and facilitate access for persons with disabilities to specialized services. Enactment of the Handicapped Persons Act resulted in the establishment of more employment centres in addition to the already existing ones bringing the total number to seventeen (17) employment centres in the country, to provide sheltered employment opportunities for persons with disabilities.

In 1977, the Vocational Rehabilitation Centre (VRC) was also established to provide rehabilitation and skills training to persons with disabilities. In addition, the Ministry of Health through Orthopaedic Workshop based at the University Teaching Hospital provided institutional based rehabilitation. While, Liteta, Lukupa, Kabange were Leprosy Centres. Mental patients equally had rehabilitation centres. For example, Chainama Hospital in Lusaka and Kawimbe in Mbala. There were also mental units attached to General Hospitals in all the Provinces.

Faith Based Organisations also made significant contributions in the provision of medical, educational and institutional rehabilitation. For instance, Ibenga Hospital in Masaiti, and the following schools for persons with disabilities namely; Da Gama School for the Handicapped in Luanshya, St. Mary's in Kawambwa, Mporokoso school in Mporokoso, St. Mulumba in Choma and Magwero School in Chipata.

In 1981, the United Nations (UN) declared that year as the International Year of Disabled Persons (IYDP). This was followed by the decade of



persons with disabilities, which run from 1982-1992. The decade was guided by World Programme of Action Concerning Disabled Persons (WPACDP) adopted by the UN General Assembly. The programme provided for upholding the right of equal access to opportunities for persons with disabilities and their participation in socio- economic development. In 1989, Zambia ratified the ILO convention 159 on Vocational Rehabilitation and Employment of persons with disabilities.

Between 1983 and 1992, the Zambian government through the office of the commissioner for the handicapped registered five major DPOs, with the view of advocating for the promotion and safeguarding of the rights of persons with disabilities. During this period, many associations and organisations were established in this regard.

In 1996, the Zambian Government enacted the Persons with Disabilities Act No. 33, which repealed the Handicapped Persons Act. The Act provided for the elimination of all forms of discrimination on grounds of disability and regulated programmes targeting persons with disabilities. The Act further, provided for the dissolution of the Zambia Council for the Handicapped (ZCH) and the establishment of the Zambia Agency for Persons with Disabilities (ZAPD), to plan, promote and administer services to persons with disabilities. The same Act provided for the creation of the National Trust Fund for the Disabled (NTD) to provide micro-credit to persons with disabilities.

Zambia is currently co-operating with a number of institutions including several United Nations bodies such as the ILO, WHO, UNDP, and UNICEF.

Other bodies include, African Rehabilitation Institute (ARI), Southern Africa Federation of the Disabled (SAFOD) and Pan African Federation of the Disabled (PAFOD) in finding ways of improving the welfare of persons with disabilities in society. Activities include, financing of programmes and exchange of information and harmonization of strategies aimed at addressing the needs of persons with disabilities. In addition, there are international DPOs like Abilis of Finland and the Norwegian Association of the Disabled providing grants to groups of persons with disabilities in Zambia.

## **2.2 Causes of Disability**

There are several causes and forms of disabilities in Zambia. Some of the disabilities common in Zambia are blindness, partial sightedness, deafness, hard of hearing, intellectual disability, mental disability and physical disability. Many factors are responsible for the disabilities highlighted above, which can result in the isolation of the individual from mainstream society. The following are some of the critical factors:

### **2.2.1 Direct Causes**

Direct causes include accidents, congenital factors, and diseases like polio, measles, meningitis and stroke. Other factors are psychological trauma and violence, especially against women and children.

### **2.2.2 Pre-disposing factors**

Poverty is one of the major predisposing factors. It renders families incapable of accessing necessities of life such as medical care, a good diet, clean water and sanitation. Inability to access these goods and services could eventually lead to diseases that may cause certain disabilities. The other factor is lack of information about disability, its causes, prevention and treatment. Another cause of disability is pollution from lead, which can cause intellectual disability especially in children. Nutritional deficiencies may also result in disability especially in minors. Abuse and mis-application of conventional and traditional medicines may also cause disability such as mental illness and blindness. Other predisposing factors include diabetes, high blood pressure and Sexually Transmitted Infections such as HIV and AIDS.

### **2.3 Current Status**

Currently persons with disabilities encounter a number of challenges in realizing their potential. They are among the most vulnerable groups in society and as such have limited access to infrastructure, health care, education and employment, leading to further social and economic exclusion. In addition, persons with disabilities experience environmental, legal, institutional and attitudinal challenges. These are usually associated with feelings of stigmatisation such as shame, fear and rejection.

The effects of disability do not only affect the individual, but also the family and community. This is because the cost of excluding persons with disabilities from taking an active part in community life is high and has to be borne by society, particularly those who take on the burden of care. This

exclusion often leads to losses in productivity and human potential. Accessibility to information and the physical environment is almost non-existent as most of the infrastructure and materials were designed without taking into account the needs of persons with disabilities.

Another factor that must be taken into consideration is the tendency of society to view persons with disabilities as a single group. Thus, persons with physical disabilities have become the popular representation of people with disabilities. This ignores the diversity of disability and the variety of needs of different types of disability. For instance, deaf learners in learning institutions are marginalised because without an interpreter, they are unable to communicate effectively. In addition they are hidden disabilities that are related to chronic illness such juvenile rheumatoid arthritis, rheumatic heart diseases and diabetes.

### **2.3.1 Prevalence of Disability in Zambia**

Based on national census of population and housing of 2000, persons with disabilities were estimated at 2.7 percent of the national population which translated into 256 690 persons living with disabilities. Out of the 256 690 disabled persons in Zambia, 52.8 percent were male and 47.2 percent female. The residential distribution shows that 26 percent are in urban and 74 percent are in rural areas. Of the total population of persons with disabilities, the most common disability reported was physical disability with 38.8 percent and sight at 30.2 percent respectively.

However, International Standards such as those set by the World Health Organization provided that persons with disabilities were between 10 to 20% of national populations. For the purpose of this policy, persons with disabilities are estimated at 10% of the total population in line with the SNDP and International Standards. This means that there could be about one million (1,000,000) to two million (2,000,000) persons with disabilities in Zambia, and most of them are not actively participating in the mainstream society. This non-participation has been perpetuated by a number of reasons, including cultural beliefs, negative attitudes and media reporting towards persons with disabilities that have reinforced stereotypical perceptions of persons with disabilities as dependent and in need of care. This has inculcated a dependency syndrome in some persons with disabilities as they develop low self-esteem.

The key forms of exclusion responsible for the cumulative disadvantaging of persons with disabilities are limited access to education and skills training, unemployment and social isolation. Women with disabilities are even in a more vulnerable position, as they are marginalized both as women and as persons with disabilities and hence are more disadvantaged.

### **2.3.2 Disability and Poverty**

Disability and Poverty are inter-linked. Not only does disability add to the risk of poverty, but also conditions of poverty add to the risk of disability. Poor households do not have adequate food, basic

sanitation, and access to preventive health care. Most persons with disabilities find themselves working in low paying jobs and live in low quality housing.

In addition, the birth of a child with a disability or the occurrence of disability in a family, often places heavy demands on the family, thrusting it deeper into poverty. This means not only is there a higher proportion of persons with disability among the poor but also an increase in families living in poverty because of disability.

### **2.3.3 Disability and unemployment**

There are extremely high levels of unemployment amongst persons with disabilities. This can be attributed to a number of factors such as:

- (a) low skills level due to inadequate and inappropriate education;
- (b) discriminatory attitudes and practices among employers;
- (c) inaccessible and unfriendly work environments;
- (d) ignorance among society about disability;
- (e) Limited access to resources among persons with disabilities to enable them engage in income generating activities, thereby provide self-employment, and

contribute effectively towards the economic development of the country.

However, Government has put in place various interventions to promote the employment of persons with disabilities; for instance, a tax rebate on employers of persons with disabilities was introduced.

#### **2.3.4 Disability as a Human Rights and Development Issue**

Persons with disabilities are entitled to enjoy their human rights. However, more often than not, those living in remote rural areas are not aware of their rights. As such, the majority are unable to realise these rights to the maximum due to a number of factors such as inequitable distribution of goods, services and inaccessible infrastructure.

#### **2.3.5 Disability and Economic Development**

Disability limits access to education and employment, leading to economic and social exclusion. It further leads to environmental, legal, institutional and attitudinal access barriers. These barriers are usually associated with feelings of shame, fear and rejection. Disability does not just affect the individual, but affects the whole community. The responsibility of supporting persons with disabilities has always fallen on the family. It has now become widely recognized

that dependency does little to empower persons with disabilities. The rights and needs of persons with disabilities have to be mainstreamed in all pieces of legislation, policies and developmental agendas at all levels.

Linking economic empowerment to persons with disabilities will ensure that they are economically empowered in society and as a result, their social acceptance will be enhanced.

### **2.3.6 Disability, Information and Education**

Persons with disabilities face challenges in accessing information as it is usually packaged in a manner that is not suitable for them. This is evident in the insufficient number of materials in Braille, few sign language interpreters/teachers and the inadequate specialised equipment and institutions. In some instances even where these are available, persons with disabilities may not have the skills to use them.

Although Government is committed to increasing access and providing quality education to Learners with Special Educational Needs (LSEN) at all levels, learners with disabilities face challenges such as inadequate teachers, teaching and learning aids and inaccessible infrastructure. In addition, the existing learning institutions do not have adequate facilities to cater for learners with disabilities.



### **2.3.7 Prevention and Rehabilitation**

Currently, the Ministry of Health is spearheading the prevention of disabilities through health education and the provision of immunisations to under five children. This has led to significant reductions in cases of paralytic polio, eradication of smallpox as a cause of blindness and vitamin A deficiency as a cause of blindness amongst children.

Physiotherapist based in major hospitals and a few districts provide medical rehabilitation to persons with disabilities in institutions and communities. However, a lot needs to be done to make community based rehabilitation universally available, through collaboration with DPOs and other stakeholders.

### **2.3.8 Disability and Accessibility**

Lack of access to the physical environment, information and transport has an adverse effect on the development of persons with disabilities. This tends to exclude persons with disabilities from economic and social activities further exacerbating the incidence of poverty among them.

### **2.3.9 Disability and HIV/AIDS**

People with disabilities have similar sexual desires as the non-disabled and are equally affected by the pandemic. Consequently, awareness

campaigns against the spread of the disease usually excludes persons with disabilities. Meanwhile most of them are poor and have little education to enable them access information on HIV and AIDS. The available campaigns against the disease are not disability friendly for example; all written information is in ordinary print and not in Braille for the visually impaired. Similarly, electronic information is not simultaneously translated into sign language for the benefit of the hearing impaired. In addition, lack of technical aids generally is a drawback to most people with disabilities as it limits their chances of accessing information on HIV and AIDS and thus being more prone to infection for lack of knowledge.

### **3.0 VISION**

The vision of Government is to have “Persons with disabilities enjoying equal opportunities that are fundamental for living and development by 2030.”

### **4.0 RATIONALE**

According to the Sixth National Development Plan (SNDP), Government recognises that persons with disabilities ought to have the same rights, opportunities, choices and needs as people without disabilities. As highlighted in the situation analysis, persons with disabilities are facing a number of challenges, and efforts aimed at responding to these challenges remain fragmented, uncoordinated and ineffective due to lack of a policy framework to guide interventions aimed at improving the lives and welfare of persons with disabilities

in the country. Therefore, as part of the process of equalising opportunities, there is need for a policy document to provide guidance and support. In this regard, in line with International Standards, Government has a task to formulate and put into operation a National Policy on Disability, as a framework that will guide Government and stakeholders on disability and development in the country.

Having a policy on disability will assist in enhancing mainstreaming of disability issues in national development. The policy will also pave way for legal reforms that will enhance realisation of rights of people living with disabilities and create an enabling environment that takes into consideration their needs. In addition, the policy will facilitate the domestication of International Conventions relating to persons with disabilities especially the UNCRPD.

## **5.0 GUIDING PRINCIPLES**

The policy on Disability is an integral part of the country's development process. It is therefore in harmony with the overall national development goals of other sector policies and programmes such as the communication policy, transport policy, education policy, health policy, child development policy, social welfare policy and employment/ labour policy, etc.

The following are the principles upon which the Disability Policy is founded:

## **5.1 Partnership**

The provision of services for persons with disabilities is an immense task that requires concerted efforts from DPOs and other stakeholders. The delivery of effective services can be achieved through close collaboration and networking among Government departments, DPOs, Cooperating Partners, NGOs, CBOs, FBOs, Civil Society and the private sector.

## **5.2 Co-ordination**

Disability being a crosscutting issue requires co-ordination of programmes among stakeholders to avoid duplication and overlap of responsibilities and to utilise the comparative advantages amongst the various partners.

## **5.3 Full and Effective Participation and Inclusion in society**

Involvement of all stakeholders, including persons with disabilities is vital for effective service delivery, improved access and self-representation.

## **5.4 Accountability and Transparency**

Accountability and transparency are crucial in service delivery as they foster public confidence, acceptability and promote wider participation in programmes for persons with disabilities. Hence, DPOs and other service providers must ensure the prudent use of available resources and account for their utilisation.

## **5.5 Respect for Inherent Dignity and Individual Autonomy**

Service providers should respect and recognise the dignity of persons with disabilities including the freedom to make one's own choices, and independence of persons in accordance with National, Regional and International Conventions and Protocols.

## **5.6 Equity and Non-discrimination**

All persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law. Further, the provision of services to persons with disabilities must be delivered in a fair and impartial manner that recognises the actual needs and status of different individuals such as gender, race, nationality, type of disability, health and age without discrimination.

## **5.7 Traditional Values**

Services to persons with disabilities must promote and complement the good and unifying Zambian traditions and cultural values of caring for one another.

## **5.8 Accessibility**

Appropriate measures should be taken to ensure persons with disabilities access, on an equal basis with others, the physical environment, transportation, information and communications technologies and systems, and other facilities and services open or provided to the public.

## **PART THREE**

### **6.0 POLICY OBJECTIVES AND MEASURES**

In order to achieve government's vision of ensuring that persons with disabilities live decent and productive lives without any barriers, the following policy objectives and measures will be pursued:

#### **6.1 PREVENTION OF DISABILITY**

##### **6.1.1 Objective**

The specific objective under prevention of disability is to:

- (a) develop and promote programmes that prevent and reduce incidences of disability.

##### **6.1.2 Measures**

The above objective will be met by the following measures:

- (a) increase public awareness on the availability of programmes and activities aimed at prevention of disability;
- (b) build and strengthen capacities of organizations and institutions dealing with the prevention of disability;
- (c) promote research on causes and prevention of disability;
- (d) develop and promote programmes and activities aimed at prevention of disability; and
- (e) conduct monitoring and evaluation on activities targeting prevention of disability.

## **6.2 HABILITATION AND REHABILITATION**

### **6.2.1 Objective**

The specific objective on habilitation and rehabilitation is to:

- (a) facilitate the provision of habilitation and rehabilitation services and facilities to persons with disabilities and ensure their full participation into the mainstream of society.

### **6.2.2 Measures**

The measures to achieve the above objective will include:

- (a) promote the community based habilitation and rehabilitation of persons with disabilities;
- (b) promote and provide access to technical aids, assistive devices, equipment and facilities for the habilitation and rehabilitation of persons with disabilities;
- (c) provide capacity building to communities and institutions involved in the provision of habilitation and rehabilitation services;
- (d) promote micro-credit facilities for self-employment and income generating activities to persons with disabilities;
- (e) provide welfare services that will improve the quality of life of persons with disabilities;
- (f) provision of survival skills to persons with disabilities;
- (g) promote public awareness on existing habilitation and rehabilitation facilities for persons with disabilities;
- (h) sensitize and link persons with disabilities found on the streets to habilitation and rehabilitation services and empowerment programmes;
- (i) construct new rehabilitation facilities and upgrade the existing ones;  
and



- (j) conduct monitoring and evaluation on activities targeting habilitation and rehabilitation of persons with disabilities;

## **6.3 HUMAN RIGHTS**

### **6.3.1 Objective**

The specific objective of human rights is to:

- (a) ensure that persons with disabilities enjoy human rights and opportunities on an equal basis with others.

### **6.3.2 Measures**

The measures to promote human rights will include:

- (a) develop programmes and activities that aim at raising awareness on the rights and obligations of persons with disabilities;
- (b) promote and conduct research on human rights issues relating to persons with disabilities;
- (c) promote inclusion of persons with disabilities in formal and non-formal education, vocational and skills training and in employment;
- (d) promote gender equity in the provision of services to persons with disabilities;

- (e) enforce laws that protect persons with disabilities against discrimination and abuse;
- (f) ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others; and
- (g) conduct monitoring and evaluation on human rights mainstreaming activities for persons with disabilities in their programmes.

## **6.4 EQUITY OF OPPORTUNITIES**

### **6.4.1 Objective**

The specific objective of equity of opportunities is to:

- (a) ensure equitable access to opportunities by persons with disabilities;

### **6.4.2 Measures**

The measures of ensuring equity of opportunities will include:

- (a) link persons with disabilities to appropriate services such as bursaries, welfare assistance and empowerment schemes;
- (b) develop and promote programmes for equalization and integration of persons with disabilities into mainstream society;
- (c) develop and enforce mandatory standards on infrastructure to facilitate access for persons with disabilities;

- (d) recognise sign language as an eighth (8<sup>th</sup>) national local language and enforce the use of sign language in public and private institutions to increase access to information, literature by persons with disabilities and encourage people to learn sign language;
- (e) promote the transcription of documents into Braille and encourage people to learn, write and read in Braille;
- (f) develop programmes and activities that aim at raising awareness on the plight of persons with disabilities;
- (g) promote intra DPO democracy within the disability movement;
- (h) create employment opportunities through deliberate positive discrimination; and
- (i) conduct monitoring and evaluation of activities targeting equal opportunities and participation of persons with disabilities.

## **6.5 NETWORKING AND PARTNERSHIP**

### **6.5.1 Objective**

The specific objective of networking and partnership is to:

- (a) ensure that all programmes for persons with disabilities are implemented in a holistic and integrated manner.

### **6.5.2 Measures**

To achieve the policy objective on Networking and Partnership, the following measures will be instituted:

- (a) encourage community and private participation in activities aimed at supporting persons with disabilities;
- (b) promote collaboration and networking among local and international organizations working in the areas of improving the welfare of persons with disabilities;
- (c) create a database of persons with disabilities and organizations dealing with persons with disabilities;
- (d) promote participation of persons with disabilities in all areas pertaining to their welfare;
- (e) participate in national and international fora on disability issues;
- (f) promote collaboration between North and South DPOs; and
- (g) promote the participation of persons with disabilities in all mainstream programmes.

## **6.6 EDUCATION AND SKILLS TRAINING**

### **6.6.1 Objective**

The specific objective of education and skills training is to:

- a) to increase access to appropriate formal and non-formal education and skills training including life-long learning by putting in place an inclusive education system at all levels;

### **6.6.2 Measures**

To achieve the above policy objective, the following measures will be introduced:

- (a) employ teachers including teachers with disabilities, who are qualified in sign language and/ Braille;
- (b) train professionals and staff who work at all levels of education in disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities;
- (c) ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others;
- (d) facilitate the promotion and use of appropriate materials such as Braille, large prints and hearing aids;

- (e) ensure that there are opportunities for offering special and inclusive education at all levels that is supported by appropriate infrastructure and bursaries;
- (f) provide reasonable accommodation of the individual's requirements to access education at all levels; and
- (g) conduct monitoring and evaluation on activities targeting educational advancement and skills training for persons with disabilities.

## **6.7 ACCESS TO QUALITY HEALTH CARE AND SERVICES**

### **6.7.1 Objective**

The specific objective on access to quality health care and services is to:

- (a) increase access to quality healthcare and services at all levels for persons with disabilities;

### **6.7.2 Measures**

The above objective will be achieved through the following measures:

- a) provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

- b) provide health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c) provide these health services as close as possible to people's own communities, including in rural areas;
- d) require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent;
- e) ensure that health workers receive training in sign language to guarantee confidentiality and dignity of deaf persons;
- f) prevent discriminatory denial of health care or health services or food and fluids on the basis of disability;
- g) increase awareness programmes on dangers and prevention mechanisms of HIV and AIDS to PWDs; and
- h) conduct trainings on usage of prevention mechanisms for HIV and AIDS to PWDs.

## **6.8 ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION**

### **6.8.1 Objective**

The specific objective of adequate standard of living and social protection is to:

- (a) safeguard and promote the realization of the right to an adequate standard of living and social protection.

### **6.8.2 Measures**

To achieve the policy objective on adequate standard of living and social protection, the following measures will be instituted:

- (a) ensure equal access by persons with disabilities to appropriate and affordable basic social services, devices and other assistance for disability-related needs;
- (b) ensure access by persons with disabilities, in particular women, girls and older persons, to social protection and poverty reduction programmes;
- (c) ensure access by persons with disabilities and their families living in situations of poverty to assistance with disability related expenses, adequate training, and financial assistance such as the introduction of a disability allowance or the social cash transfer scheme;



- (d) ensure equal access by persons with disabilities to retirement benefits and programmes;
- (e) ensure access by persons with disabilities to public housing programmes and;
- (f) prohibit discrimination against persons with disabilities in the provision of health insurance and life assurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

## **6.9 DISABILITY AND ACCESSIBILITY**

### **6.9.1 Objective**

The specific objective of accessibility is to:

- (a) enable persons with disabilities to live independently and participate fully in all aspects of life.

### **6.9.2 Measures**

To achieve the policy objective on disability and accessibility, the following measures will be instituted;

- a) develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

- b) ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters to facilitate accessibility to buildings and other facilities open to the public;
- f) promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
- g) promote access for persons with disabilities to new information and communications technologies and systems, including the Internet; and
- h) promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage,

so that these technologies and systems become accessible at minimum cost.

## **7.0 IMPLEMENTATION FRAMEWORK**

### **7.1 Institutional Arrangements**

The Ministry of Community Development, Mother and Child Health shall collaborate with other Government Ministries, Statutory Institutions, Cooperating Partners, Disabled Persons Organizations, Disability Service Organisations, Non-Governmental Organizations (NGOs) and the private sector in the implementation of this Policy. Furthermore, Disability Focal Point Persons shall be appointed in all institutions.

Below is an outline of the roles, responsibilities and functions that each identified stakeholder will be expected to carry out in the successful implementation of the Policy.

#### **(a) Ministry of Community Development, Mother and Child Health**

- (i) develop a National Action Plan to facilitate the implementation of the Policy;
- (ii) facilitate the provision of adequate financial and human resources towards the implementation of the policy;

- (iii) ensure that service agencies organisations and institutions that are funded by the government are kept accountable through submissions of returns and audited accounts annually.
- (iv) promote, coordinate, control and administer services for all categories of persons with disabilities.
- (v) coordinate habilitation and rehabilitation services to persons with disabilities by government ministries and other organisations;
- (vi) promote public awareness relating to the prevention of disabilities and the care of persons living with disabilities;
- (vii) disseminate this policy document to stakeholders;
- (viii) source and provide funds for persons with disabilities for various economic ventures;
- (ix) coordinate rehabilitation services through vocational skills training; and
- (x) provide social services such as a disability allowance or social cash transfers to persons with disabilities.

**(b) Ministry of Health**

- (i) ensure that persons with disabilities have access to primary health care;
- (ii) enforce the code of conduct for public and private health care providers to address rights of persons with disabilities;
- (iii) develop and strengthen specialised health care programmes for persons with disabilities;
- (iv) help in early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities among children and older persons;
- (v) provide adequate habilitation and rehabilitation services to persons with mental disabilities;
- (vi) decentralize medical rehabilitation services, production and provision of sun-screen/ gel, artificial limbs, ear and eye clinical services for persons with disabilities; and
- (vii) ensure disability data is included in the health management information system.

**(c) Ministry of Education, Science, Vocational Training and Early Education.**

- (i) facilitate the provision of education and skills development at all levels for persons with disabilities;
- (ii) ensure that all learning institutions have appropriate educational materials and facilities to cater for persons with disabilities;
- (iii) strengthen and implement training programmes at all levels for teachers of persons with disabilities;
- (iv) introduce a sign language and Braille as subjects in the school curriculum from primary to tertiary education to reduce the language barrier between deaf persons and non-deaf persons, blind and non-blind persons;
- (v) facilitate the development of programmes that provide skills training to persons with disabilities;
- (vi) undertake research into the development of user-friendly assistive devices for persons with disabilities;
- (vii) provide college and university bursaries to persons with disabilities;

- (viii) create positive discrimination towards persons with disabilities during enrolment into tertiary education;
- (ix) employ teachers who are qualified in sign language and/or Braille and preference should go to those with a disability; and
- (x) conduct early identification and assessment of children with disabilities in order to advise early intervention mechanism.

**(d) Ministry of Finance**

- (i) mobilize financial resources for effective implementation of programmes for persons with disabilities at all levels;
- (ii) develop and implement a zero rate tax base on assistive devices and materials for persons with disabilities;
- (iii) provide improved tax incentives to organizations and individuals employing persons with disabilities; and
- (iv) establish a comprehensive data bank on disability.

**(e) Ministry of Information, and Broadcasting Services**

- (i) disseminate information on disability issues through the print and electronic media;

- (ii) encourage the media to include sign language and Braille in all programmes;
- (iii) ensure that community radio stations have programmes on disability;
- (iv) provide access to national information in form of braille for all important documents under government printers; and
- (v) encourage the media to report positively on persons with disabilities.

**(f) Ministry of Tourism and Arts.**

- (iii) facilitate access to local and international markets for persons with disabilities producing crafts;
- (iv) facilitate the acquisition of loans by persons with disabilities involved in tourism under the Tourism Fund; and
- (v) ensure that all tourism facilities are accessible to persons with disabilities; and

**(g) Ministry of Local Government and Housing**

- (i) ensure that public infrastructure development takes into consideration the needs of persons with disabilities;



- (ii) ensure that all public places have parking spaces for persons with disabilities;
- (iii) sensitize all persons with disabilities found on the streets and link them to rehabilitation and empowerment programmes;
- (iv) provide subsidized houses for sale to persons with disabilities;
- (v) create deliberate policy to offer free early childhood education to children with disabilities;
- (vi) provide suitable Information, Educational and Communication (IEC) materials and sensitisation on environmental protection to persons with disabilities;
- (vii) apply affirmative action in the allocation of trading places for person with disabilities;
- (viii) promote representation of DPOs at local government level, e.g. District Development Coordinating Committee (DDCC);
- (ix) introduce Braille and sign language as a formal teaching subject in all pre-school teacher training institutions so as to facilitate inclusive education; and
- (x) introduce sign language and Braille as subjects in pre-schools to reduce the language barrier between deaf persons and non-deaf persons, blind and non-blind persons in institutions of learning.

**(h) Ministry of Lands, Natural Resources and Environmental Protection**

- (i) facilitate allocation of land for development by persons with disabilities; and
- (ii) provide persons with disabilities with all the necessary assistance in acquiring and disposing of land.

**(i) Ministry of Agriculture and Livestock**

- (i) provide access to agricultural inputs and extension services to PWDs who have the capacity to engage in farming and encouraging the registration of cooperatives of persons with disabilities; and
- (ii) ensure that training colleges under Ministry of Agriculture and livestock are accessible and have appropriate learning formats for persons with disabilities.

**(j) Ministry of Transport, Works, Supply and Communications**

- (i) ensure that all public buildings constructed are user-friendly to persons with disabilities;
- (ii) ensure that old buildings are retrofitted to accommodate persons with disabilities;

- (iii) ensure that public and private road, railway, marine and air transport are accessible to persons with disabilities;
  - (iv) ensure that information and communication technologies (ICTs) accommodate the needs of persons with disabilities; and
  - (v) ensure concessional transport fares for persons with disabilities are introduced in public and private sectors.
- (k) Ministry of Commerce, Trade and Industry**
- (i) facilitate equitable access to commerce, trade and industry to entrepreneurs with disabilities;
  - (ii) provide skills training to persons with disabilities in order to be engaged in Small to Medium size Enterprises (SME); and
  - (iii) support persons with disabilities with finances for SME.
- (l) Ministry of Youth and Sport,**
- (i) provide recreation facilities and equipment appropriate for persons with disabilities;
  - (ii) facilitate the development of men and women with disabilities in sporting activities;

(iii) ensure that youth with disabilities have access to the Youth Empowerment Fund;

(iii) provide skills training to youth with disabilities;

**(m) Ministry of Labour and Social Security.**

(i) facilitate the development of laws that ensures the provision of safe work places for person with disabilities;

(ii) develop legislation that ensures that the work environment adopts and adjusts to the needs of PWDs;

(iii) apply affirmative action that encourages employment of persons with disabilities in public and private sectors e.g. Quota system; and

(iv) ensure provision of formal social security for PWDs.

**(n) Ministry of Mines , Energy and Water Development**

(i) facilitate acquisition of skills in mining to persons with disabilities; and

(ii) facilitate small-scale mining activities for persons with disabilities.

**(o) Ministry of Foreign Affairs**

- (i) facilitate participation of persons with disabilities in international development oriented fora; and
- (ii) ensure that when entering into International Agreements issues pertaining to PWDs are taken into account.

**(p) Ministry of Home Affairs**

- (i) ensure introduction of user- friendly cells and prisons to accommodate persons with disabilities;
- (ii) train the police service on how to handle cases concerning persons with disabilities;
- (iii) facilitate the training of staff in sign language and Braille for easy communication; and
- (iv) ensure adequate protection of women with disabilities from gender and sexual based violence.

**(q) Ministry of Justice**

- (i) facilitate the ratification and domestication of international conventions pertaining to rights of persons with disabilities; and

- (ii) facilitate legal representation of persons with disabilities in the courts of law through legal aid;

**(r) Ministry of Gender and Child Development**

- (i) incorporate disability issues in all gender-mainstreaming programmes;
- (ii) spearhead sensitization on the gender needs and challenges of girls and women with disabilities; and
- (iii) ensure the promotion of rights of children with disabilities;

**(s) Public Service Management Division**

- (i) facilitate issuance of a Cabinet directive on the establishment of disability focal-points in Government Institutions and ensure that their roles are taken as key result areas when assessing performance; and
- (ii) provide employment opportunities to eligible PWDs.

**(t) Judiciary**

- (i) interpret the law and administer justice for persons with

disabilities;

- (ii) facilitate the provision of disability friendly facilities at the courts of law; and
- (iii) facilitate the provision of interpretation services for persons with a hearing disability in court.

**(u) Human Rights Commission**

- (i) sensitise society on the human rights of persons with disabilities; and
- (ii) promote and safeguard human and civil rights of persons with disabilities.

**(v) Zambia Agency for Persons with Disabilities**

- (i) plan, promote and administer services for all categories of persons with disabilities;
- (ii) maintain a database on disability in order to improve service delivery;
- (iii) provide rehabilitation, training, and welfare services to persons with disabilities;

- (iv) promote research into general rehabilitation programmes for persons with disabilities;
- (v) create public awareness relating to the prevention of disabilities and the care of persons with disabilities;
- (vi) co-operate with ministries and other organisations in the provision of social services to persons with disabilities;
- (vii) co-ordinate rehabilitation and welfare services provided to persons with disabilities by DPOs, and voluntary associations;
- (viii) monitor and supervise the provision of services to persons with disabilities;
- (ix) promote, directly and indirectly, the development of human resources in the prevention of disabilities and in the provision of rehabilitative, education, training and the general welfare of persons with disabilities;
- (x) source and provide funding for persons with disabilities for capacity building;
- (xi) advise Ministries on matters relating to the social and economic development and the general well-being of persons with disabilities.
- (xii) provide micro credit to persons with disabilities in collaboration with National Trust Fund for the Disabled.



**(w) Disabled Persons Organisations and Disability Service Organisations.**

- (i) promote public awareness on disability issues;
- (ii) provide checks and balances in the delivery of welfare services to persons with disabilities;
- (iii) mobilize membership and maintain a database on persons with disabilities;
- (iv) mobilize resources for economic ventures to assist persons with disabilities;
- (v) provide sign language interpretation services, personal assistants and financial resources;
- (vi) implement programmes that uplift the standard of living of people with disabilities;
- (vii) provide community based rehabilitation and sensitization of persons with disabilities on their rights and availability of services;
- (viii) carry out advocacy on behalf of persons with disabilities for improved services; and
- (ix) implement North and South DPOs developmental cooperation.

**(x) Co-operating Partners**

- (i) provide technical and financial assistance to support various programmes for persons with disabilities.

**(y) Civil Society**

- (i) incorporate issues of disability in their developmental work and programmes ; and
- (ii) collaborate with Government and other organizations in mainstreaming issues concerning persons with disabilities; and
- (iii) support DPOs financially.

**(z) The Private Sector**

The role of the Private Sector shall be to:

- (i) contribute financial and material resources and provide opportunities to persons with disabilities;
- (ii) participate in initiatives for improved protection and care of persons with disabilities;

- (iii) collaborate with government and civil society organisations to support the development and delivery of social services;
- (iv) assist in publicising and popularising the Disability Policy; and
- (v) develop workplace policies that protect persons with disabilities from exploitation and discrimination.

## **7.2 Legal Framework**

In order to provide an enabling environment for equalization of opportunities for persons with disabilities, Government enacted the Persons with Disabilities Act No. 33 of 1996, which provides for the elimination of all forms of discrimination on the grounds of disability. However, there is need to review legislation relating to persons with disabilities and for the country to ratify relevant International Conventions. The Citizens Empowerment Act of 2007 will also facilitate effective implementation of the Policy.

The Ministry of Community Development, Mother and Child Health will therefore work closely with various Ministries and institutions that have a legal obligation towards improving the welfare of persons with disabilities.

### **7.3 RESOURCE MOBILISATION**

Implementation of the National Policy on Disability will require mobilisation of financial, material and human resources from both local and external sources. To this effect, the Ministry of Finance will be responsible for the timely disbursement of funds as budgeted for in the National Budget to enable timely implementation of the programmes outlined in the policy. Further, MOF will be expected to issue a call circular where Ministries, Provinces and other Spending Agencies (MPSAs) will be instructed to budget for mainstreaming disability in the national budget. Other resources will be mobilised from cost sharing measures, private sector, bilateral, multilateral and Co-operating Partners.

### **8.0 MONITORING AND EVALUATION**

The monitoring and evaluation function will be undertaken at all levels to enhance accountability and effectiveness. Skill development in disability related programme planning, monitoring and evaluation will be undertaken in order to effectively equip officers charged with the responsibility to monitor and evaluate the implementation of this policy. Government will:

- (a) develop a national plan of action in consultation with stakeholders;
- (b) establish an integrated monitoring and evaluation system; and

- (c) develop a Management Information System to facilitate decision-making.