



CONSOLIDATED REPORT

CHALLENGES AND PERSPECTIVES ON THE AFRICAN DISABILITY PROTOCOL (ADP) FROM A GENDER PERSPECTIVE IN ZAMBIA.

'Ratify the African Disability protocol Now'





Project Reference: Strengthening Partnerships to Advance
Disability Rights in Africa (SPADRA) – Main Phase
Project Dates: 26/11/25-23/12/2025

Contact details

Disabled women in Africa
P.O Box 2009
Lilongwe, Malawi

www.diwaafrika.org | FB: disabledwomeninafrica/
Youtube: www.youtube.com/@DisabledWomeninAfrica
Contact : +265 999 80 8031, Email: infodiwaafrika.org, infodiwaafrika@gmail.com

Amina House , Unit 11
Opposite Cashbuild, Chirambula Road
Lilongwe, Malawi

CONTENTS

EXECUTIVE SUMMARY	6
SECTION 1: INTRODUCTION	7
Background and Context	8
Purpose and Objectives	8
Methodology and Approach	9
<i>Phase 1: Inception and Desk Review (Days 1-5)</i>	9
<i>Phase 2: Inclusive Data Collection Workshop (Days 6-8)</i>	9
<i>Phase 3: Technical Analysis and Advocacy Output Production (Days 9-20)</i>	9
Inclusivity and Ethical Considerations	10
Workshop Proceedings and Outputs	11
Workshop Activities and Implementation	11
Lived Experiences among Persons with Disabilities	12
Ritual Attack on a young woman with Albinism in Chama South, Zambia	12
Educational Challenges of a young woman with mild cerebral palsy using a Wheelchair	13
Sudden Vision Loss and Denial of Services	14
Stigmatization of a pregnant young woman with Albinism	14
A woman with Schizophrenia (mental health disability, fashion designer)	15
A young woman with hearing impairment	16
SECTION 2: TRAINING ON AFRICAN HUMAN RIGHTS SYSTEM & THE ADP	17
Overview of Key African Human Rights Instruments	17
Rationale for Developing the ADP	18
How the ADP Strengthens Protections beyond the UNCRPD	18
Cultural and Traditional Practices Addressed by the ADP	18
Steps Zambia Must Take to Ratify and Domesticate the ADP	19
SECTION 3: KEY FINDINGS	20
Barriers Faced by Women and Girls with Disabilities in Zambia	20
Violence and harmful practices	21
Educational Barriers	21
Healthcare Access and Discrimination	21
Stigmatization and social exclusion	21

Limited Access to Justice	21
Inadequate Policy Implementation	21
Economic and Employment Barriers	21
Communication Barriers	21
Infrastructure and Mobility Barriers	22
Lack of Awareness and Data	22
Strategies for Advancing the Ratification and Domestication of the African Disability Protocol (ADP) in Zambia	23
Strengthening Policy and Legislative Engagement	23
Enhancing Stakeholder Coordination	23
Increasing Public awareness and Community Sensitization	23
Capacity Building for Inclusive Governance	23
Strengthening Data and Evidence for Advocacy	23
Promoting Accessible and Inclusive Service Delivery	23
Sustaining Momentum through Monitoring and Engagement	24
Stakeholder Mapping for Advancing the Ratification and Domestication of the African Disability Protocol (ADP) in Zambia	25
Government Institutions	25
Organizations of Persons with Disabilities (OPDs) and Organizations of Women with Disabilities (OWDs)	25
Civil Society Organizations and Regional Partners	25
Health and Education Institutions	25
Traditional and Community Leaders	25
Media and Communication Stakeholders	25
International and Regional Partners	25
SECTION 4: RECOMMENDATIONS	26
Key Takeaways	27
Risks, Challenges, and Mitigation Measures	27
Strategic Advocacy Roadmap	27
Remarks by the Guest of Honor	27
DESK REVIEW	29
The Persons with Disabilities Act, 2012 Zambia	29
The Constitution of Zambia on persons with disabilities	32
Mental Health Act	34

Anti-gender-based violence Act 2011	36
National Gender Policy	38
United Nations Convention Rights of People with Disabilities	40
Employment Code Act (2019)	41
National Health Insurance Act (2018)	42
Education Act (2011)	43
Advocacy and Stakeholder Engagement	45
Implementation and Monitoring	45
Priority actions include	45
Conclusion	45
Final Call to Action	46
References	47

LIST OF ACRONYMS

Acronym	Full Form
ADF	African Disability Forum
ADP	African Disability Protocol
DIWA	Disabled Women in Africa
IA	Inclusion Africa
MCDSS	Ministry of Community Development and Social Services
MoJ	Ministry of Justice
OPD	Organizations of People with Disabilities
OWD	Organizations of Women with Disabilities
SPADRA	Strengthening Partnerships to Advance Disability Rights in Africa
UNCRPD	United Nations Convention of Rights of People with Disabilities
ZAPD	Zambia Agency for Persons with Disabilities
ZNAFOWD	Zambia National Federation of Organizations of Women with Disabilities

ACKNOWLEDGEMENTS

This report reflects a collective commitment to advancing the rights of women and girls with disabilities in Zambia. The work was undertaken under the SPADRA project, led by Disabled Women in Africa (DIWA) in collaboration with the African Disability Forum (ADF) and Inclusion Africa (IA). Their leadership and strategic guidance provided the framework within which this project was carried out, ensuring that the African Disability Protocol (ADP) remained at the center of advocacy efforts.

Special recognition is due to Organizations of Women with Disabilities (OWDs) whose members courageously shared their lived experiences. We gratefully acknowledge the contributions of Organizations of Persons with Disabilities (OPDs), Zambia Agency for Persons with Disabilities (ZAPD), Ministry of Community Development and Social Services (MCDSS), Gender Division (GD) - Cabinet Office, Ministry of Justice (MOJ), Parliamentary Caucus on Disability Rights and Inclusion Committee, Civil Society Organizations (CSOs), and Women-Led Organizations (WLOs) whose active participation enriched the November 2025 Data Collection Workshop.

Their insights and reflections strengthened the advocacy roadmap and reinforced the urgency of ratifying and domesticating the ADP. These testimonies, often marked by systemic exclusion and violence, remain the heart of this report and the driving force behind its recommendations.

We are especially indebted to the women and girls with disabilities from both rural and urban communities who took part in storytelling circles, fishbowl dialogues, and thematic working groups. Their resilience and determination continue to inspire collective action toward dismantling barriers and advancing disability rights. This report stands as a testament to shared vision, solidarity, and inclusive advocacy, and it is through their voices that the call for ADP ratification gains its most powerful expression.



EXECUTIVE SUMMARY

Joe Likando Consultancy was engaged by Disabled Women in Africa (DIWA) under the SPADRA project to design and facilitate inclusive data collection workshops in Zambia and to produce a gender-focused report on the domestication of the African Disability Protocol (ADP).

The consultancy's purpose was to generate stakeholder-driven evidence and recommendations that capture the lived experiences of women and girls with disabilities, strengthen accountability for inclusive legal reform, and inform national advocacy strategies to accelerate ADP ratification and domestication.

This consolidated report brings together the outputs of the November 2025 Data Collection Workshop, the Inception Report prepared by Joe Likando Consultancy, the Policy Brief, and the Desk Review Legal Analysis. It provides a unified narrative and evidence base for Zambia's urgent ratification and domestication of the African Disability Protocol (ADP). The report demonstrates that women and girls with disabilities in Zambia continue to face systemic barriers across education, healthcare, justice, economic empowerment, and political participation. Despite Zambia's ratification of the UNCRPD and enactment of the Persons with Disabilities Act in 2012, gaps remain in law, policy, and implementation. The ADP, adopted in 2018, was designed to address Africa-specific challenges such as ritual attacks, harmful cultural practices, and intersectional discrimination.

Through participatory workshops, lived experience testimonies, and desk review on legal gap analysis, this report identifies the urgent need for Zambia to domesticate the ADP. It outlines legislative reforms, advocacy strategies, and monitoring mechanisms, and provides a phased roadmap for implementation. Ratification and domestication of the ADP is both a constitutional obligation and a transformative opportunity to dismantle systemic inequalities and empower women and girls with disabilities.



SECTION 1

INTRODUCTION

The Strengthening Partnerships to Advance Disability Rights in Africa (SPADRA) project, led by Disabled Women in Africa (DIWA) in collaboration with the African Disability Forum (ADF) and Inclusion Africa (IA), transitioned from its inception phase in 2024 to the main phase in 2025.

Zambia was selected as one of four target countries, alongside Benin, Ghana, and Malawi, for focused advocacy on the ADP. The November 2025 workshop in Lusaka marked a critical milestone in this process. It convened over fifty participants, including representatives from Organizations of Women with Disabilities (OWDs), representatives of Organizations of Persons with Disabilities (OPDs), government officials (representing strategic line ministries), Zambia Agency for Persons with Disabilities (ZAPD) parliamentarians, Opposition Parties, Women Led Organizations and civil society partners. The workshop generated gender-disaggregated data, documented lived experiences, and co-developed recommendations and an advocacy roadmap.

This consolidated report integrates the outputs of that workshop with inception planning, policy advocacy, and legal analysis. It provides a comprehensive narrative of Zambia's disability rights landscape, the challenges faced by women and girls with disabilities, and the strategic steps required to domesticate the ADP.

BACKGROUND AND CONTEXT

Zambia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010 and enacted the Persons with Disabilities Act in 2012.

These frameworks advanced disability rights but remain limited in addressing intersectional challenges faced by women and girls with disabilities. The African Disability Protocol (ADP), adopted in 2018, was designed to fill these gaps by contextualizing disability rights within African realities, including ritual attacks, harmful cultural practices, exclusion from inheritance, and systemic discrimination. Despite, Zambia's strong record of ratifying international and regional treaties—including the African Charter on Human and Peoples' Rights, the Maputo Protocol, and the African Charter on the Rights and Welfare of the Child, it has not yet ratified and domesticated the ADP into national law. This omission leaves women and girls with disabilities vulnerable to violence, exclusion from education and healthcare, and economic marginalization.

With around 11 percent of Zambia's population—an estimated 2.2 million persons with disabilities (UNICEF & UNPRPD, 2023)—and women are disproportionately affected, the urgency of domestication is evident. Ratifying and integrating the ADP would not only align Zambia with continental commitments but also reinforce national frameworks to uphold dignity, equality, and the full participation of women and girls with disabilities.

PURPOSE

To generate gender-responsive data and stakeholder-driven recommendations to catalyze ADP ratification and domestication in Zambia.

OVERALL OBJECTIVE:

To facilitate participatory data collection on lived experiences of women and girls with disabilities to inform gender-responsive ADP implementation and national advocacy.

Objective 1

To contextualize disability and gender rights within the African human rights system and ADP



Objective 2

To document lived experiences and systemic barriers.



Objective 3

To assess ratification challenges and opportunities.



Objective 4

To analyze ADP through a gender lens (education, justice, social protection).



Objective 5

To map stakeholders for inclusive engagement.



Objective 6

To co develop recommendations, advocacy roadmap, and policy



METHODOLOGY AND APPROACH

Our methodology was structured into three interconnected phases designed to move from inclusive data collection to co-developed, high-impact policy outputs within the 20-day timeframe. Our methodology combined inclusive workshop facilitation, data collection, desk review, analysis and the production of actionable outputs to support gender-responsive ADP ratification in Zambia.

Phase 1: Inception and Desk Review (Days 1-5)	
Activity:	Conducted a thorough desk review of relevant policies, laws, and existing guidelines
Tools:	Documented review checklist, analytical framework matrix.
Output:	Consolidated analysis of the legal/policy landscape and gaps.

Phase 2: Inclusive Data Collection Workshop (Days 6–8)	
Activity:	Conducted a story telling circles, Fishbowl discussions & Thematic working groups to ensure equity and power sharing for each participant to share their lived experiences of exclusion and policy failure.
Participants:	Women and girls with different disabilities from rural and urban areas, OPDs, relevant ministries, CSOs.
Tools:	Story telling Guides: Designed to be accessible, using simple language where possible. Fishbowl discussion Guides: Tailored for different stakeholder groups (OPD leaders, OWD leaders). Informed Consent Forms: In accessible formats (easy-read) to ensure ethical participation, to use one from DIWA if available.

Phase 3: Technical Analysis and Advocacy Output Production (Days 9–20)	
This phase transforms raw data into high-impact, actionable policy instruments.	
Activity:	Analyzed all collected data and integrated findings into the draft report.
Tools:	Thematic analysis was used for analysis; themes came from the data.
Output:	A validated draft incorporating initial stakeholder feedback.

NB: The approach was rights-based, aligning with UNCRPD Article 31 (data collection) and ADP provisions on participation.

More so, the desk review provided a comparative legal analysis of the Persons with Disabilities Act, the Constitution, the Mental Health Act, and the Anti-GBV Act. It identified gaps in content, implementation, and monitoring, particularly from a gender perspective. These methods generated a rich evidence base that combines lived experiences, stakeholder insights, and legal analysis. Table 1 below shows a synopsis of the methodology and approach employed during data collection.

Table 1. Data Collection Methods:

Method	Objective
Storytelling Circles	Collected lived experiences related to education, justice, healthcare, violence, and harmful practices.
Breakout Group Discussions	Explored how the ADP would offer stronger protections than the UNCPRD for women and girls with disabilities.
Fishbowl Dialogue	Engaged with OPDs and gender movement leaders sharing experiences and co-creating powerful joint advocacy strategies between them.
Visual Mapping	The stakeholders identified real barriers and co-created practical strategies for the full inclusion of underrepresented (hearing and visual impairment, women with intellectual disabilities, and those with autism) in our ADP campaign and beyond.
Stakeholder Mapping	Identified actors for engagement and advocacy
Gallery Walk & Validation	Participants reviewed and validated all outputs
Sticker Voting	Participants prioritized barriers and recommendations that they thought were the most influential.
Desk review	Reviewed legal documents that speak to people with disabilities

Inclusivity and Ethical Considerations

- a) Inclusivity Measures:**
Accommodations included sign language interpreters, easy-to-read formats, and mixed groups (by gender, disability or impairment type, rural/urban area).
- b) Facilitation**
Led by expert facilitators with disability rights and gender expertise, supported by DIWA staff.
- c) Participant Selection**
Targeted more 50 individuals from OWDs, OPDs, government, Civil Society Organizations (CSOs), Women Led Organizations (WLOs), Opposition Parties, Parliamentarians and partners (refer to annex 1 for participant list).
- d) Ethical Considerations**
Ensured confidentiality, informed consent, and safe spaces to



NB: The approach was rights-based, aligning with UNCPRD Article 31 on data collection and ADP provisions on participation.

WORKSHOP PROCEEDINGS AND OUTPUTS

Workshop Activities and Implementation

The three-day program was executed as per the draft agenda, with minor timing adjustments for health breaks and discussions.

Day 1

CONTEXTUALIZING DISABILITY AND GENDER RIGHTS

Introductions, SPADRA overview, storytelling on lived experiences, presentation on African Human Rights System/ADP, gender analysis via small groups, and breakout on protections for women/girls

Day 2

BARRIERS AND OPPORTUNITIES

Recap, brainstorming on barriers, fishbowl on OPD/gender roles, stakeholder mapping, and strategies for inclusive engagement and Reflections

Day 3

COLLECTIVE ACTION

Recap, co-development of recommendations, drafting advocacy roadmap and policy brief, validation plenary, closing reflections, and presentations on Persons with Disabilities Act modernization.

LIVED EXPERIENCES AMONG PEOPLE WITH DIASBILITIES

Ritual Attack on a young woman with Albinism in Chama South, Zambia

A young woman with albinism from a village in Chama South, Zambia, shared a harrowing account of a ritual attack she experienced at night.

She narrated how she was abducted when she was 3 months pregnant by people who live with them in the same community from her mother's house in the night. The perpetrators covered her mouth with a cloth to prevent her from screaming, and took her to a bush near the village. Initially, they started to cut her left hand, but after some time they argued among themselves, claiming they had been instructed to cut her right hand instead. The attackers then abandoned the left hand, which was wounded, and proceeded to amputate her right hand. She crawled back home in so much pain. Her mother collapsed upon seeing her injuries and she also collapsed due to pain and loss of blood. She was then taken to the nearest hospital for emergency care. The woman's testimony highlighted not only the extreme physical violence faced by persons with albinism in some communities but also the continued risk of ritual attacks, the trauma for both victims and families, and the urgent need for community awareness, protection measures, and legal accountability to prevent such violations.



Figure 1. A young woman with Albinism from Chama Village in Eastern Province.

Educational Challenges of a young woman with Cerebral Palsy using a Wheelchair

A young woman with cerebral palsy who uses a wheelchair shared her experience: when her mother took her to church for prayers, some pastors stigmatized them, claiming she was possessed or cursed.

She further reported facing stigma from her father's relatives and encountering significant barriers in accessing education. She recalls how her father's relatives called her "the living dead" during her father's funeral and never considered her as someone who would live a normal life. She further narrated how her first encounter to enroll in school, it was her family that were quick to stigmatize her that she was not worthy of being enrolled in school. However, after one month, the Head teacher returned and convinced her family that she was teachable. That's how she started school. When she qualified and went to high school, the teachers rejected her that they couldn't accept such a learner. Many school buildings lacked reasonable accommodations for her mobility and learning needs, making access extremely difficult.



Figure 2. A young woman with Cerebral Palsy

Despite these challenges, one day her mother approached the District Education Board Secretary (DEBS), and an officer recognized the need for inclusive support and allowed her to continue her education. She also shared experiences of humiliation and intense scrutiny during exams, where multiple exam observers, including police officers and supervisors, closely watched her as she attempted to write on her own. Despite these barriers, she persevered and ultimately completed her education, graduating successfully with a Bachelor's degree in Community Development. Her story highlights the barriers faced by learners with disabilities, the importance of inclusive schooling, and the impact of supportive interventions in enabling learners with disabilities to achieve their educational goals.

Sudden Vision Loss and Denial of Services

A woman with visual impairment shared her experience of losing her sight suddenly in her older age. Following the onset of blindness, she went to a hospital seeking medical examination and support.

The medical staff recommended that she register with the Zambia Agency for Persons with Disabilities (ZAPD) to access resources such as the library and assistive services. However, she recounted being stigmatized and humiliated by some health workers, who denied her full access to medical services and treated her disrespectfully. Her story highlights the systemic barriers and discrimination that persons who acquire disabilities later in life may face, including lack of awareness and negative attitudes among health service providers. It underscores the urgent need for training, disability-sensitive services, and strengthened accountability mechanisms within healthcare institutions to ensure that all individuals, regardless of age or disability status, can access their rights and services without discrimination.



Figure 3. A woman with Visual Impairment shared her experience.

Stigmatization of a pregnant young woman with Albinism

A young woman with albinism shared her experience of severe stigmatization during pregnancy.

She recounted that health workers, including nurses and doctors, repeatedly made intrusive and discriminatory comments, expressing curiosity about the child she would give birth to because of her albinism. She reported that multiple staff members entered her labor room, claiming they wanted to “see if she would give birth to a child with albinism,” thereby violating her privacy and dignity. Her testimony highlights the pervasive stigma and discrimination faced by persons with albinism, even within healthcare settings, and underscores the urgent need for training on disability rights, privacy, and respectful maternity care. It also emphasizes the importance of protecting the dignity and confidentiality of patients with disabilities in all medical and social services.



Figure 4. A young woman with Albinism

A woman with Schizophrenia (mental health disability) and a successful fashion designer

She was raped at a tender age then in her teens. The rape repeated for quite some time. She never shared it with anyone but it was eating her inside. She was always depressed because of the rape later she was diagnosed with Schizophrenia and was hospitalized at Chainama a mental Health Institution. She was very violent. She recalled being beaten severely by the medical staff because they thought she was pretending to be violent. A successful fashion designer, she is on medication and lives a full life as an activist for mental health disability. However, her being in the meetings for too long or noise places trigger her. She has started her own organization to raise awareness on mental health issues.



Figure 5. A woman with Schizophrenia (Mental Health Disability)

A young woman with hearing impairment

She was born without any impairment but she fell ill and was diagnosed with Malaria that is how she lost her hearing.

At 9 years she was raped by her cousin brother and she did not tell anyone about it. Even her own mother passed on without even knowing that she was raped by her own cousin brother. After the death of her mother, she went to stay with her step mother but life was very difficult because the step mother did not like her. Despite all the efforts from the father to unite the family. When she was in her teens, she fell sick and at the hospital they found out that she had Sexually Transmitted Infections that had not been attended to for a very long time. She was also found HIV positive and it was a really tough time for her. She did not manage to go to tertiary education. She is now a mother of three children with different fathers. .



Figure 6. A woman with Osteogenesis Imperfecta Disability, confidently delivered a group presentation.

SECTION 2: TRAINING ON AFRICAN HUMAN RIGHTS SYSTEM & THE ADP

The Lead consultant facilitated an in-depth session on the African Human Rights System and the African Disability Protocol (ADP), helping participants to understand the legal, cultural, and political context of disability rights in Africa. The presentation covered several key areas as highlighted below:

Overview of Key African Human Rights Instruments

The Consultant provided a historical and legal overview of the African human rights framework, highlighting major instruments such as:

- a. African Charter on Human and Peoples' Rights (1981) – foundational for all human rights protections in Africa.
- b. African Charter on the Rights and Welfare of the Child (1990) – emphasizing protection of children with disabilities.
- c. Protocol on the Rights of Women in Africa (Maputo Protocol, 2003) – safeguarding gender equality and women's rights.

Participants discussed how these instruments interact and complement each other, forming a basis for the ADP.



Figure 7. A woman with Hearing Impairment gave a recommendation.

RATIONALE FOR DEVELOPING THE ADP

The ADP (adopted in 2018) was developed to address Africa-specific gaps that the UNCRPD did not fully cover, such as:

- a. Cultural norms and harmful traditional practices
- b. Intersectional discrimination based on gender, disability, and socio-economic status
- c. Limited access to justice in rural communities

The Consultant emphasized that the ADP is designed to strengthen protections for women and girls with disabilities and ensure their full participation in the society.

How the ADP Strengthens Protections beyond the UNCRPD

- a. Unlike the UNCRPD, the ADP explicitly addresses:
- b. Harmful traditional practices affecting women with disabilities (e.g., early marriage, ritual attacks on persons with albinism)
- c. Socio-cultural barriers to education, healthcare, and employment
- d. Measures for inclusive political participation at local and national levels

The Consultant highlighted that the ADP reinforces state obligations to implement legal protections, ensuring accountability mechanisms and recognition of OPDs as key partners in policy-making.

Cultural and Traditional Practices Addressed by the ADP

Examples discussed included:

- a. Discrimination and violence against persons with albinism
- b. Exclusion of women with disabilities from inheritance rights
- c. Community-level stigma and denial of education or healthcare

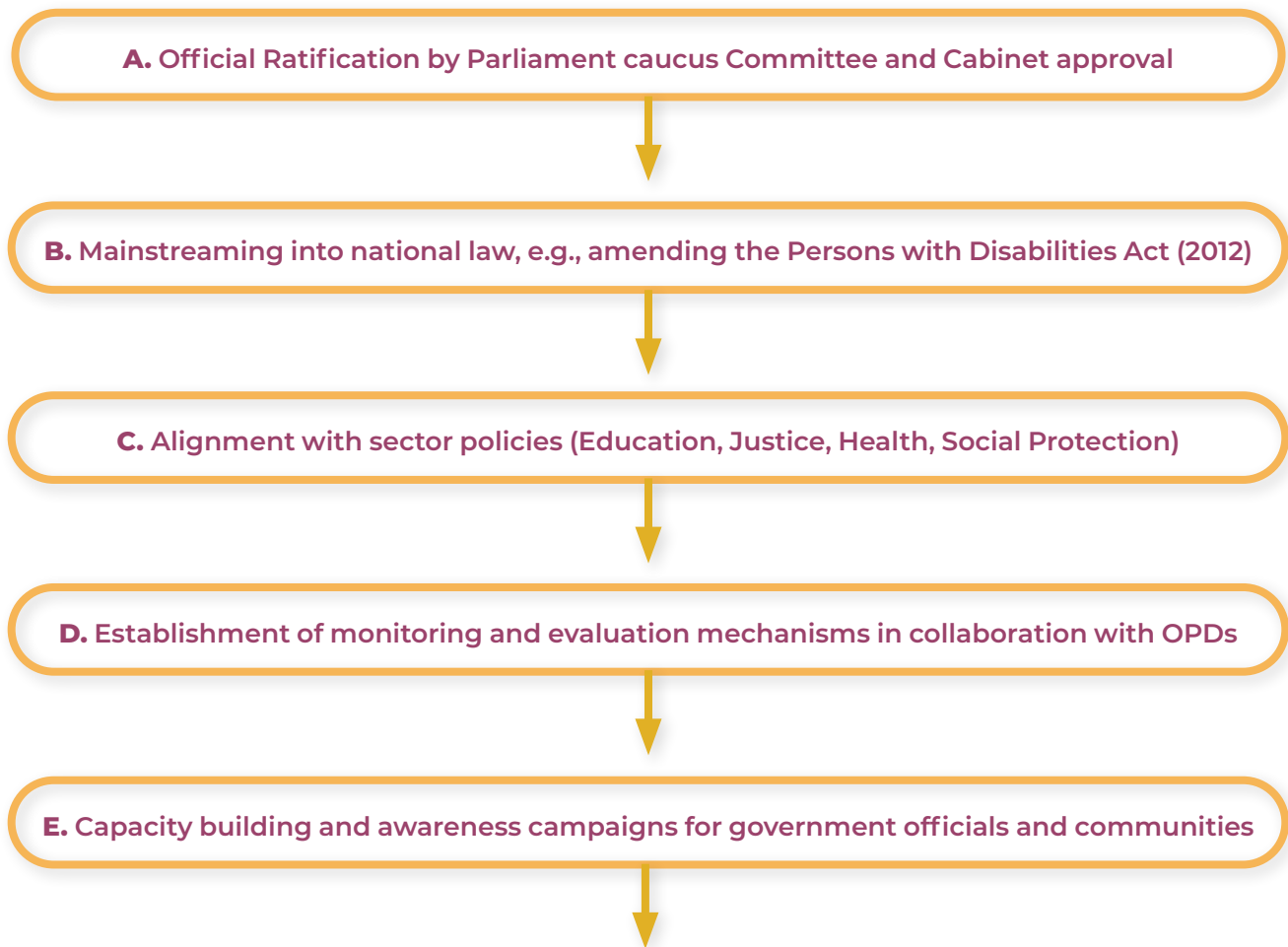
Participants explored how the ADP provides mechanisms for community education, sensitization, and legal protection to address these culturally rooted challenges.



Figure 8. Session in progress.

Steps Zambia Must Take to Ratify and Domesticate the ADP

The Consultant outlined the ratification and domestication roadmap:



Emphasis was placed on the role of women with disabilities and OPDs in ensuring the ratification process is inclusive, gender-responsive, and accountable.



Figure 9. Session in progress.

SECTION 3: KEY FINDINGS

The workshop generated several important findings based on participant discussions, lived experiences shared by women and girls with disabilities, technical presentations, and stakeholder engagement activities.

These findings reflect the current barriers affecting disability and gender rights in Zambia, the level of awareness on the African Disability Protocol (ADP), and the collective insights gathered through storytelling circles, group work, stakeholder mapping, and plenary reflections. The key findings are summarized below.

1. Women and girls with disabilities in Zambia experience barriers related to violence, stigma, limited education, limited healthcare access, and restricted access to justice and economic opportunities.
2. Gender-disaggregated data on women and girls with disabilities is scarce and remains a major gap for advocacy and policy processes.
3. The ADP provides stronger and more specific protections for women and girls with disabilities than the UNCRPD, especially regarding harmful cultural practices and intersectional discrimination.
4. Awareness and understanding of the ADP among stakeholders prior to the workshop was limited.
5. Zambia has not yet ratified or domesticated the ADP, and the process requires parliamentary approval, Cabinet

support, and alignment of national laws such as the Persons with Disabilities Act of 2012.

6. Participants identified several harmful cultural and traditional practices affecting women and girls with disabilities, including discrimination against persons with albinism and exclusion from inheritance rights.
7. Accessibility gaps remain within justice institutions, including lack of sign language interpreters and inaccessible police and court facilities.
8. Stakeholder engagement among OPDs, OWDs, government strategic line ministries, Parliamentary Caucus on Disability Rights and Inclusion Committee, CSOs such as NGOCC, Women in politics and gender movements needs to be strengthened to support ADP ratification.
9. Participants collectively validated priority barriers, recommendations, and strategies through storytelling, group discussions, stakeholder mapping, visual mapping, and sticker-voting exercises, as shown below;

Barriers Faced by Women and Girls with Disabilities in Zambia

The workshop identified a range of critical barriers that continue to impede Zambia's progress toward the ratification and domestication of the African Disability Protocol (ADP), particularly from a gender-responsive perspective. These barriers cut across legal, institutional, social, cultural, and

systemic dimensions, affecting both national policy processes and the lived realities of women and girls with disabilities. The barriers outlined below are based on lived experiences, group discussions, stakeholder mapping exercises, and plenary reflections conducted during the workshop.

Violence and harmful practices

Women and girls with disabilities are highly vulnerable to physical and sexual violence, including harmful traditional practices and ritual attacks. A poignant example comes from a woman with albinism in Chama South, who was attacked at night by perpetrators who initially cut her left hand and ultimately amputated her right hand. This experience demonstrates the extreme physical danger, trauma for victims and their families, and the urgent need for legal enforcement, community awareness campaigns, and protective interventions to prevent such attacks.

Educational Barriers

Access to quality and inclusive education is a significant challenge. A girl with cerebral palsy who uses a wheelchair recounted challenges during writing examination where a police officer is included as an observer.” School buildings often lack ramps, accessible toilets, and other accommodations, making it difficult for students with disabilities to learn and participate. Despite these challenges, supportive interventions such as advocacy by the District Education Board Secretary can enable children with disabilities to achieve educational success.

Healthcare Access and Discrimination

Women and girls with disabilities face systemic discrimination within healthcare settings. A Woman who experienced sudden vision loss reported being stigmatized and denied full medical services. Similarly, a pregnant girl with albinism shared how multiple health workers violated her privacy during labor, showing curiosity about the child she would give birth to due to her albinism. These examples reveal gaps in disability-sensitive healthcare, the need for staff training, and the importance of ensuring respectful treatment and confidentiality for patients with disabilities.

Stigmatization and social exclusion

Cultural beliefs and societal misconceptions often lead to stigma and social isolation. People with albinism, sensory impairments, or intellectual disabilities may be viewed as “cursed” or incapable, resulting in exclusion from family, school, community, and social activities. Such stigmatization reduces opportunities for personal development, economic participation, and social inclusion.

Limited Access to Justice

Women and girls with disabilities often encounter barriers in accessing justice. Challenges include inaccessible police stations, lack of sign language interpreters, insensitive officers, and low awareness of disability rights. These limitations make it difficult for victims of violence or discrimination to seek legal redress and contribute to continued impunity for perpetrators.

Inadequate Policy Implementation

While Zambia has policies and legislation supporting persons with disabilities, weak enforcement often limits their effectiveness. Inconsistent implementation results in gaps in service provision, limited accountability, and uneven protection for women and girls with disabilities, particularly in rural areas.

Economic and Employment Barriers

Limited access to income-generating opportunities, vocational training, and social protection exacerbates the economic vulnerability of women and girls with disabilities. Without economic independence, they face higher risks of exploitation, poverty, and social marginalization.

Communication Barriers

Many persons with disabilities encounter obstacles in communication due to a lack of accessible information and assistive technologies. For example, individuals who have hearing impairment or have speech impairments often lack access to sign language interpreters or communication aids, which affects their ability to access education, healthcare, legal services,

and social support.

Infrastructure and Mobility Barriers

Physical environments, including schools, hospitals, and public spaces, often lack accessibility features such as ramps, elevators, and adapted toilets. For instance, the young woman with mild cerebral palsy who uses a wheelchair experienced difficulties accessing school facilities, which impeded her learning. Inadequate transportation options further limit mobility and participation in community life.

Lack of Awareness and Data

There is a significant lack of awareness about disability rights among communities, service providers, and policymakers. Additionally, the scarcity of gender-disaggregated and disability-specific data hinders evidence-based policy-making and advocacy, leaving the unique challenges faced by women and girls with disabilities underrepresented and poorly addressed.



Figure 10. Women with Albinism from different parts of the country.

Strategies for Advancing the Ratification and Domestication of the African Disability Protocol (ADP) In Zambia

During the workshop, participants collectively identified strategies to address the barriers affecting the ratification and domestication of the African Disability Protocol (ADP) from a gender-responsive perspective. The participants also came up with a motto “*Ratify the African Disability now.*” The strategies focus on political engagement, stakeholder coordination, public awareness, capacity building, evidence generation, inclusive service provision, and sustained follow-up.

Strengthening Policy and Legislative Engagement

Participants emphasized the need for targeted advocacy with national decision-makers. Strategies include engaging Members of Parliament, particularly the Parliamentary Caucus committee on Persons with Disabilities, through regular briefings, advocacy meetings, and the presentation of evidence-based position papers. Supporting the modernization of the Persons with Disabilities Act (2012) to align with ADP provisions and identifying “ADP Champions” among MPs, traditional leaders, and influential policymakers were also highlighted as key steps to secure political commitment.

Enhancing Stakeholder Coordination

Effective collaboration among disability and gender stakeholders is critical for unified advocacy. Strategies include establishing a Joint National Advocacy Taskforce consisting of Organizations of Persons with Disabilities (OPDs), Organizations of Women with Disabilities (OWDs), civil society organizations, and gender movements. Strengthening partnerships with government ministries, including MCDSS, MoJ, Health, Education, Sight savers and the Gender Division, was recommended to ensure policy alignment and coordinated implementation. Engaging traditional and religious leaders to challenge harmful cultural practices and promote inclusion at the community level was also prioritized.

Increasing Public awareness and Community Sensitization

To address stigma, harmful cultural practices, and limited understanding of disability rights, participants recommended nationwide media campaigns using radio, television, newspapers,

and social media in local languages. Storytelling, documentaries, and human-interest features based on lived experiences of women and girls with disabilities were highlighted as effective approaches. Community dialogues, particularly in rural areas, were proposed to challenge myths, reduce discrimination, and promote inclusive attitudes.

Capacity Building for Inclusive Governance

Strengthening capacities of both rights holders and duty bearers was identified as crucial. Strategies include training OPDs and OWDs in leadership, advocacy, evidence generation, and monitoring and evaluation. Training government officials, judicial officers, police, health workers, and educators on disability rights and gender sensitivity was also recommended. Community volunteers and local leaders were identified as key actors to promote disability inclusion and challenge discriminatory practices.

Strengthening Data and Evidence for Advocacy

Reliable data was recognized as a cornerstone for effective advocacy. Strategies include developing gender-disaggregated databases in collaboration with ZAPD, civil society, and national statistics offices. Lived experiences should be documented through participatory research, storytelling, and case studies. Policy briefs, fact sheets, and advocacy materials based on these findings were recommended to support engagement with Parliament caucus committee, government, and the public.

Promoting Accessible and Inclusive Service Delivery

Ensuring meaningful participation requires accessible and inclusive services. Participants

recommended improving accessibility in justice systems, including provision of sign language interpreters, ramps, and disability-sensitive legal procedures. Inclusive education measures, such as teacher training, accessible infrastructure, and reasonable accommodations, were emphasized. Strengthening sexual and reproductive health services to ensure inclusivity, privacy, and respectful care was also highlighted.

Sustaining Momentum through Monitoring and Engagement

Participants stressed the importance of consistent follow-up and monitoring. Strategies include conducting quarterly meetings with Parliament caucus committee, Cabinet, and relevant ministries, organizing national policy dialogues

and disability rights forums to track progress, and engaging political parties to include ADP ratification in their election manifestos.

Overall, these strategies provide a comprehensive roadmap for advancing Zambia's ratification and domestication of the ADP. They emphasized on inclusive political engagement, collaborative stakeholder action, community awareness, capacity building, evidence-based advocacy, accessible service delivery, and sustained follow-up, ensuring that women and girls with disabilities are at the center of all processes.



Figure 11. Representatives from various political parties took part in the proceedings

Stakeholder Mapping for Advancing the Ratification and Domestication of the African Disability Protocol (ADP) in Zambia

The workshop conducted a stakeholder mapping exercise to identify key actors essential for supporting the ratification and domestication of the African Disability Protocol (ADP) in Zambia. This mapping aimed to ensure inclusive engagement, strengthen collaboration, and leverage the influence of various actors across government, civil society, and community structures.

Government Institutions

Government institutions were identified as primary stakeholders with critical roles in policy formulation, legal alignment, and implementation of disability rights. The Ministry of Community Development and Social Services (MCDSS) was highlighted as the lead ministry responsible for coordinating disability programs, mainstreaming ADP principles, and supporting advocacy efforts. The Ministry of Justice (MoJ) provides legal expertise and facilitates the modernization of the Persons with Disabilities Act (2012) to align with ADP provisions. The Gender Division within the Office of the President ensures that strategies are gender-responsive, with particular attention to women and girls with disabilities. Parliament, and specifically the Parliamentary Caucus on Disability Rights and Inclusion Committee, was highlighted as a key actor for ratification and legislative oversight.

Organizations of Persons with Disabilities (OPDs) and Organizations of Women with Disabilities (OWDs)

OPDs play a central role in representing the voice of persons with disabilities, providing technical support, and driving advocacy campaigns. Key OPDs include the Zambia Federation of Disability Organizations (ZAFOD), Sight Savers and the Zambia National Federation Organizations of Women and Girls with Disabilities (ZNAFOWD). OWDs were recognized for their focus on gender-specific challenges, mobilizing communities, and ensuring that the lived experiences of women and girls with disabilities inform policy and legislative processes.

Civil Society Organizations and Regional Partners

Civil society organizations, Women Led Organizations and regional partners, including

Disabled Women in Africa (DIWA), were identified as strategic collaborators offering technical guidance, capacity building, advocacy tools, and support for public awareness campaigns.

Health and Education Institutions

Health and education institutions play an important role in providing inclusive services, identifying systemic barriers, and supporting the implementation of ADP principles within their sectors. This includes ensuring accessibility, disability-sensitive services, and inclusive education practices.

Traditional and Community Leaders

Traditional and community leaders were identified as crucial in addressing harmful cultural practices, promoting inclusive community norms, and mobilizing grassroots support for ADP ratification and implementation.

Media and Communication Stakeholders

Media actors, including local and national electronic and print media, social media influencers, and other communication platforms, are essential for disseminating advocacy messages, raising public awareness, and documenting lived experiences of women and girls with disabilities.

International and Regional Partner

International and regional partners, such as Sight Savers, provide technical guidance, monitoring frameworks, and comparative lessons from other countries on ADP implementation.

SECTION 4: RECOMMENDATIONS

- Strengthen engagement with Members of Parliament, particularly those in relevant committees and the Parliamentary Caucus committee on Disability Rights and Inclusion Committee.
- Develop evidence-based advocacy materials that highlight the importance of ratifying the ADP for women and girls with disabilities.
- Organize regular briefings, workshops, and dialogue sessions with lawmakers to maintain momentum and political commitment.
- Ensure that courts, police stations, and legal aid services are physically accessible to persons with disabilities as well as sign language interpreters for those with hearing impairment.
- Train judicial officers, police, and legal practitioners on disability rights, gender considerations, and the provisions of the ADP.
- Implement national databases and surveys that capture the experiences of women and girls with disabilities.
- Promote collaboration between government institutions, OPDs, OWDs, and civil society for standardized and reliable data collection.
- Integrating the ADP Standards into Social Protection Frameworks within the Zambian government system.
- Ensure sexual and reproductive health and rights (SRHR) services are inclusive, confidential, and adapted to different disability needs.

KEY TAKEAWAYS

1. Ratification and domestication of the ADP require collective action that is informed by evidence and grounded in lived experiences of women and girls with disabilities.
2. Gender-responsive strategies must prioritize women and girls with disabilities, particularly those in marginalized and rural communities.
3. Strategic advocacy is most effective when combining policy engagement, community awareness, capacity-building, and media outreach.

RISKS, CHALLENGES, AND MITIGATION MEASURES

Challenges Encountered: Minor delays due to transport; sensitive topics required additional debriefing.

Risks Identified: Political delays in ratification; funding shortages for follow-up.

Mitigation: Partner with MCDSS/MOJ for advocacy; diversify funding; build OPD, especially OWDs capacity for sustained engagement.

STRATEGIC ADVOCACY ROADMAP

Goal: To rally government to ratify and domesticate the ADP in Zambia by April 2026 before the 2026 general elections.

Key message: Ratifying the ADP will promote and protect the rights of Persons with Disabilities especially the underrepresented groups like persons with hearing impairment, Autism, with hearing and visual impairment in Zambia and Africa as a continent.

Stakeholders: Government institutions, Parliamentary Caucus on Disability and Inclusion Committee, Speaker of the national Assembly of Zambia, Cabinet, CSOs such as NGOCC, Women in Politics, OWDs, OPDs and Media among others.

Strategies or advocacy activity: stakeholder meetings at national level, stakeholder engagements, develop position papers, policy brief,

media campaigns in all local languages, evidence-based campaigns (documentaries), and engagement with influential media personalities as well as politicians.

Timeline for advocacy activity: Q4 2025 and Q1-Q2 2026

Resources needed: Financial and human resources, media coverage, print materials, workshop stationery, training materials and logistics

Responsible actors: DIWA, SightSavers, OPDs led by ZAFOD, OWDs, WLG, CSOs, MCDSS, MoJ, Gender Division in the Office of the President

Expected outcome: ADP ratified and domesticated in Zambia

Indicator of success: Number of stakeholders engaged, number of publications documented, 5% of the public sensitized on ADP

REMARKS BY THE GUEST OF HONOR

The Guest of Honor for the workshop, Hon. Joseph Munsanje (Chairperson of the Parliamentary Caucus committee on Persons with Disabilities), delivered a keynote address emphasizing on:

- a. The pivotal role of women with disabilities in shaping inclusive legislation and national policy frameworks.
- b. The government's commitment to promoting gender-responsive disability rights and facilitating the effective domestication of the ADP.
- c. The necessity of close collaboration between Parliamentary Caucus Committee, organizations of persons with disabilities (OPDs), civil society, and communities to ensure meaningful participation of persons with disabilities in decision-making processes.
- d. The importance of participants taking ownership of the recommendations and actively engaging in advocacy efforts at local, regional, and national levels.

Hon. Munsanje further highlighted the political will and legislative support required to advance the ratification of the ADP, as well as the modernization of Zambia's Persons with Disabilities Act No. 6 of 2012 in alignment with international and regional disability rights standards.



Figure 12. Honorable Joseph Musanje, Chairperson of the Parliamentary Caucus on Disability Rights and Inclusion Committee interacts with participants.

DESK REVIEW GAP ANALYSIS OF THE ACTS AND POLICIES THAT PROTECT PERSONS WITH DISABILITIES IN ZAMBIA USING A GENDER LENS.

A gap analysis evaluates the Act's strengths (provisions that advance gender equality) against identified shortcomings in content, implementation, and alignment with international standards.

This analysis draws on the Act's text, situational reports, and research on disability in Zambia. The acts that will be analyzed are the Persons with Disabilities Act No 6 of 2012, Anti Gender Based Violence Act 2011, National Gender Policy 2023, Mental Health Act of 2019 just to mention but a few. There are key gaps that emerges in addressing intersectional vulnerabilities, such as compounded gender-based discrimination, violence, and unequal access to resources, exacerbated by cultural stigma, poverty, and weak enforcement.

THE PERSONS WITH DISABILITIES ACT, 2012 ZAMBIA

INTRODUCTION

The Persons with Disabilities Act No. 6 of 2012 (the Act) is the Zambia's primary legislation aimed at promoting, protecting, and ensuring the full enjoyment of human rights by persons with disabilities (PWDs). It domesticates the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Zambia signed in 2008 and ratified in 2010. Therefore, replacing the 1996 Act. The Act emphasizes on equal opportunities in civil, political, economic, social, and cultural spheres; mainstreaming disability in national policies; and accessibility to services like health, education, and employment. From a gender perspective, the Act explicitly commits to incorporating a "*gender perspective*" in promoting rights, aligning with CRPD Article 6, which addresses multiple discrimination faced by women and girls with disabilities.

STRENGTHS: GENDER-RESPONSIVE PROVISIONS IN THE ACT

The Act includes foundational elements that recognize gender as a cross-cutting issue, promoting inclusivity for women and girls with disabilities. These provisions lay a groundwork for gender mainstreaming but are often general rather than targeted.

Provision	Description	Gender Relevance
Section 4: General principles	Establishes core principles guiding the Act, including respect for dignity, non-discrimination, and full participation. Subsection (j) explicitly lists “gender equality” as a principle applicable to all Persons with Disabilities.	Directly mandates a gender lens in rights promotion, ensuring policies consider women's specific needs (e.g., in family life or employment).
Section 6: Prohibition of Discrimination	Prohibits direct or indirect discrimination, exploitation, or degrading treatment. Subsection (2) extends protections against abusive, violent, or harmful practices.	Covers gender-based violence (GBV) implicitly, safeguarding women and girls from exploitation tied to their gender and disabilities.
Section 13: Composition of Zambia Agency for Persons with Disabilities (ZAPD) Board	Requires gender balance: at least four women representatives (one per disability category: mental, visual, physical, hearing) out of eight non-ex-officio members.	Enhances women's representation in decision-making, fostering gender-sensitive policy implementation via ZAPD, the Act's coordinating body.
Part V, Division III: Employment and Social Protection (Sections 36-40)	Promotes employment quotas, reasonable accommodations, and access to social security.	Includes skills training and economic opportunities targeted at women with disabilities, supporting livelihoods amid gendered poverty.
Part V, Division II: Health Care (Sections 28-30)	Mandates free health services, rehabilitation, and preventive care.	Implicitly benefits women through access to reproductive health, though not specified

GAPS OF THE PWD ACT

Despite its commitments, the Act exhibits significant gaps in content specificity, implementation, and monitoring, leaving women and girls with disabilities exposed to multiple discriminations. Women face higher rates of poverty, GBV, stigma and barriers to education or employment. Cultural norms often hide girls with disabilities, perpetuating exclusion.

Gap category	Description	Example	Alignment with UNCRPD
Lack of targeted protections	Provisions are gender-neutral, lacking explicit focus on intersectional issues like GBV, sexual or reproductive health, or maternal rights. No dedicated section on women or girls, unlike UNCRPD Article 6.	No measures for preventing forced sterilization or addressing HIV vulnerabilities in women with disabilities; education provisions (Sections 22-27) ignore bullying or dropout risks for girls.	Failed to fully domesticate Article 6 (multiple discrimination) and Article 25 (health with gender sensitivity).
Implementation and enforcement	Weak enforcement due to underfunding, complex registration of Persons with Disabilities and medical model assessments that disadvantage women and girls from rural areas	Limited accessible transport or health services, ZAPD's MCDSS subordination hampers independence. GBV access to justice is poor because women with intellectual disabilities cannot testify due to stigma or lack of accommodations	Contradicts Article 4 (general obligations) and Article 33 (national implementation or monitoring).
Data and monitoring	Absence of gender-disaggregated data on violence, health, or employment hinders targeted interventions. No independent complaints mechanism	ZAPD notes data voids on gender-HIV links; research shows under-representation of women in parliamentary roles despite board quotas.	Violates Article 31 (statistics/disaggregated data by sex).
Accessibility and Participation	Broad accessibility mandates (Sections 41-46) are unenforced, disproportionately affecting women (no braille or sign language for gender information in health).	High education dropout for girls due to inaccessible infrastructure; employment quotas rarely met, with women facing extra barriers.	Gaps in Articles 9 (accessibility), 24 (education), and 27 (work).
Resource and cultural	Insufficient budgets and cultural stigma (e.g., patriarchal norms viewing women with disabilities as "burdens") undermine provisions.	Crises like COVID-19 or climate change hit women harder; CSOs fill voids but lack support.	Undermines Article 28 (adequate standard of living) and holistic UNCRPD gender mainstreaming.

TO BRIDGE THESE GAPS, ZAMBIA SHOULD:

1. **Amend the Act:** Insert a dedicated section on women or girls with disabilities, mirroring UNCRPD Article 6, with targeted GBV or reproductive health protections.
2. **Enhance Implementation:** Allocate ring-fenced budgets, simplify registration, and establish an independent monitoring body with gender quotas.
3. **Improve Data or Monitoring:** Mandate gender-disaggregated data collection and a complaints mechanism for discrimination.
4. **Promote Participation:** Enforce quotas in politics or employment and fund CSO-led gender

training via an association of women and girls with Disabilities (ZNAFOWD).

5. **Address Cultural Barriers:** Integrate anti-stigma campaigns in the National Gender Policy 2023, with community dialogues on intersectional rights.

THE CONSTITUTION OF ZAMBIA ON PERSONS WITH DISABILITIES

This analysis looks at how Zambia's constitutional framework addresses the rights of persons with disabilities (PWDs), with specific attention to women, girls, and gender-diverse persons. It highlights strengths, gaps, and implementation steps suitable for policy advocacy and program design.

CONSTITUTIONAL STRENGTHS RELEVANT TO DISABILITY AND GENDER

- I. **Equality principles:** General guarantees of equality and human dignity create a legal basis to challenge discrimination against Persons with Disabilities, including women and girls.
- II. **Policy coherence potential:** The Constitution's values and directive principles can be leveraged to harmonize sector laws and policies toward inclusive education, health, employment, and political participation.
- III. **Judicial enforceability (select domains):** Civil and political rights are justiciable, enabling strategic litigation on accessibility, reasonable accommodation, and participation barriers.
- IV. **Decentralization and participation space:** Constitutional recognition of local governance provides entry points to embed disability-inclusive, gender-responsive representation at subnational levels.

KEY GAPS:

- I. **Explicit intersectionality missing:**
Issue: Limited or no explicit recognition of multiple and intersecting discrimination (disability + gender + age + rurality), making it harder to enforce tailored protections.
Effect: Women and girls with

disabilities face compounded barriers not captured by general clauses.

II. **Weak justice of socio-economic rights:**

Issue: Core socio-economic entitlements (health, education, social protection, sanitation, housing) are not fully entrenched as enforceable rights at constitutional level.

Effect: Harder to compel delivery of disability and gender-responsive services (e.g., accessible maternal health, inclusive WASH).

III. **No specific duty of reasonable accommodation:**

Issue: The Constitution does not clearly impose a universal duty on public bodies and private entities to provide reasonable accommodation.

Effect: Persistent barriers in schools, clinics, courts, workplaces; disproportionate impact on women and girls.

IV. **Insufficient safeguards on gender-based violence (GBV) for Persons with Disabilities:**

Issue: GBV protections are not tailored to disability-specific risks (dependence on caregivers, communication barriers, inaccessible reporting).

Effect: Under-reporting, limited access to justice, and inadequate survivor support for women and girls with disabilities.

V. **Political representation not guaranteed:**

Issue: No explicit constitutional mechanisms (quotas, reserved seats, or nomination requirements) ensuring participation of Persons with Disabilities, disaggregated by gender.

Effect: Low visibility of women with disabilities in decision-making; policy blind spots persist.

- VI. **Accessibility as a constitutional standard not fully defined:**
Issue: Accessibility obligations (built environment, transport, digital, information) lack explicit, enforceable constitutional benchmarks.
Effect: Systemic barriers in public services and democratic processes, disproportionately affecting women and girls.

- VII. **Data and accountability gaps:**
Issue: The Constitution does not require disaggregated data (disability, sex, age, location) for monitoring rights realization.
Effect: Policy design and resource allocation remain generic, missing intersectional needs.

PRACTICAL IMPLICATIONS FOR WOMEN AND GIRLS WITH DISABILITIES

- I. **Health**
Barrier: Inaccessible maternal and reproductive health services and information.
Impact: Higher unmet needs, delayed care, and increased risk of rights violations.
- II. **Education**
Barrier: Lack of reasonable accommodation (assistive devices, accessible curricula, transport).
Impact: Lower enrollment, retention, and completion rates for girls with disabilities.
- III. **Economic empowerment**
Barrier: Discriminatory hiring, inaccessible workplaces, and limited vocational pathways.
Impact: Income gaps and heightened poverty among women with disabilities.
- IV. **Justice and GBV response**
Barrier: Inaccessible police stations, courts, and survivor services; communication hurdles.
Impact: Under-prosecution of GBV, weak protection orders, and limited survivor support.

- V. **Civic participation**
Barrier: Inaccessible voter registration, polling stations, political party processes.
Impact: Reduced political voice, especially for rural women with disabilities.

Recommendations for Reform and Execution

CONSTITUTIONAL AND LEGAL AMENDMENTS

- I. **Intersectional non-discrimination:** Introducing a clause that recognizes multiple and intersecting discrimination, explicitly naming disability, sex, age, pregnancy, rurality, and socioeconomic status.
- II. **Justiciable socio-economic rights:** Enshrine enforceable rights to health, education, social protection, water and sanitation, and housing, with an explicit accessibility and reasonable accommodation duty.
- III. **Reasonable accommodation and accessibility duties:** Mandate universal design, accessibility, and reasonable accommodation across public and private sectors, with progressive realization tied to measurable benchmarks.
- IV. **Disability-responsive GBV protections:** Require accessible reporting, communication support, and survivor-centered services; ensure accountability for caregivers and institutions.
- V. **Representation mechanisms:** Establish constitutional quotas or reserved seats for PWDs, with a gender target for women with disabilities; require inclusive party nomination lists.
- VI. **Data and accountability:** Constitutional obligation for disaggregated data collection and public reporting on disability- and gender-related outcomes.

MENTAL HEALTH ACT

Zambia's Mental Health Act (2019) modernized aspects of mental health governance but remains criticized for limited practical protection, persistent discrimination, and gaps in aligning fully with a rights-based approach for persons with mental health conditions, who are part of the broader disability community. Zambia's national discussions on gender and disability emphasize systemic barriers for women and girls with disabilities especially in access to services, participation, and protection from violence pointing to the need for mainstreaming gender and disability across health and social systems.

GAP ANALYSIS:

Legal provisions and protections

- **Definition and scope of disability:** The Act focuses on “mental health conditions” without comprehensive integration with disability rights standards (e.g., CRPD-aligned definitions, reasonable accommodation duties), leaving ambiguity about protections owed to persons with psychosocial disabilities as persons with disabilities, especially for gender-specific needs.
- **Non-discrimination and equality:** While the Act seek to reduce discrimination, critiques note persistent stigma and inadequate legal safeguards against discriminatory practices in access to care, consent, employment, and community life issues that disproportionately affect women with psychosocial disabilities due to compounding gender norms.
- **Consent and autonomy:** Protections for informed consent and supported decision-making are not fully operationalized, risking paternalistic or substituted decision-making. Women and girls with psychosocial disabilities face heightened vulnerability to coercion and abuse without robust procedural safeguards and gender-responsive oversight mechanisms.
- **Protection from violence and abuse:** The Act does not sufficiently embed prevention, detection, and redress of gender-based violence within mental health services (e.g., trauma-informed care, confidential reporting, referral

pathways), despite national recognition of the elevated risks for women and girls with disabilities.

- **Participation and accountability:** Mechanisms for meaningful participation of persons with disabilities—especially women and girls—in policy design, monitoring, and complaints processes are limited, undermining gender-sensitive governance and responsive service improvement.

Implementation, access, and service delivery

- **Service availability and accessibility:** Disability and gender inclusion assessments in Zambia point to uneven access, weak cross-sector coordination, and insufficient mainstreaming of gender in health systems. For women and girls with disabilities, logistical barriers (transport, cost), social stigma, and lack of reasonable accommodation compound access challenges to mental health services.
- **Quality of care and safeguarding:** Providers lack standardized gender-responsive, disability-inclusive protocols (e.g., screening for GBV, privacy, reasonable accommodation, supported decision-making), resulting in inconsistent practice and continued risk of discriminatory or coercive care for women with psychosocial disabilities.
- **Data and monitoring:** National mechanisms inadequately capture disaggregated data (sex, disability type, age, location), limiting visibility of gender disparities in mental health access, outcomes, and

rights violations. Without robust data, targeted improvements and accountability are constrained.

- **Community-based support and participation:** Limited community-based inclusive development and peer-led psychosocial support, particularly for women and girls, hinders continuity of care, empowerment, and safe pathways away from institutional or coercive settings.

Cross-cutting issues affecting women and girls with disabilities

- **Intersectional stigma:** Gender norms, disability stigma, and mental health stigma intersect, creating compounded exclusion in families, workplaces, and services; this intersection remains insufficiently addressed in the Act and associated policies.
- **Economic vulnerability:** Gendered economic inequalities magnify barriers to seeking care and legal redress, with inadequate social protection measures tailored to women with psychosocial disabilities.
- **Participation and voice:** Women and girls with disabilities are underrepresented in policy fora and oversight bodies, limiting the gender-responsiveness of mental health governance and service design.

RECOMMENDATIONS

Legal and policy reforms

- **Align definitions and duties:** Explicitly recognize psychosocial disability under disability law standards; embed duties for reasonable accommodation, supported decision-making, and non-discrimination with gender-sensitive safeguards.
- **Embed GBV protections in mental health care:** Mandate trauma-informed, survivor-centered protocols,

confidential reporting, and referral pathways within mental health services, with clear oversight and accountability that center women and girls with disabilities.

- **Participation and accountability:** Require representation of women with disabilities in mental health governance, complaints bodies, and monitoring frameworks; integrate gender-disability targets and indicators in national plans.

Implementation and systems strengthening

- **Provider training:** Standardize training on disability inclusion, gender equality, GBV response, and supported decision-making across mental health and primary care providers, including supervisory and inspection teams.
- **Service accessibility:** Fund reasonable accommodations (communication supports, transport vouchers, accessible facilities) and expand community-based inclusive services and peer networks that specifically support women and girls with psychosocial disabilities.
- **Data systems:** Establish routine collection and use of disaggregated data (sex, age, disability, location, GBV experiences) to drive targeted improvements and public reporting.

Coordination and financing

- **Cross-sector coordination:** Create a formal coordination platform linking health, gender, social protection, justice, and disability stakeholders, with clear roles for DPOs representing women with disabilities.
- **Targeted financing:** Ring-fence funding for gender-responsive, disability-inclusive mental health interventions, including community-based models and safeguarding systems.

ANTI-GENDER-BASED VIOLENCE ACT 2011

The Act establishes protection for GBV victims, an Anti-GBV Committee, and an Anti-GBV Fund, aiming to prevent, protect, and respond to GBV nationally. Recent assessments highlight ongoing barriers in GBV prevention and response including access, coordination, and survivor-centered services indicating gaps that disproportionately impact women and girls with disabilities.

LEGAL AND POLICY GAPS AFFECTING PERSONS WITH DISABILITIES

- **Definition and explicit coverage:**
Gap: Lack of explicit recognition of disability including psychosocial and intellectual disabilities in definitions, duties, and protections may result in inconsistent inclusion of survivors with disabilities across services and remedies.
Implication: Women and girls with disabilities face increased risks of exclusion from protections or accommodations during reporting, case handling, and court processes.
- **Reasonable accommodation and accessibility:**
Gap: The Act do not clearly mandate reasonable accommodation (e.g., accessible communication, sign language, easy-read materials, physical accessibility) across police, health, shelters, and courts.
Implication: Practical barriers limit the ability of survivors with disabilities especially women to report abuse, obtain protection orders, or access safe shelters and medical care.
- **Survivor-centered and trauma-informed requirements:**
Gap: Limited statutory requirements for disability and gender-responsive protocols (privacy, consent, supported decision-making, communication supports) in GBV services.
Implication: Heightened risk of retraumatization and procedural

injustice for women with disabilities, including those with psychosocial or intellectual disabilities.

- **Safeguards against institutional and caregiver abuse:**
Gap: Insufficient explicit safeguards and reporting pathways for GBV occurring in institutional settings or by caregivers or guardians where power asymmetries are acute.
Implication: Under-detection and under-prosecution of GBV against women with disabilities in family, institutional, or community care contexts.
- **Accountability, participation, and representation:**
Gap: No clear requirement that DPOs (including women-led disability organizations) be represented on national or local GBV oversight bodies or funding decisions.
Implication: Gender-disability perspectives are underrepresented in governance, weakening responsiveness and resource allocation for accessible services.

IMPLEMENTATION AND SYSTEMS GAPS

- **Access to services and protection orders:**
Gap: Frontline entry points (police, health, social welfare) are unevenly prepared to accommodate disability-specific needs; transport, cost, stigma, and communication barriers persist.
Implication: Women and girls with disabilities face delays or denial in securing emergency protection, medical exams, and shelter placement.
- **Capacity and training of duty bearers:**
Gap: Inadequate standardized training on disability inclusion, supported decision-making, and communication accessibility among police, clinicians, social workers, and magistrates.
Implication: Higher likelihood of case attrition, inappropriate evidence

handling, and survivor disengagement for women with disabilities.

- **Data and monitoring:**

Gap: Limited routine collection of disaggregated GBV data by sex, age, disability type, and location.

Implication: Invisible disparities hinder targeted improvements, budget justifications, and accountability for accessible GBV services.

- **Coordination and financing:**

Gap: The Anti-GBV Fund and committee mandates are not systematically leveraged to finance accessible infrastructure, communication supports, or disability-led partnerships.

Implication: Accessibility remains piecemeal; DPOs and women's disability groups lack sustainable roles in service delivery and oversight.

RECOMMENDATIONS:

Legal and policy adjustments

- **Explicit disability inclusion:**

Action: Amend the Act and regulations to explicitly recognize persons with disabilities, require reasonable accommodation across all GBV services, and protect against institutional or caregiver GBV.

Benefit: Ensures enforceable accessibility and safeguards for women with disabilities across the GBV response chain.

- **Survivor-centered standards:**

Action: Mandate disability- and gender-responsive SOPs: supported decision-making, accessible consent processes, privacy, and communication aids in health, police, shelters, and courts.

Benefit: Reduces retraumatization and improves evidentiary integrity for survivors with psychosocial and intellectual disabilities.

- **Representation and oversight:**

Action: Require seats for women with disabilities or DPOs on Anti-GBV bodies; embed disability indicators in monitoring frameworks and Fund criteria.

Benefit: Centers lived experience in governance and directs resources to accessible services.

Systems strengthening

- **Frontline capacity:**

Action: Standardize training for police, health workers, social welfare, and judiciary on disability inclusion, GBV interviewing, and accessible documentation.

Benefit: Improves reporting pathways and survivor trust, decreasing case attrition.

- **Accessible service delivery:**

Action: Finance transport vouchers, sign language interpreters, easy-read materials, accessible shelters, and assistive technologies via the Anti-GBV Fund.

Benefit: Removes practical barriers for women and girls with disabilities to seek help and maintain safety.

- **Data and accountability:**

Action: Implement disaggregated GBV data systems; publish periodic dashboards; audit accessibility of facilities.

Benefit: Enables targeted improvements and transparent accountability to survivors with disabilities.

Cross-sector coordination

- **Integrated pathways:**

Action: Formalize referral pathways linking GBV services with disability services, social protection, and justice actors; designate focal points in each district.

Benefit: Seamless, accessible support for survivors with disabilities, reducing drop-offs between services.

NATIONAL GENDER POLICY

The revised National Gender Policy (2023) sets national priorities for gender equality, addresses harmful norms, and aligns with legal reforms such as strengthening protections against child marriage, yet persistent challenges remain in prevention and response to GBV and in ensuring equitable outcomes for women and girls across sectors. The policy provides overarching guidance for mainstreaming gender across government but requires operational clarity to secure meaningful access and inclusion for persons with disabilities especially women and girls.

GAP ANALYSIS:

Policy design and legal coherence

- **Definition and explicit coverage:**

Gap: The Policy's working definitions and strategic commitments do not consistently name persons with disabilities particularly women and girls with disabilities across all priority areas, creating ambiguity about entitlements, accommodations, and duty-bearer obligations.

Implication: Without explicit coverage, sectors may overlook disability-inclusive measures in planning and budgeting, and survivors with disabilities may face barriers to accessing protections and services.

- **Alignment with disability rights and CRPD:**

Gap: Limited operational alignment with CRPD principles (reasonable accommodation, accessibility, participation) within gender policy mechanisms and sectoral mandates.

Implication: Women and girls with disabilities may not receive the accommodations needed for equitable access to health, justice, education, social protection, and GBV services.

- **Survivor-centered and inclusive standards:**

Gap: The Policy does not systematically embed disability- and gender-

responsive service standards (supported decision-making, accessible consent processes, communication supports, trauma-informed practices) across frontline institutions.

Implication: Risks of exclusion or retraumatization for women and girls with disabilities when seeking help or redress for GBV and other rights violations.

IMPLEMENTATION, DATA, AND ACCOUNTABILITY

- **Mainstreaming and coordination:**

Gap: Weak cross-sector coordination, limited representation of women with disabilities in governance bodies, and unclear roles for disability organizations in policy implementation.

Implication: Disability perspectives are sidelined in planning, budgeting, and oversight, reducing the effectiveness of gender mainstreaming for persons with disabilities.

- **Accessible services and reasonable accommodation:**

Gap: No explicit, funded standards for accessibility (built environment, transport, assistive technologies) and communication supports (sign language, easy-read materials) across gender-related services.

Implication: Practical barriers persist for women and girls with disabilities seeking health, justice, shelter, and social protection services tied to gender priorities.

- **Disaggregated data systems:**

Gap: Insufficient routine collection and use of sex- and disability-disaggregated data across gender policy indicators.

Implication: Gender disparities among persons with disabilities remain invisible, hindering targeted interventions and accountability.

- **Financing and targeted resourcing:**

Gap: Limited ring-fenced funding for disability-inclusive, gender-responsive interventions and accessibility

upgrades.

Implication: Accessibility and accommodations are implemented piecemeal, relying on ad hoc donor support rather than sustained national financing.

RECOMMENDATIONS

Legal and policy adjustments

- **Explicit disability inclusion:**
Action: Amend or supplement the Policy with a disability inclusion framework that names women and girls with disabilities, mandates reasonable accommodation, and sets accessibility standards across sectors.
Benefit: Clarifies duties for ministries and service providers, ensuring consistent inclusion and enforcement.
- **Operational CRPD alignment:**
Action: Embed CRPD principles in gender policy implementation guidelines: participation of women with disabilities, supported decision-making, accessible communication, and universal design.
Benefit: Improves equitable access and strengthens rights-based practice across health, education, justice, and social protection.
- **Inclusive GBV standards:**
Action: Require survivor-centered, disability-responsive SOPs (privacy, consent tools, interpreter access, easy-read materials, trauma-informed care) across police, courts, health facilities, and shelters.
Benefit: Reduces barriers and improves outcomes for women and girls with disabilities in GBV response systems.

SYSTEMS STRENGTHENING AND FINANCING

- **Accessible service delivery:**
Action: Fund transport vouchers, assistive technologies, interpreter pools, accessible facilities, and communication supports via national gender program budgets.
Benefit: Removes practical barriers to accessing gender-related services for women and girls with disabilities.
- **Capacity building:**
Action: Standardize training for duty bearers (health workers, police, social welfare, judiciary, local government) on disability inclusion, supported decision-making, and accessible documentation.
Benefit: Improves case handling, survivor trust, and retention in services.
- **Data and monitoring:**
Action: Establish national indicators with sex, age, disability type, and location disaggregation; publish periodic dashboards and accessibility audits linked to policy targets.
Benefit: Enables targeted improvements and transparent accountability for disability-inclusive gender outcomes.

PARTICIPATION AND GOVERNANCE

- **Representation and co-design:**
Action: Reserve seats for women with disabilities and DPOs on gender policy committees and budgeting forums; co-design standards and tools with disability-led groups.
Benefit: Centers lived experience, strengthens policy relevance, and enhances implementation fidelity.

UNITED NATIONS CONVENTION RIGHTS OF PEOPLE WITH DISABILITIES

STRENGTHS: GENDER-RESPONSIVE PROVISIONS IN THE UNCRPD

The UNCRPD embeds gender as a cross-cutting obligation, providing Zambia with a strong normative framework for inclusion of women and girls with disabilities.

Provision	Description	Gender Relevance
Article 4(3) & 29	Require active involvement of persons with disabilities in policymaking and public life.	Aligns with Zambia's momentum on disability inclusion, but women remain underrepresented in decision spaces.
Articles 5 & 6	Establish obligations to prevent intersectional discrimination and address gender-specific barriers.	Provide a clear mandate to integrate gender into disability policy and practice.
Article 9 & 2	Define accessibility and reasonable accommodation.	Foundation for accessible environments and individualized supports, though enforcement is uneven.
Article 31	Mandates disability data collection and disaggregation.	Critical for tracking gendered outcomes, but national datasets remain weak.

GAPS OF THE UNCRPD IMPLEMENTATION IN ZAMBIA

Despite its commitments, Zambia's domestication of the UNCRPD exhibits significant shortcomings in content specificity, enforcement, and monitoring, leaving women and girls with disabilities exposed to systemic inequities.

Gap Category	Description	Example	Alignment with UNCRPD
Participation & Leadership	Limited representation of women with disabilities in governance bodies; insufficient resourcing for participation.	Advisory councils lack stipends, accessibility, or care support.	Articles 4(3), 6, 29 commitments not realized.
Access to Justice & Safety	Barriers to reporting and investigation for SGBV survivors with disabilities.	Lack of sign language, weak accommodations in police and courts.	Articles 13 & 16 protections weakened.
Health & SRH Services	Inconsistent accessibility of SRH services; limited provider training; inadequate assistive device coverage.	Facilities lack gender-disability competencies.	Articles 25 & 26 undermined.
Education & Skills	Incomplete inclusive education implementation, especially for rural girls.	Accessible materials and support services missing.	Articles 24 & 27 fall short.
Economic Empowerment & Social Protection	Weak targeting in social protection; unpaid care burdens unaddressed.	Limited financial inclusion for women with disabilities.	Articles 27 & 28 diluted.
Data & Accountability	Weak sex- and disability-disaggregated data; limited feedback loops with women-led OPDs.	Invisible inequities in monitoring systems.	Article 31 monitoring constrained.

RECOMMENDATIONS:

To bridge these gaps, Zambia should:

- **Participation and Budgeting:** Establish funded mechanisms ensuring women with disabilities participate in law and policy design, with accessible formats, transport, care support, and interpretation.
- **Justice System Accessibility:** Mandate reasonable accommodation standards in police, prosecution, and courts; build survivor pathways with OPDs; integrate disability into GBV protocols.
- **Inclusive SRH and Health Financing:** Define disability-inclusive benefit packages (assistive devices, communication supports); train providers in gender-disability competencies; audit facility accessibility.
- **Education Continuity and Transition:** Resource accommodations and accessible materials; mainstream school-to-work pathways for girls with disabilities.
- **Economic Inclusion and Protection:** Embed disability- and gender-responsive targeting in cash transfers, enterprise support, and credit schemes; measure unpaid care impacts.
- **Data and Accountability:** Require sex- and disability-disaggregated indicators in sector plans; co-govern dashboards with women-led OPDs; link results to budget reviews.

CROSS-CUTTING ENABLERS

- **Co-governance with women-led OPDs:** Formalize advisory roles with funded participation and feedback loops.
- **Accessible information and services:** Mandate multi-format communication (braille, audio, easy-read, sign language) and assistive technologies.
- **Budget tagging and audits:** Introduce gender- and disability-budget tagging with annual performance audits.
- **Data disaggregation and transparency:** Require routine sex- and disability-disaggregated data; publish dashboards co-managed with OPDs.

EMPLOYMENT CODE ACT (2019)

STRENGTHS: GENDER-RESPONSIVE PROVISIONS

The Act regulates employment relations, non-discrimination, harassment, and working conditions, providing levers for reasonable accommodation and equal opportunity for workers with disabilities. From a gender lens, it is critical for addressing intersectional workplace discrimination, pay equity, maternity protection, and accessible grievance mechanisms.

Provision	Description	Gender Relevance
Non-discrimination clauses	Prohibit discrimination in employment.	Provide a basis for equal opportunity for women with disabilities.
Harassment protections	Establish safeguards against workplace harassment.	Potentially protect women with disabilities, though accessibility of reporting is limited.
Maternity and leave provisions	Provide maternity protection and leave entitlements.	Important for women with disabilities balancing care and employment.

GAPS

Gap Category	Description	Example	Alignment with UNCRPD
Reasonable accommodation	Standards not consistently operationalized.	Lack of job adaptations, flexible hours, assistive tech.	Article 27 (work and employment).
Harassment and safety	Reporting mechanisms not accessible.	No sign language or easy-read forms.	Article 16 (freedom from exploitation, violence, abuse).
Pay equity and progression	Weak enforcement of equal pay and promotion pathways.	Persistent wage gaps for women with disabilities.	Article 27.
Care and flexibility	Unpaid care burdens not recognized.	Limited carers' leave or flexible work.	Article 28 (adequate standard of living).

RECOMMENDATIONS

- Issue binding regulations on reasonable accommodation with employer cost-sharing and tax incentives.
- Require multi-channel, accessible grievance systems (hotlines, braille, sign language).
- Mandate pay equity audits disaggregated by sex and disability.
- Expand flexible scheduling, carers' leave, and remote work protections.

NATIONAL HEALTH INSURANCE ACT (2018)

STRENGTHS

The Act establishes mandatory health insurance and benefits, with potential to finance inclusive services, assistive devices, and accommodations for persons with disabilities. It can close access gaps in SRH, maternal health, cancer screening, and chronic care.

GAPS

Gap Category	Description	Example	Alignment with UNCRPD
Benefit package coverage	Assistive devices and communication support underfunded.	Interpreters and accessible diagnostics excluded.	Article 25 (health).
Provider competence	Limited training on disability- and gender-sensitive care.	Facilities lack accessibility.	Article 25.
Data and claims	Claims not disaggregated by sex and disability.	Invisible inequities in financing.	Article 31 (statistics).

RECOMMENDATIONS:

- Explicitly include assistive devices, interpreters, and accessible transport in benefits.
- Tie facility accreditation to accessibility and gender-sensitive care training.
- Require disaggregated utilization and outcome data to inform benefit revisions.

EDUCATION ACT (2011)

STRENGTHS

The Act governs access, quality, and inclusion in basic and secondary education, providing channels to enforce inclusive education and reasonable accommodation. It should be noted that Zambia's primary education law remains the Education Act, 2011, but the system is evolving with recent amendments and new regulations, including the 2021 Higher Education (Amendment) Act and the 2023 Teaching Profession (Amendment) Act, alongside a new 3-6-6-3 curriculum framework set for 2025 implementation, focusing on quality and structured access to education

GAPS

Gap Category	Description	Example	Alignment with UNCRPD
Reasonable accommodation	Inconsistent provision of accommodations.	Lack of sign language, braille, resource rooms.	Article 24 (education).
Safe, accessible schools	Physical accessibility and SGBV prevention uneven.	Unsafe sanitation and inaccessible reporting.	Article 16 & 24.
Transitions and skills	Weak pathways to TVET and decent work.	Limited mentorship and career guidance.	Article 27 (work).

RECOMMENDATIONS:

- Issue minimum standards for accommodations and accessible materials, with targeted funding to rural schools.
- Integrate disability-accessible SGBV reporting and support in schools.
- Create school-to-TVET bridges with stipends, accessible transport, and mentorship led by women with disabilities.

CROSS-CUT LEGAL GAP IN DISABILITY AND GEAR PROTECTION

Despite Zambia's progressive legislative framework, the country's disability laws remain fragmented, gender-neutral, and weakly enforced. None of the existing statutes including the Persons with Disabilities Act (2012), the Constitution, the Mental Health Act (2019), or the Anti-GBV Act (2011) explicitly operationalize intersectional protections for women and girls with disabilities.

This omission leaves them exposed to systemic exclusion in health, education, employment, and justice. The absence of a constitutional duty of reasonable accommodation, enforceable accessibility standards, and gender-disaggregated accountability mechanisms create a structural vacuum. This vacuum undermines Zambia's compliance with CRPD Article 6 and CEDAW, and critically demonstrates why domestication of the African Disability Protocol (ADP) is urgent: the ADP uniquely bridges these gaps by mandating intersectional safeguards, enforceable accessibility, and gender-responsive accountability across all sectors.

Cross-Cutting Enablers for Legal and Policy Reform

To move beyond fragmented statutes and weak enforcement, Zambia must adopt a set of systemic enablers that cut across all disability-related laws. These enablers are not optional add-ons; they are the backbone of effective domestication of the ADP.

First, co-governance with women-led organizations of persons with disabilities (OPDs) must be institutionalized. Advisory roles should be formalized, funded, and embedded in feedback loops, ensuring that Article 4(3) of the CRPD participation of persons with disabilities in decision-making is realized in practice.

Second, accessible information and services must become the norm, not the exception. Public service delivery should mandate multi-format communication braille, audio, easy-read, sign language alongside physical accessibility and assistive technologies. This ensures that women and girls with disabilities are not excluded from health, education, justice, or employment simply because information is inaccessible.

Third, financing must be tracked and accountable. Disability- and gender-responsive budget tagging, coupled with annual performance audits, will expose gaps between policy promises and lived realities. This mechanism ensures that resources are not only allocated but also measured for impact.

Finally, data must drive transparency and accountability. Routine sex- and disability-disaggregated data collection in employment, health insurance, and education published through dashboards co-managed with OPDs will make invisible inequities visible, enabling evidence-based reforms.

ADVOCACY AND STAKEHOLDER ENGAGEMENT

- Establish a National Taskforce on ADP Domestication comprising government, OPDs, OWDs, and CSOs.
- Launch nationwide awareness campaigns in local languages via radio, TV, and social media.
- Build capacity of duty bearers (police, health workers, MPs, judges) on disability rights and gender inclusion.
- Strengthen multi-stakeholder collaboration with ministries, Parliament, traditional leaders, and media.
- Support, integrate into national budgets.
- **Cultural Resistance:** Conduct community dialogues, engage traditional leaders, launch anti-stigma campaigns.
- **Weak Enforcement:** Establish independent monitoring bodies and legal accountability mechanisms.

Implementation and Monitoring

Domestication of the African Disability Protocol will only be meaningful if it is accompanied by practical measures that embed disability and gender inclusion into everyday governance and service delivery. Beyond the formal legislative steps, Zambia must adopt concrete policy actions that ensure accessibility, accountability, and sustainability.

A critical first step is the development of a National Accessibility Code that sets enforceable standards for buildings, transport, ICT, and public services. This code should be comprehensive, covering physical infrastructure, digital platforms, and communication systems, and must be monitored through compliance audits.

Equally important is the creation of a gender-disaggregated disability data system. Without reliable data, women and girls with disabilities remain invisible in policy design

and resource allocation. A national statistics framework should capture information across education, health, justice, employment, and political participation, enabling evidence-based interventions.

Accountability mechanisms are also essential. Establishing independent complaints bodies and publishing annual scorecards on disability rights will provide transparency and empower women with disabilities to seek redress. Finally, ring-fenced budget allocations for disability and gender inclusion across sectors will ensure that commitments are backed by resources, preventing tokenistic implementation.

Priority actions include:

- Develop a National Accessibility Code for buildings, transport, ICT, and public services.
- Create a gender-disaggregated disability data system for monitoring progress.
- Establish independent complaints mechanisms and annual scorecards on disability rights.
- Ring-fence budget allocations for disability and gender inclusion across sectors.

Conclusion

Zambia stands at a decisive moment in its disability rights journey. The evidence from participatory workshops, lived testimonies, and legal analysis demonstrates that women and girls with disabilities continue to face systemic exclusion across education, healthcare, justice, economic empowerment, and political participation. Despite progressive laws and international commitments, enforcement gaps, harmful cultural practices, and weak accountability mechanisms persist.

The African Disability Protocol offers Zambia a unique opportunity to close these gaps with Africa-specific protections. Its domestication would not only fulfill constitutional and international obligations but also transform the lived

realities of women and girls with disabilities. By embedding gender-responsive safeguards into law and policy, Zambia can dismantle systemic inequalities, strengthen protections against violence, and ensure inclusive access to services and opportunities.

The urgency is clear. Ratification and domestication of the ADP must be prioritized through parliamentary action, stakeholder collaboration, and sustained advocacy. Doing so will position Zambia as a continental leader in disability rights and gender equality, demonstrating that inclusive development is not aspirational but achievable.

Final Call to Action:

Zambia must act now. Domestication of the African Disability Protocol will secure dignity, equity, and resilience for women and girls with disabilities, and ensure that national development is truly inclusive. The time for commitment has passed; the time for decisive action has arrived.



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ANNEXES

Annex 1: participant list is attached separately to the email.

Annex 2: Photographic highlights of the workshop









Contact details

Disabled women in Africa

P.O Box 2009 Lilongwe, Malawi

www.diwaafrica.org | FB: disabledwomeninafrica1/

Youtube: www.youtube.com/@DisabledWomeninAfrica

Contact : +265 999 80 8031

Email: infodiwaafrica.org, infodiwaafrica@gmail.com

Amina House , Unit 11

Opposite Cashbuild, Chirambula Road

Lilongwe, Malawi

