

## Factors Leading to Unequitable Resource Distribution to

### Persons with Disabilities:

## A Case of Monze Urban Constituency

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### ABSTRACT

Official statistics on disability in the world are estimated at 15-20%. Disability is still an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities. In Zambia, there has not been much information on finding out why persons with disabilities have not been able to access services despite the provisions available through policies and Legislation. This study therefore examined the reasons why persons with disabilities have not been able to access these services. It looked at the three thematic areas being:

- (1) Resource Distribution among persons with Disabilities;
- (2) Statutory Instruments on Disability; and
- (3) Sustainability.

Taking Monze constituency as a case study, the variables were measured and tested using the mixed methods of interviews and Focus Group Discussions (FGDs). Analysis of the data collected from a sample of 100 respondents shows a strong link between community willingness to help and the individual effort to access to resources. While government may be seen as a service provider, 70% of the respondents

recognize cultural barriers and lack of information on statutory instruments and most interestingly human rights. The study concludes that Disability as a complex and context –specific phenomenon is always determined from the interaction between characteristics of the person and characteristics of the overall context in which the person lives. It is notable from the findings in this research that the community, service providers, and Persons with Disabilities (PWDs) agree that there is unequal Resource distribution among persons with disabilities. While the barriers to access to services have been identified as highlighted in this paper the major barriers are:

- (1) Lack of information on Human Rights at 40%.
- (2) And lack of understanding of Instruments
- (3) Cultural barriers at 40%.

The recommendations that the researcher puts across are varied with emphasis on Mass sensitization on the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) and the Zambian Disability Act No. 6 of 2012 should be a priority for both government and private sectors while continued engagement of the community through strategies already laid out, such as the Community Based Rehabilitation (CBR) should also be intensified.

**Keywords:** *disability, accessibility, resources, equitable, community*

## 1. INTRODUCTION

### Overview

“Nothing for us without us” is a slogan used by many human rights activists in disability inclusion. In the effort to provide and get the resources allotted to the persons with disabilities, many challenges still exist. Therefore, this research was aimed at finding out the factors that lead to unequal distribution of resources among persons with disabilities. In this report, we discuss the findings of the research conducted and give recommendations as appropriate.

### Background

Disability which is “the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (World Health Organization, 2001) is a discussion now prevailing on many planning and discussion fora of implementers and policy influencers as they seat to plan and make programs this is because as noted in the Disability World Report “Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities.” (World Health Organization, 2001), Disability is a complex,

dynamic, multidimensional, and controversial concept at any forum of discussion and sparks interest and actions of various degrees, which are mostly influenced by emotion and/or genuine desire to help and include persons with disabilities from program implantation to being beneficiaries. This research acknowledges the statutory instruments that are available to help policy makers to be able to include persons with disabilities in program planning, implementation, and accessibility. It also critically analyses the reasons why persons with disabilities have challenges in accessing services cardinal to their survival which are livelihood, education, and health services like the able bodied.

The World Health Organization (WHO) has estimated that close to a billion people globally are disabled and that this is directly associated with age and poverty, (Dewhurst et al., 2012). According to WHO, Persons with Disabilities (PWDs) constitute 10–20% of the population of most countries, which would mean that Zambia’s disabled population is about 1–2 million, this is despite lower numbers reported by the central statistics office which puts the percentage of persons with disabilities at 5–7% in the 2010 population census (World Health Organization, 2001).

Though types of disabilities are many and vary, physical disability is commonly seen in developing countries and is reported to be made worse in situations where the caregivers

are poor ( Igwesi-Chidobe, Odebiyi, & Okafor, 2012). Geere et al. (2013), reports that people who care for disabled persons in developing countries face challenges of a lack of, or limited social services, such as health care and accessibility to social services and/or facilities that is access to buildings in which these services are offered ( Velema, Ebenso, & Fuzikawa, 2008).

Contributing to this, Thurston et al. (2011) reports that families that have a severely disabled child tend to have greater economic challenges. They also tend to suffer other challenges such as social exclusion and stigmatization. In situations where the family is poor, the family often has challenges sending the disabled child to school or providing food and other necessities of life due to limited financial resources. When the disabled child is not exposed to any form of formal education it perpetuates poverty (much more as the child enters adulthood and/or has his/her own family). Further, if the child has malnutrition, this places limits on the brain development of the child and their capacity to do well in school (Gottlieb, Maenner, Cappa, & Durkin,, 2009) given the chance that they access formal education. Lim et al. (2013) reported that government supported policies for persons with intellectual disability would improve the quality of life of the sufferer, the caregivers and the community as a whole if these policies were endorsed and implemented. This is one of the reasoning used on the social

cash transfer scheme were persons with disabilities receive double the stipend as compared to others. Further challenges stem up, such as a lack of livelihood opportunities and a lack of empowerment, it is financially or with information makes the situation even worse for the person with a disability and the family as well.

WHO indicates 10–20% of the world population has a disability, this represents a wide range of disabilities. These are mainly classified as mental, physical, intellectual, and sensory impairments. It is further estimated that “of the total number of persons with disabilities, 80% are living in middle and low–income countries. These people often do not receive adequate technical, medical, or social support with the potential to improve their living conditions” (Gottlieb et al., 2009). The situation is perpetuated not only by their inability to access these services but also because the low-income countries are themselves underdeveloped hence failing to provide services for the inhabitants regardless of status.

Due to the improvements in health, it is also further estimated that in the near future, “disability might be on the rise as the world population is aging” (Cooper, 2010). This is because of the scientific breakthroughs that help in improving the life expectancy and also because of treatments that help in ensuring long life expectancy.

The conditions for Africa might be even

worse as the population adopt western culture of eating with little exercises, increased life expectancy, poverty, and underdevelopment, all of them will greatly increase the risk of disability.

Blackburn, Spencer, and Read (2010) reports that “People with disabilities make up an estimated 20% of the poorest populations and there is a growing consensus among disability advocates and experts that the most serious issue faced globally by persons with disabilities is not there specific impairment, but rather their lack of equitable access to resources and services such as education, employment, health care and social and legal support systems”.

It is because of these observations put across by Blackburn and other scholars that the researcher seeks to understand the factors that lead to unequitable access of resources for persons with disabilities. The research shall concentrate on education, health, and livelihood services among other constitutional rights the persons with disability have. The difficulty in accessing theses resources is even more apparent in the African continent. This is because of the continents’ poverty levels that are high and other predisposing factors such as poor policies and policy implementation that may not be effective or the lack thereof of both policy and hence implementation.

Zambia itself has been an middle income country and largely classified under the developing nations, it is no stranger to such,

because it is in fact among the highly rated countries in terms of poverty, economic challenges, and diseases, such as Acquired Immune Deficiency Syndrome (AIDS) and Malaria, both of which contribute to disabling conditions and perpetuate the circle of disability and poverty.

As in the rest of Southern Africa, people with disabilities in Zambia are among the most affected by negative socio-economic conditions and face stigmatization and social exclusion at household and community levels.

In an effort to mitigate the challenges drawn from the inability to meet the human rights requirements of every individual and also to help drive development for all in a specified period of time, the development implementers developed and enforced the Millennium Development Goals (MDGs) to which every country had to work on depending on the countries level of development. A Review of the MDGs shows some gaps which made the goals not very sustainable and this prompted WHO, the UN bodies and other partners to develop what is known as the Sustainable Development Goals beyond 2015, the idea is to make these goals achieve and sustain the desired effect, which is positive development for all. It is still apparent in these SDGs that the lack of emphasis on how the persons with disabilities are going to access and be part of the SDGs beyond the set timeframe. However, this presents an opportunity of inquiry/research at its own time.

It is good to understand and learn that despite these gaps, other policies and instruments have been put in place to address the issue of disability. The Zambian government sits on the UN Africa congress and subscribes to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) the government even went further to domesticate the UNCRPD by the act of having the Disability Act # 6 of 2012. This has been a great achievement for the government of Zambia. Though the optional protocol has not been ratified yet which gives a setback when it comes to holding the government of Zambia accountable to some actions that they commit to undertake and/or should provide. To a large extent, disability in Zambia is still regarded as requiring a charitable response. Traditionally, the responsibility for supporting PWDs has fallen on the family and government intervention, where it has existed, has often been channeled through welfare policies. Though the Fifth National Development Plan (FNDP) had made some headway towards realizing that, if any progress in the struggle towards achieving equal opportunities for PWDs is to be achieved, their rights and needs must be addressed in all pieces of legislation and development plans at every level of society, this includes at traditional settings, as well as contemporary.

With this background, it should be noted that “People with disabilities in Zambia have continued to experience discrimination in

various aspects of human development. Unfortunately, the government has not taken a lead in addressing the negative consequences of these discriminatory practices which have resulted in limited participation by people with disabilities in planning and implementation of national development activities.” (Bedding, Chalwe, & Mtonga, 2013) and this further reduces the level at which they access services.

## **Statement of the Problem**

The United Nations Development Programme (UNDP) (2006) report of the international day of PWDs commemorated on 3<sup>rd</sup> December, 2011 quote the UN secretary in his speech commemorating the day of PWDs said, “Development can only be sustainable when it is equitable, inclusive and accessible for all. Persons with disabilities need therefore to be included at all stages of development processes, from inception to monitoring and evaluation. Addressing negative attitudes, the lack of services or ready access to them, and other harmful social, economic and cultural barriers will benefit all of society.” (Ki-Moon, 2011). There is a tremendous need for coordinated and improved access to resources among PWDs at global level and also in Zambia. It is evident that disability organizations are among the least resourced and grossly not trusted with financial resources. It is not documented fully in Zambia that how many have access to resources, such as owning houses, land, and viable livelihoods. The ministry of education estimates having only

2.7% learners with various disabilities out of the 100% enrolled. The goal of this study is therefore to investigate why persons with disabilities have challenges accessing services despite the statutory provisions on disability provided at international and national levels.

## General Objective

The general objective was to find out why persons with disabilities have challenges in accessing Livelihood, Health and educational services in Monze Urban Constituency.

## Specific Research Objectives

The objectives of the study were:

1. To determine the factors leading to unequitable resource distribution among persons with disabilities in Monze District.
2. To evaluate the influence that the UNCRPD and the disability act of Zambia has had on provision of services to persons with disabilities
3. To assess sustainable ways of ensuring that persons with disabilities access the full services available to them.

## Research Questions

The researcher therefore raised the following key research questions:

1. What are the challenges faced by persons with disabilities when accessing services?
2. What provisions are there in the Zambian Disability Act No.6 of 2012 and the UNCRPD that propels equal accessibility to resources?

3. To which level do persons with disabilities access education, health, livelihood and other social services in Monze district?

## Research Variables

1. Resources
2. Accessibility

## Significance of the Study

This research study unveils underlying and hidden issues on why persons with disabilities have challenges in accessing the resources as compared to the other population. This research findings will also help scholars and practitioners alike have a basis for the decisions, they intend to make as they pursue inclusive and equitable access to resources for persons with disabilities through planning and distribution. Since the vision 2030 targets providing services to 100% of the population, this study will help to realize the barriers that PWDs face when accessing services and contribute to ways that can be used to ensure accessibility by all.

For the sustainable development goals to be achieved successfully, there is a need to include all persons. Since the persons with disabilities represent 10-15% of the population, it is a notable number when engaged to reduce poverty, improve education levels, and access to health. This is because most of the persons and families with PWD are poor and because of the predisposing factors, which contribute to the high percentage of the population counted among the poor.

Therefore, the following groups will

benefit from this research:

(1) Policy makers will know the real issues why the persons with disabilities can't access the services even though legislation is available to support it;

(2) The implementers—it will help provide targeted planning; and

(3) Persons with disabilities.

## Theoretical Framework

The UNCRPD embraces a social understanding of disability in which the societal constraints and barriers hinder full participation of persons with disabilities and inclusion in society. It looks at disability as not being caused by individual limitations but by the existing barriers in society. It is this understanding that creates the conceptual platform for articulating disability rights (Waliuya, 2014).

In this fast growing and developing era of new and high technology, the world is also experiencing a fast growing and developing shift in the way disability is viewed. This era has seen a shift from viewing disability as a charity and medical issue to more of a human rights and social issue. In short, disability is moving from being viewed using the medical model to using the social model (Ibid).

The social model is further backed up by the emphasis on human rights which include among others, access to health, education, safe environment, shelter, clean water, and sanitation and access to fair employment. The

UNCRPD and the Zambian Disability Act both do not bring in new rights but just emphasis on the need for persons with disabilities to access these rights. At the time of writing the research proposal, the researcher considered looking at the social model to understand disability. However, during the research, the human rights model became the most important model to understand. The study therefore, is going to sought to look at underlying factors that make it difficult for the persons with disabilities to access Livelihood, Health and Education services in respect of the CRPD and the Zambia Disability Act No. 6 of 2012 in their respective communities and capacities as persons with disabilities.

## Abbreviations and Acronyms

CBR - Community Based Rehabilitation

CRC – Convention on the Rights of Children

CSO – Civil Society Organizations

FNDP –Fifth National Development Plan

GRZ –Government Republic of Zambia

ICF – International Classification of Functioning

PWD – Persons with Disabilities.

SDG: Sustainable Development Goals

SNDP –Seventh National Development Plan

UNCRPD –United Nations Convention on the Rights of Persons with Disabilities

WHO- World Health Organization

ZAPD –Zambia Agency for Persons with Disabilities.

## Operational Definitions

**Disability.** “A difficulty in functioning at the body, person, or societal levels, in one or more life domains, as experienced by an individual with a health condition or impairment in interaction with contextual factors” (Leonardi, 2006).

**Persons with disability.** Persons with disabilities include those who have long-term physical, mental, and intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (United Nations, 2006).

**Community based rehabilitation (CBR).** CBR is a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction, and social inclusion of all people with disabilities (World Health Organization, 2002).

**Accessibility.** Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular people with disabilities.

**Equalization of opportunities.** The process through which the various systems of society and the environment, such as services, activities, information, and documentation, all of them are made available to all, particularly to persons with disabilities.

**Universal design.** The design of products, environments, programs, and

services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design (Government of Zambia, 2006).

**Human rights model.** The human rights model takes the inherent rights of an individual into consideration and the model is used as a basis for service provision for persons with disabilities. This helps to offer services to them holistically.

## 2. METHODOLOGY

### Research Design

The research design that was used was a case study. The study aimed at collecting information from respondents on their opinions on why persons with disabilities did not receive equitable resources and services and gather any suggestions they had on how to improve the status quo. The researcher used both primary and secondary data. Primary data was collected using questionnaires, while secondary data was collected from journals, internet, and books.

### Target Population

The target study population comprised of parents/guardians of children with disabilities, persons with disabilities, and service providers.

### Sample Size

The sample was drawn as follows:

- (1) 40 parents/guardians with children with disabilities;
- (2) 40 persons with disabilities; and
- (3) 20 service providers.



Total sample size was 100.

## **Sampling Techniques**

The Respondents were selected by using purposive random sampling. This type of sampling procedure helped the researcher administer questionnaires to respondents who were able to give relevant and helpful information according to the research study.

## **Instruments for Data Collection**

Questionnaires were used for the service providers this was to reduce bias and give the respondents space to freely express themselves.

Interview guides were used for persons with disabilities and parents/guardians to persons with disabilities. The purpose of this instrument used was so that every study object is given equal chance to respond regardless of their limitation. An interview guide was used in these interviews.

A focus group discussion was conducted as well for parents/guardians to persons with disabilities. A Focus Group Discussion (FGD) guide was be used.

## **Procedure for Data Collection**

The researcher shall seek permission from the school to carry out the research and followed the thumb of rule of requesting the study subjects to give consent/assert to the research or not before going ahead with the research.

## **Data Analysis Techniques**

Data analysis was done synthesizing the outcomes of the various components of the

study. Microsoft excel has been used in the analysis of the data collected.

## **Mixed Method**

The researcher used focus group discussions with parents/guardians to persons with disabilities to cross check and validate the information received from respondents through questionnaires and interviews.

## **Ethical Considerations**

All data reviewed, captured, and analyzed is treated as confidential. Participants were assured of their right to withdraw from the study without having to give an explanation or suffer any implications. No identifiers were collected by the researcher and information collected has been used only for the purpose of this research.

Permission to conduct the study was sought from all relevant authorities and stakeholders. As earlier stated, ethical approval was sought from the ICU University and data collected is stored in lockable cupboards with limited access to the same. All participants of this study consented/asserted to participating in the study.

Permission to conduct the study was also sought from the local leadership/community leaders as the study was being developed.

## **Scope of the Study**

While there are many other activities that the target population is involved in and want to bring out the study focused on finding out on

the accessibility of resources and services. This was also the guiding principle while collecting data from the service providers.

### 3. RESULTS

This chapter presents the findings of the study of factors that lead to unequitable resource distribution among persons with disabilities. The findings are based on the stated objectives in Chapter 1 of the study.

#### I. Background Characteristics of Respondents

The background information obtained in this study included respondents' sex, age, education attained, and occupation. In this section, we present a summary of the background characteristics of the respondents.

**Respondents' sex.** Table 1 demonstrates that of the total 100 respondents, who were interviewed for this study, 51% were females and 49% were males.

**Respondents' age.** Most of the respondents were aged between 15-19 years (33%) followed by those in the age group 20-24 (21%). Age groups 25-29 and 35-39 had (20%) while in the age group 30-34 were only (6%) as indicated in table 1 below.

**Education attained.** The study (Table 1) shows that out of 100 respondents involved in a study, 3% did not attain any form of education, 6% attained primary education, 27% attained junior education, and 56% attained senior secondary education, while 8% attained tertiary education.

**Occupation.** The study indicates that out of 100 respondents involved, 26% were in school, 16% were in formal employment, and 31% were self-employed, while 27% were unemployed.

*Refer to Table 1 in Tables and Figures*

#### II. Knowledge of UNCRPD and the Zambian Disability Act.

The study sought to capture if the respondents had information or knowledge of the UNCRPD and the Zambian Disability Act #. 6 of 2012. The following were the responses.

50% said they heard of it

30% said No

20% were not sure;

*Refer to figure 2*

A probing question to those that knew the UNCRPD and Zambian Act reviewed that 50% of the respondents mentioned that the instruments looked at education and equality of children only. 15% mentioned that it looked at protecting the rights of children and 10% mentioned that it looked at the human rights.

**What do participants understand about Human rights?** Respondents were asked if they knew human rights and what they understood about them. 40% said these are rights for everyone, 40% said these are laws that protect everyone and 20% said they were just rights.

**Barriers to resource distribution.** Respondents were asked what the main barriers to access to resource distribution were.

From the responses, the following data was gathered:

1. Lack of information on statutory Instruments
2. Lack of information on Human Rights
3. Unavailability of resources (Funds)
4. Weak systems
5. Cultural and Community Barriers

### **Facilitators to Accessing Resources**

Respondents were asked to state whether there were any facilitators they identified to help in the accessing of the resources by persons with disabilities. The following were the responses.

1. All respondents mentioned the importance of Family Support
2. 40% indicated that skills training was also important
3. Need to encourage NGOs to help in Disability issues
4. Sharing of Information on the UNCRPD and the Zambian Disability Act
5. Updating management Information Systems.

### **Roles of the Family & Community, Service Providers & Government in Resource Distribution**

Respondents were further asked to state the roles of the Family, community, service providers, and government in ensuring that persons with disabilities access resources.

The following were the responses as applying to the family, service providers, and the community:

- (1) Acceptance of the PWDs;
- (2) Provision of Adequate resources;
- (3) Sensitization on Statutory Instruments;
- (4) Support to Family and PWDs; and
- (5) Quality of Service.

### **Responses from PWDs on Barriers to Inclusion**

The following were the responses on the Barriers to inclusion:

1. Culture
2. Un-accessible infrastructure
3. Lack of financial and other support services
4. Discrimination
5. Expensive Assistive devices.

### **Barriers to Access of Services**

Asked on barriers to Access of services, the following were the responses:

37% said Lack of Resources

35% said Untrained Personnel

17% mentioned Lack of support from Family and service providers

11% mentioned Expensive services as a barrier

*Refer to Figure 3*

In order to understand the situation further, respondents were asked whose responsibility, it was to ensure that the persons with disabilities received the resources needed adequately and on time. The following were

the responses given:

70% said the responsibility is for the Community

18% mentioned individuals

6% NGOs

6% the Church

## 4. DISCUSSION

### Overview

The purpose of this study was to understand why persons with disabilities do not have equal access to resources. The study used the rights-based model so that it does not look at the persons with disabilities in the other models of service these being the charity, social, and traditional models to providing for their needs which have not been sustainable.

Therefore, the chapter is going to give an in depth look at the themes that this paper aims to understand according to the objectives. The three themes are resource distribution, statutory instruments, and sustainability of services and how these help in ensuring that persons with disabilities have access to resources equitably.

### Background Characteristics of

#### Respondents

The study sample was composed of slightly more females (51%) than males (49%). Of this number of respondents, 70% had either a disability or looked after a person with a disability.

The study showed that most of the

respondents were self-employed 31%. Those in formal employment were well educated with 70% reaching university levels and 30% other higher levels of education.

### Resource Distribution Among Persons with Disabilities

**Overview.** This section discusses the access of resources by persons with disabilities. It looks at the variables of accessibility and disability and how they influence each other with in light of the conceptual framework and the human rights model of service provision.

In this view, the study sought to find out why it was difficult for PWDs to access resources as equally as the general population. According to the responses given, when the respondents (PWDs) were asked if they understood human rights and what they meant. 40% had an understanding that human rights are for everyone, 40% mentioned that these are the laws that protect everyone. The study does review that the persons with disabilities have an understanding of the human rights though in their understanding when probed further they exclude themselves from accessing “human rights”. Realizing this phenomenon even before this research study, Vardakastanis in the speech delivered in 2013, “the rights of persons with disabilities should be mainstreamed in all aspects of development” (Keogh, 2014).

To understand if PWDs identified what barriers lay for them in accessing the services needed, the following were the responses

given.

Barriers identified as follows:

- (1) Lack of information on human rights issues—50%;
- (2) Cultural and communication barriers—30%;
- (3) Unavailability of funds—20%; and
- (4) Lack of information—10%.

While the PWDs identify the barriers to them accessing the resources the highest is the lack of information on the human rights issues, such as human rights instruments, policies, and laws. Commenting on human rights, the office of the high commissioner for human rights commented that “in order to address the marginalization of persons with disabilities in society generally and in the international cooperation more specifically overcoming barriers, particularly social ones, it is only possible if there is a proactive effort to include persons with disabilities “(Keogh, 2014).

The lack of information is also evidenced by the lack of local language translations of documents in Zambia. the international community has been able to translate most if not all documents in French and other major languages, but in the local context, this has not been applied.

When asked about factors that facilitate accessibility to resources, the following responses were given with 100% of the respondents recognizing that family and community support is key to access to resources. This acknowledgement is also the

basis of the community-based rehabilitation concept. “community is a central concept in community-based rehabilitation...two types of community, geographical and social...specifically deals with the various roles communities can play in CBR including providing a physical base for the project, gate keeping, planning and monitoring implementation” (Hartley & Okune, 2008). The necessity of the community in ensuring that service provision for persons with disabilities can-not be overemphasized. The community is the back born to service provision, acquisition, and use. Despite this realization, 70% mentioned that there was a need to share information on the UNCRPD and the Disability Act No. 6 of 2012 of Zambia. This need is also mentioned as a barrier to accessibility, hence the provision of information is just as critical to accessing services. The information needs not only to be shared at national, provincial, and district levels, but also in the community where it matters most. This is because according to WHO, the highest population of persons with disabilities are among the poor, and hence stay in rural areas with no access to information passed through the media.

40% acknowledge skills training as important to accessing services, while 20% said that there was a need to update systems in service provision.

## Summary

It is evident through the data collected

and analyzed that the resources may be available, but access to these resources is highly dependent on the support the persons with disabilities get from the community, this been social and geographical. Families have been able to provide as it is necessary according to the resources that they have and the provision from the family has also been dependent on the willingness to spare time to help access the required services by the individual(s). In the findings, we also discover a need to educate people on human rights and just to give information on how the resources can be accessed and where these resources can be accessed from accordingly. The other respondents did allude to the need for effective systems and also training of persons with disabilities.

## **Statutory Instruments on Disability**

**Overview.** This part is looking at the statutory instruments that are available internationally and locally and the effect they have on service provision for PWDs. It also further looks at how the PWDs understand the instruments.

Of the respondents asked if they were aware of the UNCRPD and the Zambian Disability Act, 50% of the respondents did acknowledged knowing or hearing about the two instruments. This is a good indication especially noting that the UNCRPD has been in effect since 2008, it was being mindful that of the total number interviewed during this

research, 70% had attained some level of education hence making it possible for them to read, if they understand what they read is another topic of discussion. This gives room also to go further in the next study, especially in rural areas to find out if they had information on the two instruments under reference.

30% said they didn't know it and 20% were not sure giving a situation of a break even in information or level of awareness.

The researcher went on to find out if they understood the two instruments, of those who knew that the instruments existed, 52% mentioned that the instruments only looked at education and equality of children, 14% said that it looked at protecting the rights of children and 9% mentioned that the instruments looked at the human rights of every individual.

The majority of the respondents alluding to the education rights is an indication that civil society and government have concentrated on the provision of education for PWDs at the expense of other services, while the instruments look at other areas of service provision, especially looking at the CBR Matrix, emphasis of late has been on education which also compromises the human rights model of services provision in disability. "The UN Convention on the Rights of a Child (CRC) was adopted by the UN assembly in 1989 and it represents the first legally binding international instrument to deal comprehensively with the human rights of

children and more significantly for the inclusion of children with disabilities” (Beltramini, Trajcevska, & Liliane Foundation, 2014). This instrument among others have propelled the idea of education for all and it is because the most visible resource is education, most respondents were able to recognize the development in that area though other areas needing service provision have been neglected and/or only provided for minimally.

**Summary.** It is evident that of the respondents interviewed, the half had an idea of the statutory instruments under discussion. Considering that this study was conducted in a peri-urban setting, there is a need to conduct other similar studies to understand if people with disabilities and those without have an understanding of the instruments which are essential tools in service provision both at demand and supply levels.

## **Sustainability**

The research also wanted to find out what ways would be sustainable in ensuring that there was equity of access to resources by persons with disabilities that was not only for a short period of time but sustainable as well. In understanding this, the respondents were asked whose responsibility it was to ensure that PWDs received resources. 70% said that it was the responsibility of the community, 18% mentioned individuals, 6% cited NGOs, and another 6% cited the church that has been responsible.

The willingness and identification of the

community as a major support to ensuring resource distribution is equal and equitable indicates that persons with disabilities and the community both accept the role of service provision which is a sustainable measure especially when we also look at the community-based rehabilitation model which emphasizes community participation in service provision. It has been evidenced that any involvement of the community in projects fosters sustainability at all times.

Secondary to the community is the identification that the individual who in every given case should take an active role in self-advocacy for the needs identified. Self-advocacy if used strongly and consistently has in the past produced better results. The major barrier to self-advocacy and community participation is the lack of information which is not fully available, hence compromising the levels of self-advocacy if any both at individual and community levels.

## **5. CONCLUSION**

“Disability as a complex and context – specific phenomenon is always determined from the interaction between characteristics of the person and characteristics of the overall context in which the person lives. However, some aspects of disability are almost entirely internal to the person, while other aspects of disability are almost entirely external” (World Health Organization, 2002). It is notable from the findings in this research that the

community, service providers, and PWDs agree that there is unequal resource distribution among persons with disabilities. While the barriers to access to services have been identified as highlighted in this paper the major barriers are:

- (1) Lack of information on Human Rights at 40%;
- (2) And lack of understanding of Instruments aligned to disability; and
- (3) Cultural barriers also were ranked high at 40%.

All of them are either internal and/or external, and hence the need for service providers and policy makers to make specific in program design at all levels of course taking into consideration the conceptual framework.

## Limitations

The limitation of this study, though it can be generalized, is that it was conducted in one district of the southern province. While the population sample was representative, it also had challenges in collection of information, because some of the respondents had physical challenges based on they form of disability they had. Further works that could be beneficial and are inclusions in the sample from other communities. Although it is not anticipated that the results may be significantly different from the current study, it may still be worth considering these areas to learn more about such populations from those

communities.

## Recommendations

In order to improve equitable access for persons with disabilities to resources, the following is recommended:

1. Mass sensitization on the UNCRPD and the Zambian Disability Act No. 6 of 2012 should be a priority for both government and private sectors.
2. Even though the human rights are been talked about, particular attention should be paid to making the public understand that persons with disabilities are people first, and hence human rights instruments apply to them as well.
3. Further research to be done on the exact cultural barriers that influence poor accessibility to resources by persons with disabilities, and then interventions should be made as appropriate.
4. Empowerment through skills and financial literacy training should be considered especially for PWDs, such as programmes reduce the dependency syndrome through free handouts which is not sustainable for the government and the individuals receiving handouts.



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## Tables and Figures

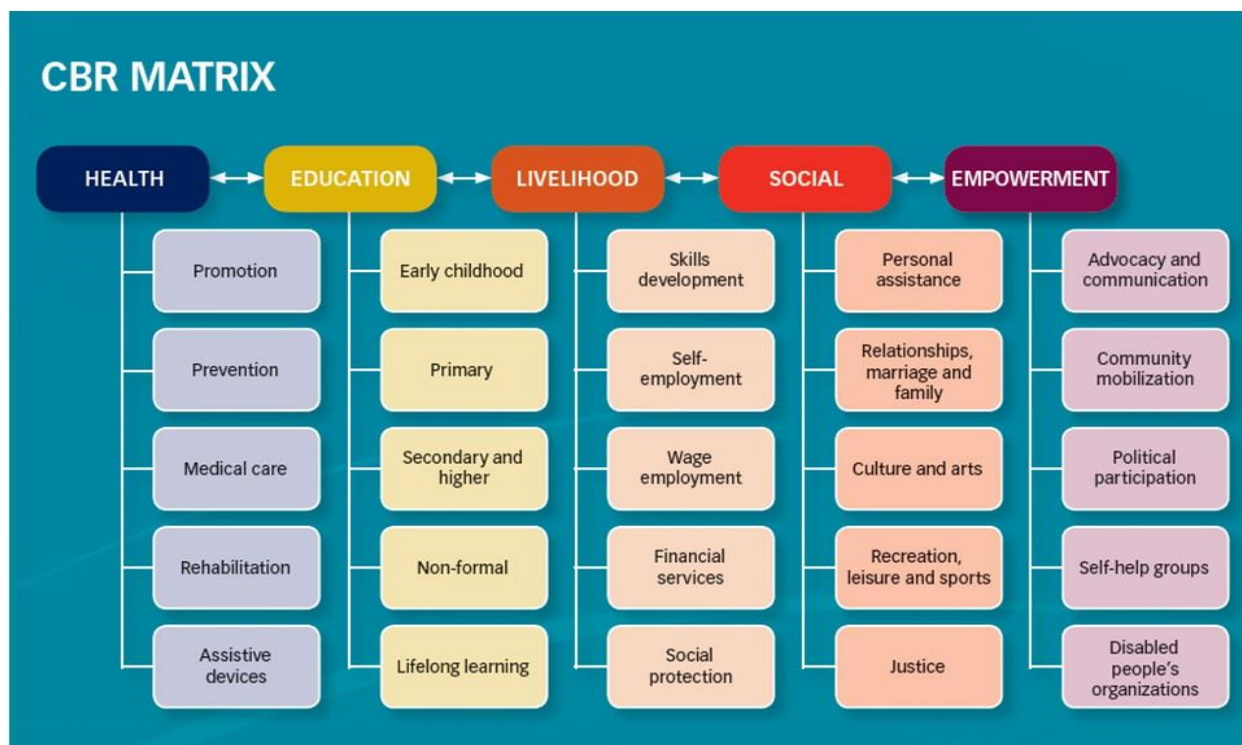


Figure1. World Health Organization (WHO)

Table 1

*Background Characteristics of the Respondents*

<i>Characteristics</i>	<i>Count (n = 100)</i>	<i>Percentage</i>
<i>Sex</i>		
<b>Female</b>	51	51
<b>Male</b>	49	49
<i>Age</i>		
<b>15-19</b>	33	33
<b>20-24</b>	21	21
<b>24-29</b>	20	20
<b>30-34</b>	6	6
<b>35-39</b>	20	20
<i>Education Attained</i>		
<b>Nil</b>	3	3

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<b>Primary</b>	6	6
<b>Junior Secondary</b>	27	27
<b>Senior Secondary</b>	56	56
<b>Tertiary</b>	8	8
<i>Occupation</i>		
<b>In School</b>	26	26
<b>Employed</b>	16	16
<b>Self Employed</b>	31	31
<b>Unemployed</b>	27	27

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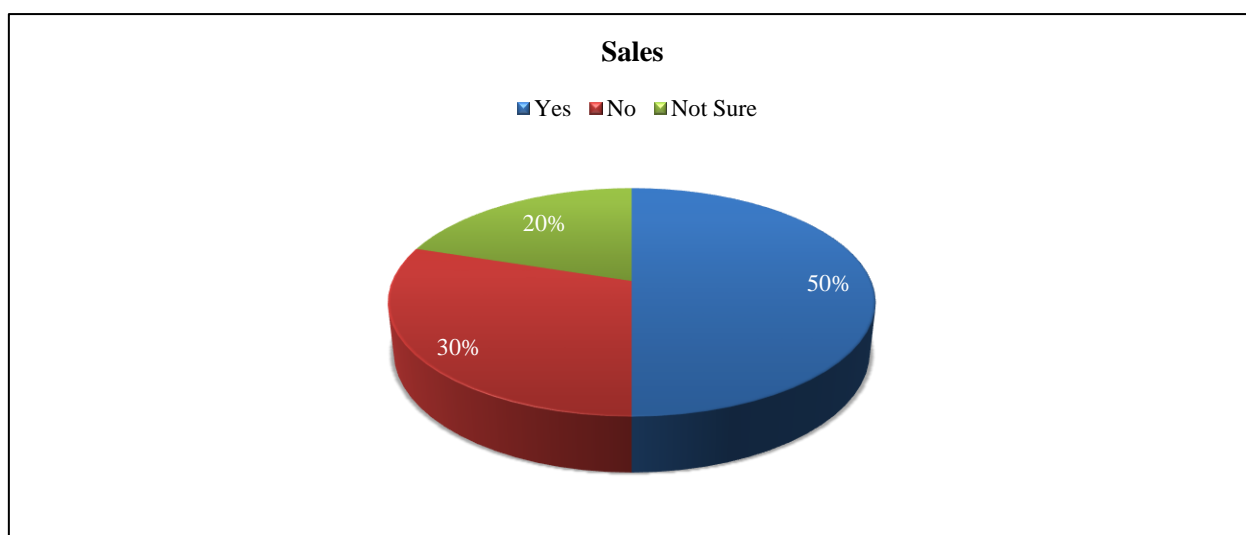


Figure 2. Awareness of the UNCRPD and Zambian Disability Act.

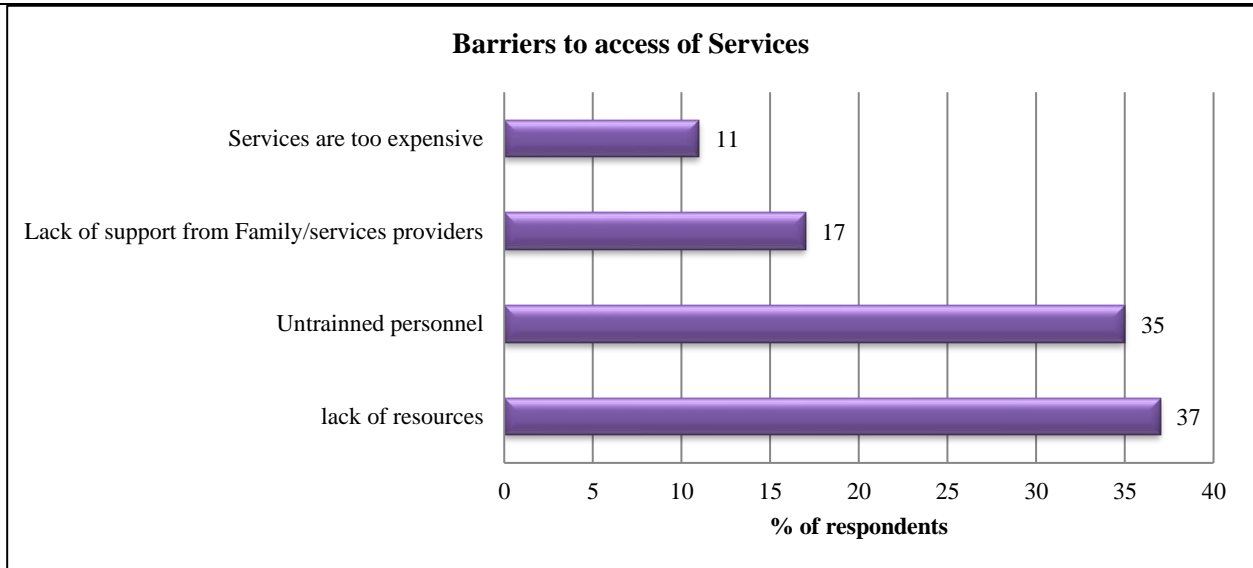


Figure 3. Barriers to access of Services

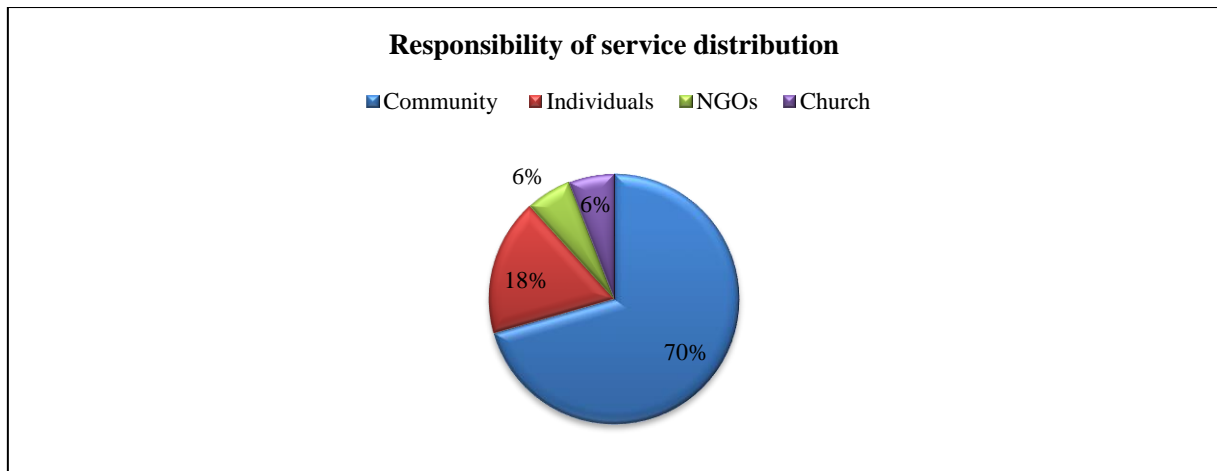


Figure 4. Responsibility of service distribution.