



**Collective Action for
Disability Rights**

CADiR Baseline Study Report

| Zambia

2026

The CADiR Baseline Study was implemented by the Collective Action for Disability Rights (CADiR) consortium of the Atlas Alliance from December 2025 to February 2026, with funding provided by the Norwegian Agency for Development Cooperation (Norad).

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Suggested citation: *The Atlas Alliance. (2026). CADiR Baseline Study Report – Zambia. Oslo, Norway: Atlas Alliance.*

Acknowledgements

The Atlas Alliance would like to express its appreciation to all CADiR consortium members and Zambia country programme partners for their support throughout this baseline study:

- Archie Hinchcliffe Disability Intervention (AHDi)
- Bauleni Special Needs Project (BSNP)
- Disability Rights Watch (DRW)
- Ministry of Education (MoE)
- Norwegian Association for Spina Bifida and Hydrocephalus (RHF)
- Norwegian Association of Disabled (NAD)
- Norwegian Federation of Organizations of Disabled People (FFO)
- Papaya Kay Foundation (PKF)
- Signo Foundation
- Zambia Agency for Persons with Disabilities (ZAPD)
- Zambia Association of Parents for Children with Disabilities (ZAPCD)
- Zambia Association on Employment for Persons with Disabilities (ZAEPD)
- Zambia Federation of Disability Organizations (ZAFOD)

The study would not have been possible without the valuable input and feedback from the international and national teams. We would like to thank the country team in Zambia for their professional efforts to deliver the study.

Thank you as well to all respondents who participated in the interview, survey, and assessment processes for their insightful contributions and the information they shared.

Table of Contents

Acknowledgements	3
Acronyms.....	6
Executive Summary.....	7
1 Introduction	11
1.1 Disability in Zambia.....	11
1.2 The CADiR Programme.....	12
1.3 The CADiR Zambia Country Programme.....	13
2 Purpose of the Baseline.....	14
3 Methodology.....	15
3.1 Community Survey	15
Sampling Strategy	15
Statistical Testing.....	15
3.2 Inclusive Education Assessment (IEA).....	16
3.3 Ethics and inclusive practice.....	16
3.4 Limitations.....	16
4 Sample and Respondents.....	18
4.1 Community Survey Sample	18
Disability Prevalence by Washington Group Domain.....	18
4.2 Inclusive Education Assessment Sample	19
5 Findings – Community Survey.....	20
5.1 Human Rights Advocacy	20
5.1.1 Indicator 1100a: Making Informed Choices and Decisions.....	20
5.1.2 Indicator 1110b: Self-Confidence and Empowerment	21
5.1.3 Indicator 1120a: Feeling Valued by Community	21
5.1.4 Other HRA Indicators (Summary)	22
5.2 Economic Empowerment	23
5.2.1 Indicator 1300a: Poverty Probability Index	23
5.2.2 Indicator 1310b: Access to Financial Services	24
5.2.3 Indicator 1320b: Formal employment	24
5.2.4 Other EE Indicators (Summary).....	24

5.3 Health and Rehabilitation	26
5.3.1 Indicator 1400a: Health Self-Rating	26
5.3.2 Indicator 1400b: Barriers Accessing Health Services	27
5.3.3 Indicator 1400c: Barriers Accessing Rehabilitation	29
5.3.4 Other H&R Indicators (Summary).....	32
5.4 Inclusive Climate Change Adaptation and Disaster Risk Reduction	33
6 Findings — Inclusive Education Assessment.....	34
6.1 Enrolment of Learners with Disabilities.....	34
6.2 School Inclusivity Scores.....	35
6.3 Other IEA indicators	36
7 Conclusions	38
Cross-cutting implications	39
9 Annexes	40
Annex A: Indicator Descriptions	40

Acronyms

Acronym	Full Name
CADiR	Collective Action for Disability Rights
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CS	Community Survey
EE	Economic Empowerment
H&R	Health and Rehabilitation
HRA	Human Rights Advocacy
ICCA&DRR	Inclusive Climate Change Adaptation and Disaster Risk Reduction
IE	Inclusive Education
IEA	Inclusive Education Assessment
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
Norad	Norwegian Agency for Development Cooperation
OPD	Organization of Persons with Disabilities
PWD	Person with disability / Persons with disabilities
PWoD	Person without disability / Persons without disabilities
SDGs	Sustainable Development Goals
WG-SS(E)	Washington Group Short Set on Functioning — Enhanced

Executive Summary

This report presents the findings of the baseline mixed methods study undertaken in Zambia for the Collective Action for Disability Rights (CADiR) programme (2025-2029). The study draws on two data collection tools: a Community Survey of 682 adults and an Inclusive Education Assessment (IEA) covering 29 target schools. Data collection took place during December 2025 to February 2026.

The baseline is intended to measure results at the start of the CADiR programme, in line with the results framework, so that change over the programme period can be tracked and reported. It is conducted primarily for evidence-based programme management and donor reporting purposes, and the findings should be interpreted in that light.

Key findings – Community Survey

- The Community Survey (CS) was administered to 682 adults, 353 PWDs and 329 PWoDs).
- Persons with disabilities are 14 percentage points less likely than persons without disabilities to report getting to make informed choices and decisions (**43.1% PWD** vs **57.4% PWoD**; $p=0.003$).
- Poverty is significantly higher among persons with disabilities (**46.5% PWD** vs **33.1% PWoD**; $p=0.002$), but social protection coverage is also notably high (**53.3% of PWDs** receive some form of social protection).
- Persons with disabilities are more than twice as likely as persons without disabilities to report challenges accessing health services (**18.7% PWD** vs **8.8% PWoD**) and nearly four times as likely to report challenges accessing rehabilitation (**10.5% PWD** vs **2.7% PWoD**).
- Membership of Organizations of Persons with Disabilities (OPDs) is reported at **37.1% among PWDs**.
- Climate change and disaster resilience and adaptation knowledge are very low across both groups (under 3%), pointing to a population-wide gap.

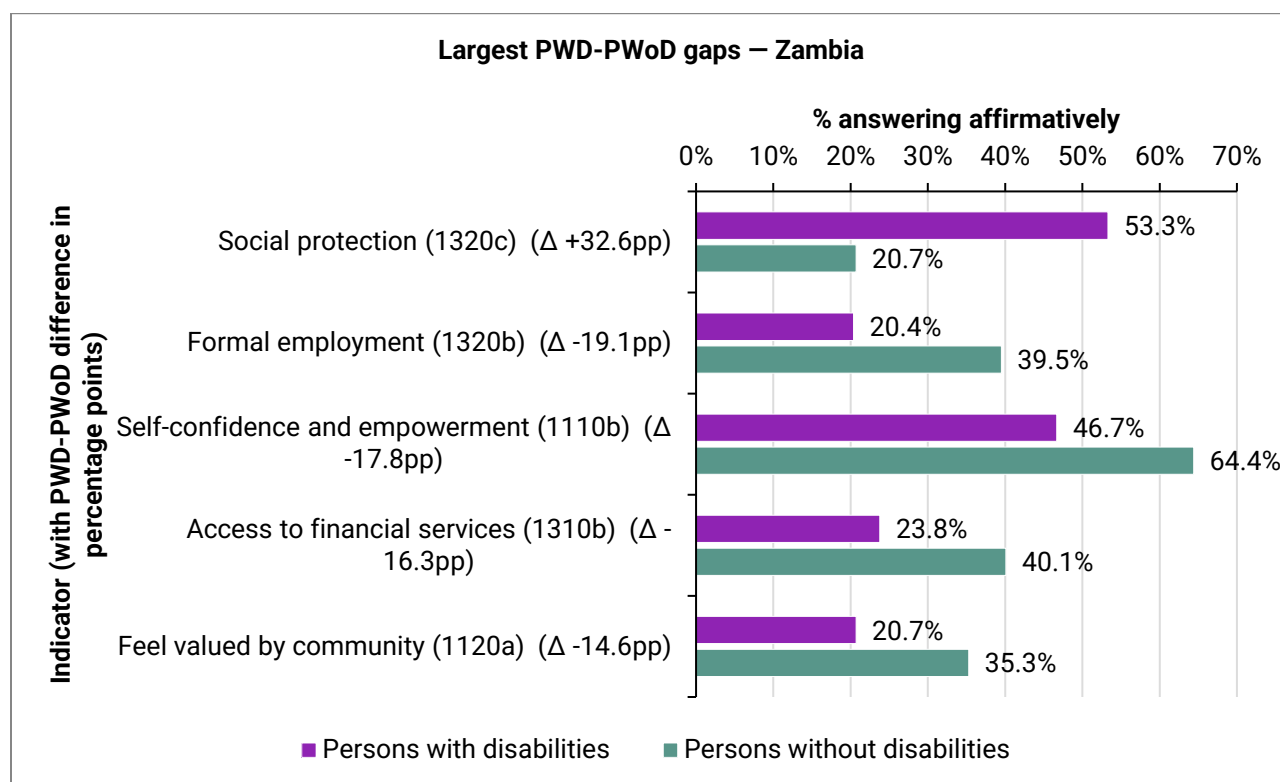


Figure 1: Largest gaps between persons with disabilities and persons without disabilities – Zambia

Key findings – Inclusive Education Assessment

- The IEA was administered in 29 CADiR target schools in Zambia, in 19 mainstream schools and 4 disability specific schools.
- Approximately 1,068 learners with disabilities are enrolled across the 14 schools that disaggregate by disability status (with an estimated total of 1,845 across all 29 schools).
- 19 out of 29 schools reported overall inclusivity scores. Of those 19 schools, 9 score in the "Moderate to High" band and 2 reach the "Very High" band. No school scored "Very Low".
- Module C (Physical Environment) is the strongest module across schools (85% of maximum); Module E (Adaptations and Assistive Technologies) and Module F (Teaching Inclusively) are the weakest (both 50%).
- Less than half of schools (48%) currently disaggregate enrolment registers by disability status (14 of 29).

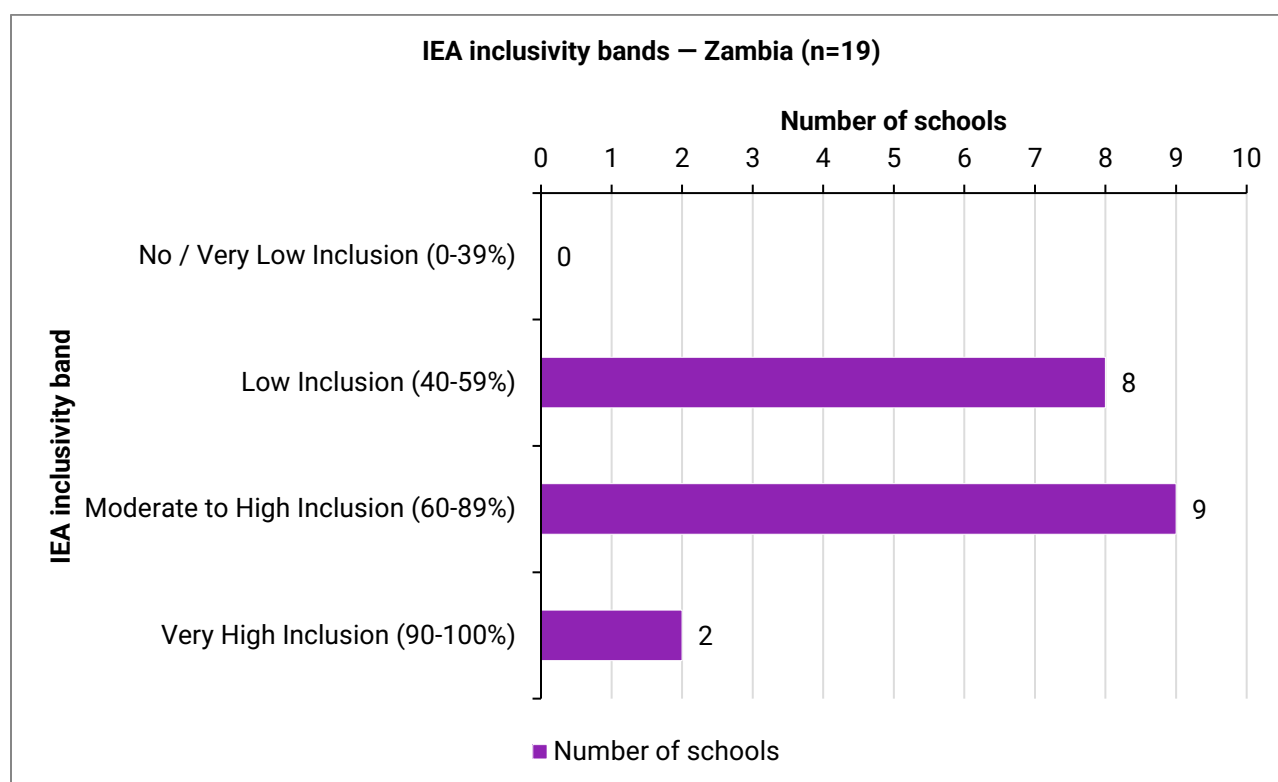


Figure 2: Distribution of CADiR target schools across IEA inclusivity bands – Zambia

Implications for programming

Baseline findings highlight persistent gaps between persons with disabilities and persons without disabilities across human rights, economic, and health and rehabilitation domains, while also showing that Zambia begins from a stronger CBID base than its peers. Findings show how programme partners can target capacity building and advocacy work over the 2025-2029 CADiR programme period.

1 Introduction

1.1 Disability in Zambia

In Zambia, disability inclusion is recognized as a fundamental human right, yet persons with disabilities still encounter significant challenges in various aspects of life. According to the last national disability survey in 2015, 7.7% of the population lives with a disability. Approximately 11 per cent of Zambia's adult population (those above 18 years of age) is estimated to have some form of disability.^{1,2}

Zambia signed the CRPD in February 2008, ratified it in 2010 and enacted the Persons with Disabilities Act No. 6 of 2012, as well as the 2023 Zambia Education Curriculum Framework integrating children with disabilities. Zambia also recently launched National Guidelines for the Implementation of Inclusive and Special Education. The guidelines are intended to strengthen inclusive practices and improve learning outcomes for pupils with special education needs. In May 2026, the National Education Policy (2025) was launched. This is a comprehensive policy that is grounded in the 2023 Curriculum Framework. It introduces a modernized Competence Based Assessment scheme for inclusive education. This shifts the focus from just placing learners with Special Education Needs into regular classrooms to ensure that curricula, digital tools and school-based assessments are flexibly differentiated to accommodate diverse learning styles and abilities. This policy acts alongside the Education (Amendment) Bill of 2026, which legally solidifies the right to free education from Early Childhood Education to secondary school.

Despite this, persons with disabilities still experience high levels of discrimination and inequality. Research in Zambia indicates that people with disabilities face barriers such as stigma and discrimination, inaccessible environments, and limited support services, which restrict their participation in education, employment, and community life^{3,4}

¹ United Nations Children's Fund (UNICEF). (2023). Situational Analysis of the Rights of Persons with Disabilities in Zambia. Compiled by Loening-Voysey, H., Pelser, M., & Wilson, T. for UNICEF. Lusaka: UNICEF Zambia / UNRPD.

² Central Statistical Office (CSO), Ministry of Community Development and Social Services, & University of Zambia (UNZA), in collaboration with SINTEF Technology and Society & UNICEF Zambia. (2015). Zambia National Disability Survey 2015. Lusaka: Ministry of Community Development and Social Services.

³ Scherer, N., Banda-Chalwe, M., Chansa-Kabali, T., Nseibo, K., Seketi, Q.E., McKenzie, J., & Smythe, T. (2024). Disability Research in Zambia: A Scoping Review. *Scandinavian Journal of Disability Research*, 26(1), 44–66. <https://doi.org/10.16993/sjdr.1095>

Zambia is increasingly affected by climate change – extreme weather, drought, and floods – and the establishment of inclusive disaster risk reduction systems is particularly critical for persons with disabilities. The National Policy on Climate Change (2016) recognizes that climate change has a differential impact on men, women, youth, children, and people with disabilities. The Policy further concludes that climate change adversely affects vulnerable groups whose livelihoods largely depends on natural resources. The Disaster Management Act (2010) provides a framework for disaster preparedness and response, while the Zambia National Adaptation Plan focuses on strengthening climate resilience across sectors.

“Leave No One Behind” (LNOB) is the central commitment of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) framework. It means that the benefits of development should reach everyone, especially people and groups who are disadvantaged, marginalized, vulnerable, or excluded.

Leaving no one behind means ensuring that climate policies, programs, and investments are inclusive of persons with disabilities. By placing the needs, rights, and participation of persons with disabilities at the center of climate action, countries can build more resilient, equitable, and sustainable societies while advancing the SDGs. This is the principle driving Zambia’s Vision 2030 and the motivation for each national development plan.

1.2 The CADiR Programme

The Collective Action for Disability Rights (CADiR) programme of the Atlas Alliance brings together Norwegian Organizations of Persons with Disabilities (OPDs) and their in-country partners to deliver an innovative, multi-country programme over 2025–2029 with funding from the Norwegian Agency for Development Cooperation (Norad). CADiR puts persons with disabilities in the driver’s seat through a rights-based approach, working with both rights-holders (persons with disabilities and their families) and duty-bearers (governments, mainstream organizations and service providers).

The programme is delivered across five thematic areas: Human Rights Advocacy (HRA), Organizational Development (OD), Inclusive Education (IE), Economic Empowerment (EE), Health and Rehabilitation (H&R), and Inclusive Climate Change Adaptation and Disaster Risk Reduction (ICCA&DRR). Cross-cutting commitments include gender and equality, climate and environment, safeguarding, and anti-corruption.

⁴ United Nations Children's Fund (UNICEF). (2023). Multi-Country Overview of Barriers and Opportunities for Children and Adolescents with Disabilities in the Eastern and Southern Africa Region. UNICEF ESARO: Nairobi.

1.3 The CADiR Zambia Country Programme

The CADiR Zambia Country Programme implementing partners include:

- Archie Hinchcliffe Disability Intervention (AHDi)
- Bauleni Special Needs Project (BSNP)
- Disability Rights Watch (DRW)
- Norwegian Association of Disabled (NAD)
- Papaya Kay Foundation (PKF)
- Zambia Association of Parents for Children with Disabilities (ZAPCD)
- Zambia Association on Employment for Persons with Disabilities (ZAEPD)
- Zambia Federation of Disability Organizations (ZAFOD)

The programme operates at three interdependent levels: interventions targeting individuals; interventions to strengthen communities and organizations; and interventions targeting systemic change. CADiR Zambia works across five thematic areas with a strong focus on the Community Based Inclusive Development (CBID) approach, which addresses health, education, livelihood, social development and empowerment in an integrated way.

2 Purpose of the Baseline

The baseline study has two complementary purposes. First, to establish a baseline set of measurements against the indicators of each thematic area in the CADiR results framework, so that change over the programme period can be measured and reported. Second, to inform projects, activities, programme targets, and identify gaps and constraints. The baseline results will be used to inform detailed planning and implementation in the first years of the programme.

A Note on Purpose

- This baseline is conducted primarily for programme management and donor reporting purposes. Although results from the CS can be used for research purposes, it is not designed as a research study.
- The sample is designed to be representative at the programme level (95% confidence, $\pm 8\%$ margin of error), not at the level of individual communities, schools or disability sub-groups.
- Findings should be read alongside qualitative knowledge held by programme partners and persons with disabilities themselves.
- Disaggregation by Washington Group functional domain is presented as fractions only, since sub-group sample sizes are not large enough to support standalone inferences.

Findings will be used by CADiR programme management, implementing partners and the donor (Norad). They will also be shared with external stakeholders and communities in Zambia as part of the programme's commitment to accountability and transparency, and to inform inclusive policy dialogue and advocacy.

3 Methodology

The baseline primarily made use of quantitative methods for data collection. Results from two tools are presented in this report:

- The Community Survey – a quantitative survey of adults with and without disabilities living in CADiR target communities.
- The Inclusive Education Assessment (IEA) – a school-level assessment of inclusivity in CADiR target educational institutions.

3.1 Community Survey

The Community Survey is a quantitative survey conducted with both persons with disabilities and persons without disabilities (18 years and above), administered by trained enumerators. The questionnaire combines the Washington Group Short Set on Functioning-Enhanced (WG-SS(E)) with questions adapted from the WHO Community Based Rehabilitation indicators, the Poverty Probability Index, and additional questions to inform CADiR results framework indicators.

Sampling Strategy

A two-stage cluster sampling design was used. In the first stage, approximately 12 communities were randomly selected from the pool of 68 programme communities, stratified by the diversity of programming components present in each. In the second stage, respondents were sampled within each community across four sub-groups: males with disabilities, females with disabilities, males without disabilities and females without disabilities, with a uniform target sample size per community.

The sample is designed to be representative at the country and programme level with a 95% confidence level and an 8% margin of error. Findings should therefore be interpreted at the programme and country level rather than at the level of individual communities or disability sub-groups.

Statistical Testing

For each indicator, differences between persons with disabilities and persons without disabilities were tested using a regression model that adjusts for sex, age and community-level clustering. Results are described as statistically significant where the p-value is below 0.05. Disaggregation by Washington Group functional domain is presented as

descriptive fractions only; given the small sub-group sample sizes, comparisons between domains, between countries, or overarching conclusions at this level should be treated with caution.

3.2 Inclusive Education Assessment (IEA)

The IEA is a school-level assessment tool comprised of five modules – School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively. In Zambia, the IEA was administered in 29 target educational institutions during the baseline period, with overall inclusivity scores reported by 19 schools.

Each module produces a numeric score against a defined maximum. Schools are categorized by their overall score against four bands: No / Very Low Inclusion (0-39%); Low Inclusion (40-59%); Moderate to High Inclusion (60-89%); and Very High Inclusion (90-100%).

3.3 Ethics and inclusive practice

Informed consent was obtained from all participants prior to data collection. Tools were translated into the relevant local languages used in Zambia, with back-translation for the Community Survey to ensure quality. Zambia-based OPDs and partner organizations were involved at every stage of the study, including review of tools and methodology, recruitment and training of enumerators, coordination of data collection, and review of preliminary findings ahead of finalization.

3.4 Limitations

- The sample is designed to be representative at the country and programme level (95% confidence, $\pm 8\%$ margin of error), not at the level of individual communities, schools or disability sub-groups. Findings should be interpreted at the programme and country level only.
- Disability is determined by self-identification through snowball sampling. The Washington Group Short Set on Functioning identifies functional impairments, which do not always map directly onto self-identified disability status.
- Sub-group sample sizes by Washington Group functional domain are not representative; figures by domain are presented as descriptive fractions, and comparisons between domains should be treated with caution.
- Several IEA structural indicators (school inclusion teams, inclusive clubs, inclusive codes of conduct, formal referral pathways) are not currently reported against by the implementing partners in Zambia.

- Only two implementing partners report against the overall IEA inclusivity score, so the score-based analysis in Section 6.2 is restricted to those 19 schools.
- In a small number of cases (less than 3% of respondents), respondents who self-identified as not having a disability were found to have functional impairment per the Washington Group questions, and vice versa.

4 Sample and Respondents

4.1 Community Survey Sample

A total of 682 interviews were conducted in Zambia. Of the 682 respondents, 353 self-identified as having a disability. Table 4.1a presents the achieved sample disaggregated by self-identified disability status and sex against the target sample size of 624 (156 per sub-group). Results are considered representative for each of the four sub-groups.

Sub-group	Frequency
Males with disabilities (PWD)	181
Females with disabilities (PWD)	172
Males without disabilities (PWOD)	162
Females without disabilities (PWOD)	167
Total	682

Table 4.1a: Community Survey sample, by self-identified disability status and sex

Disability Prevalence by Washington Group Domain

Of the 353 respondents who self-identified as having a disability, the Washington Group Short Set-Enhanced identified the following functional impairments. Note that one respondent may have impairments in multiple domains, and the figures are presented as fractions (proportion) because the sample sizes for functional domain are too small to be representative.

Domain	Total (n)	Men (n)	Women (n)	Proportion
Vision	57	31	26	0.16
Hearing	33	16	17	0.09
Mobility	165	89	76	0.47
Cognition	45	18	27	0.13
Self-care	63	39	24	0.18
Communication	46	25	21	0.13
Upper body	78	34	44	0.22
Affect	155	80	75	0.45

Domain	Total (n)	Men (n)	Women (n)	Proportion
Deafblindness	2	0	2	0.01

Table 4.1b: Functional impairments among respondents who self-identified as persons with disabilities, by Washington Group domain

4.2 Inclusive Education Assessment Sample

The Inclusive Education Assessment was administered in 29 target educational institutions across Zambia. Table 4.2 presents school by type, level, and sector.

Characteristic by Type	Number
Mainstream	19
Disability-specific	4
Other	6

Characteristic by Level	Number
Early Childhood Education	17
Primary	22
Lower Secondary	13
Upper Secondary	7
TVET	4
Other	3

Characteristic by Sector	Number
Public / Government	22
Faith-based	5
Other	2

Table 4.2: IEA schools by type, level and sector – Zambia

5 Findings – Community Survey

This chapter presents findings from the Community Survey by thematic area. For each thematic area, two to three main findings are presented in detail. The remaining findings are summarized in a consolidated table at the end of the section.

5.1 Human Rights Advocacy

The Human Rights Advocacy (HRA) thematic area focuses on the ability of persons with disabilities to claim their rights and participate in decision-making at household and community level. The Community Survey collects data against nine HRA indicators.

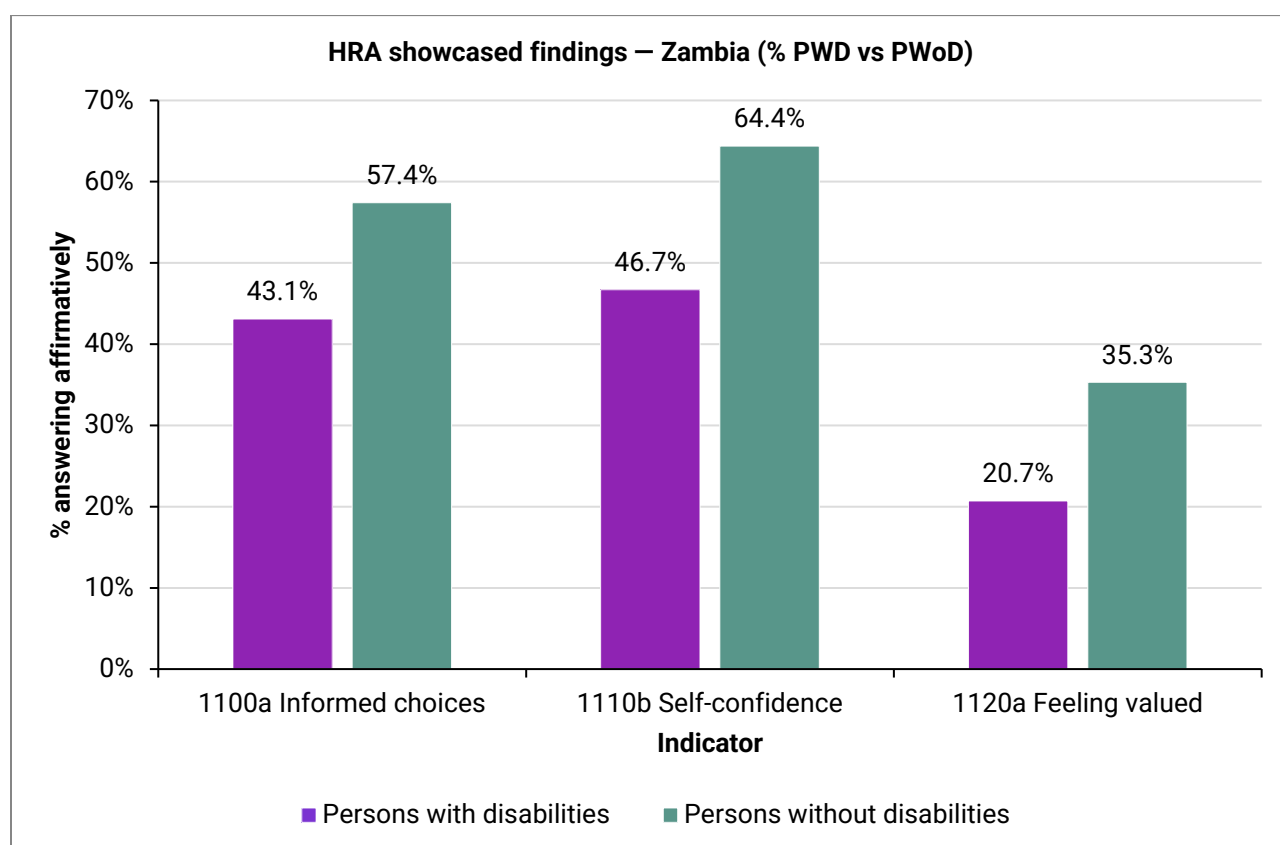


Figure 5.1: HRA showcased findings – Zambia (% PWD vs PWoD)

5.1.1 Indicator 1100a: Making Informed Choices and Decisions

Persons with disabilities are significantly less likely than persons without disabilities to report getting to make informed choices and decisions about their own lives (43.1% vs 57.4%; $p=0.003$). The 14-percentage-point gap reflects the cumulative impact of stigma,

dependency on caregivers and limited access to information. Women with disabilities and women without disabilities both report lower agency than their male counterparts.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	79	73	152	100	89	189
%	43.6	42.4	43.1	61.7	53.3	57.4

Table 5.1.1: Making informed choices and decisions – comparison by sex and disability status (%)
Statistical significance: $p = 0.003$ – statistically significant.

5.1.2 Indicator 1110b: Self-Confidence and Empowerment

Persons with disabilities are significantly less likely than persons without disabilities to report increased self-confidence and empowerment (46.7% vs 64.4%; $p=0.001$). The 17.8-percentage-point gap is the largest negative gap across the HRA indicators in Zambia. Women with disabilities report the lowest self-confidence (39.0% vs 54.1% for men with disabilities).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	98	67	165	115	97	212
%	54.1	39.0	46.7	71.0	58.1	64.4

Table 5.1.2: Self-confidence and empowerment – comparison by sex and disability status (%)
Statistical significance: $p = 0.001$ – statistically significant.

5.1.3 Indicator 1120a: Feeling Valued by Community

Persons with disabilities are significantly less likely than persons without disabilities to report feeling valued as individuals by members of their community (20.7% vs 35.3%; $p<0.001$). The 14.6-percentage-point gap is particularly pronounced for women with disabilities (10.5%) compared to men with disabilities (30.4%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	55	18	73	64	52	116
%	30.4	10.5	20.7	39.5	31.1	35.3

Table 5.1.3: Feeling valued by community – comparison by sex and disability status (%)
Statistical significance: $p = 0.000$ – statistically significant.

5.1.4 Other HRA Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1100b: Agency and opportunities to participate	8.5%	8.2%	+0.3 pp	0.955
1110a: Joint family decision-making	36.3%	42.2%	-5.9 pp	0.179
1120b: Participation in community planning	12.5%	23.4%	-10.9 pp	0.000
1130a: Decision-making bodies	17.6%	26.4%	-8.8 pp	0.003
1611c: Participation in OPD decision-making	26.7%	23.8%	+2.9 pp	0.846
1611d: OPD membership	37.1%	6.4%	+30.7 pp	0.000

Table 5.1.4: Summary of additional HRA indicators (% answering affirmatively)

Summary – Human Rights Advocacy

- Self-confidence and empowerment (1110b) shows the largest negative gap in the HRA data in Zambia (-17.8 pp), followed by access to financial services and feeling valued by community.
- OPD membership is reported to be at 37.1% by PWDs.
- Women with disabilities consistently report lower agency, self-confidence and community recognition than men with disabilities across all three headline indicators.
- Persons with disabilities still report significantly lower opportunities to participate in community planning (12.5% vs 23.4%) and to sit on decision-making bodies (17.6% vs 26.4%). Deepening OPD engagement at district and provincial level is important.

5.2 Economic Empowerment

The Economic Empowerment (EE) thematic area focuses on the ability of persons with disabilities and their families to earn and manage money, access financial services, access employment opportunities, and benefit from social protection. The Community Survey collects data against seven EE indicators.

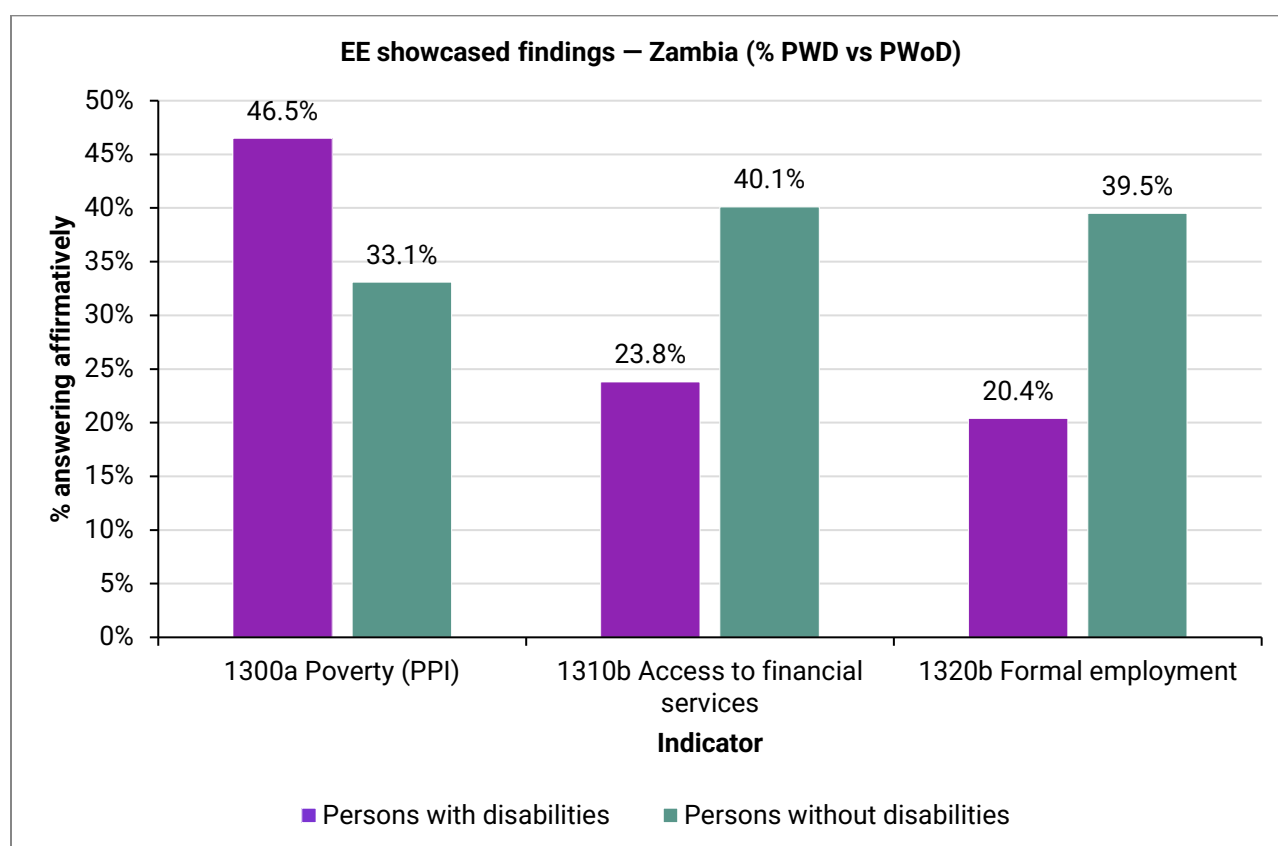


Figure 5.2: EE showcased findings – Zambia (% PWD vs PWoD)

5.2.1 Indicator 1300a: Poverty Probability Index

46.5% of persons with disabilities are likely to live below the national poverty line, compared with 33.1% of persons without disabilities ($p=0.002$). The 13.4-percentage-point gap is among the largest in the Zambia baseline.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	82	82	164	49	60	109

%	45.3	47.7	46.5	30.2	35.9	33.1
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Table 5.2.1: Poverty Probability Index – comparison by sex and disability status (%)

Statistical significance: $p = 0.002$ – statistically significant.

5.2.2 Indicator 1310b: Access to Financial Services

23.8% of persons with disabilities report having access to formal or informal financial services, compared with 40.1% of persons without disabilities ($p=0.003$). The 16.3-percentage-point gap indicates a need for stronger partnerships with banks, microfinance institutions, and mobile money providers to deliver disability-inclusive products.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	40	44	84	62	70	132
%	22.1	25.6	23.8	38.3	41.9	40.1

Table 5.2.2: Access to financial services – comparison by sex and disability status (%)

Statistical significance: $p = 0.003$ – statistically significant.

5.2.3 Indicator 1320b: Formal employment

20.4% of PWDs report formal employment, compared with 39.5% of PWoDs ($p=0.001$). The 19.1-percentage-point gap is the largest gap on any EE indicator in Zambia and underlines the structural barriers to inclusive labor markets.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	35	37	72	60	70	130
%	19.3	21.5	20.4	37.0	41.9	39.5

Table 5.2.3: Formal employment – comparison by sex and disability status (%)

Statistical significance: $p = 0.001$ – statistically significant.

5.2.4 Other EE Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1300b: Financial decision-making	63.5%	84.8%	-21.3 pp	0.000
1310a: Knowledge of financial services	20.1%	36.8%	-16.7 pp	0.000
1320a: Use of financial services (financial account)	16.1%	22.5%	-6.4 pp	0.054

Indicator	PWD %	PwoD %	Difference	p-value
1320c: Social protection	53.3%	20.7%	+32.6 pp	0.000

Table 5.2.4: Summary of additional EE indicators (% answering affirmatively)

Summary – Economic Empowerment

- Formal employment for PWDs is low (20.4%).
- Poverty is significantly higher among PWDs compared to PWDs (46.5% vs 33.1%). Despite this, social protection coverage is reported as slightly higher than poverty rates (53.3% of PWDs receive some form of benefits).
- Access to and use of financial services is lower in Zambia than in Uganda or Tanzania.
- Knowledge of financial services is low (20.1% PWDs vs 36.8% PWDs).

5.3 Health and Rehabilitation

The Health and Rehabilitation (H&R) thematic area focuses on access to inclusive health and rehabilitation services. The Community Survey collects data against eight H&R indicators.

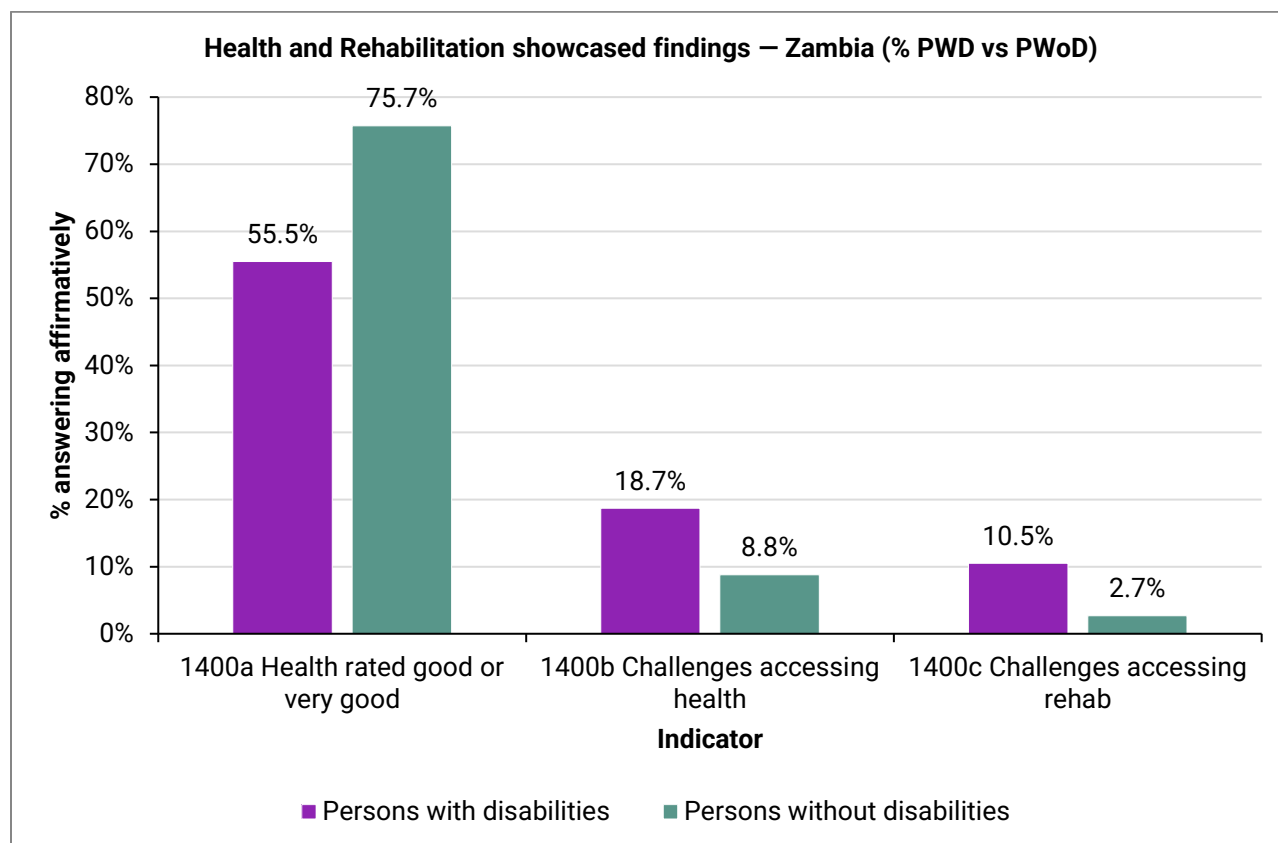


Figure 5.3: Health and Rehabilitation showcased findings – Zambia (% PWD vs PWoD)

5.3.1 Indicator 1400a: Health Self-Rating

55.5% of persons with disabilities rate their health as good or very good, compared with 75.7% of persons without disabilities ($p < 0.001$). The 20.2-percentage-point gap is consistent with the broader access patterns seen in the barriers analysis below.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	103	93	196	127	122	249
%	56.9	54.1	55.5	78.4	73.1	75.7

Table 5.3.1: Health self-rating – comparison by sex and disability status (%)

Statistical significance: $p = 0.000$ – statistically significant.

5.3.2 Indicator 1400b: Barriers Accessing Health Services

Among the persons with disabilities sampled in Zambia, 18.7% reported at least one challenge accessing health services in the last 12 months, compared with 8.8% of persons without disabilities. Women with disabilities report more challenges than men with disabilities (22.7% vs 14.9%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	27	39	66	15	14	29
%	14.9	22.7	18.7	9.3	8.4	8.8

Table 5.3.2a: Challenges accessing health services – comparison by sex and disability status (%)

Statistical significance: $p = 0.001$ – statistically significant.

The CS collected responses on the specific barriers reported by respondents. Figure 5.3.2 presents the eight most-reported barriers to accessing health services in descending order of prevalence among PWDs.

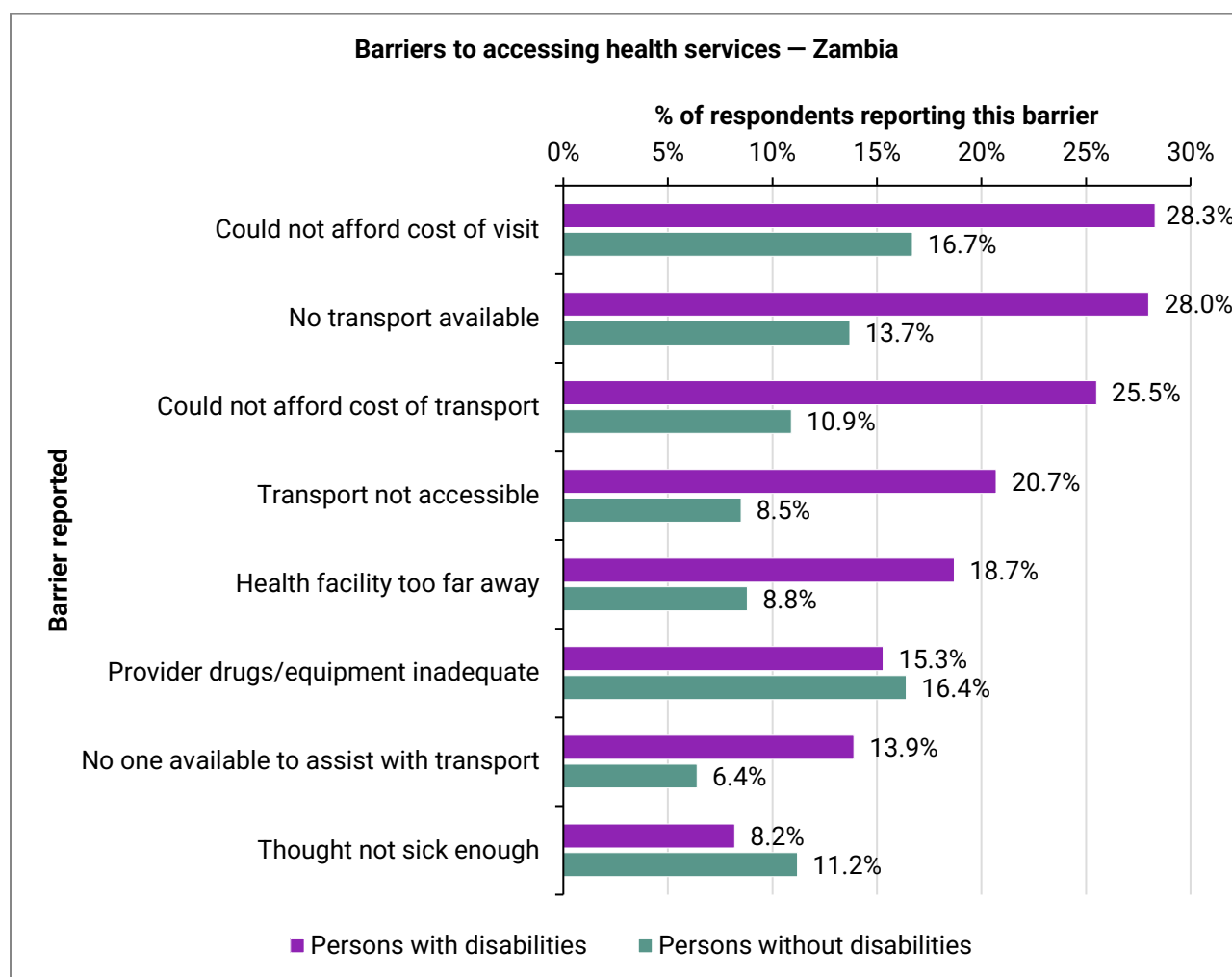


Figure 5.3.2: Barriers to accessing health services – Zambia (% reporting each barrier, multiple-response)

Three patterns are evident. First, the most-reported barriers are related to physical and financial access – affordability of the visit (28.3%), transport availability (28.0%), affordability of transport (25.5%) and accessibility of transport (20.7%). Second, the PWD-PWoD gap is statistically significant on every transport-related sub-item and on cost of visit, indicating these are disability-specific barriers. Third, distance to the health facility is reported as fifth in Zambia (18.7%), suggesting that within the Zambia CADiR target areas the challenge of reaching a facility is more about the transport between home and facility than the distance itself.

Provider-side barriers (inadequate drugs/equipment 15.3%, inadequate skills 3.1%) show no statistically significant PWD-PWoD difference for either group suggesting these are facility-wide capacity constraints rather than disability-specific.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Could not afford cost of visit	28.3%	16.7%	+11.6 pp	Significant (p=0.008)
No transport available	28.0%	13.7%	+14.3 pp	Significant (p=0.002)
Could not afford cost of transport	25.5%	10.9%	+14.6 pp	Significant (p<0.001)
Transport not accessible	20.7%	8.5%	+12.2 pp	Significant (p<0.001)
Health facility too far away	18.7%	8.8%	+9.9 pp	Significant (p=0.001)
Provider drugs/equipment inadequate	15.3%	16.4%	-1.1 pp	Not significant (p=0.759)
No one available to assist with transport	13.9%	6.4%	+7.5 pp	Significant (p=0.002)
Thought not sick enough	8.2%	11.2%	-3.0 pp	Significant (p=0.006)
Previously badly treated	4.0%	2.4%	+1.6 pp	Not significant (p=0.199)
Provider skills inadequate	3.1%	2.7%	+0.4 pp	Not significant (p=0.810)
Tried but was denied health care	2.3%	0.3%	+2.0 pp	Significant (p=0.047)
Did not know where to go	1.7%	1.5%	+0.2 pp	Not significant (p=0.582)
Could not take time off work	1.4%	4.0%	-2.6 pp	Not significant (p=0.238)

Table 5.3.2b: Barriers to accessing health services in the last 12 months, Zambia (% of respondents reporting each barrier)

5.3.3 Indicator 1400c: Barriers Accessing Rehabilitation

Among the persons with disabilities sampled in Zambia, 10.5% reported at least one challenge accessing rehabilitation services in the last 12 months, compared with 2.7% of persons without disabilities (Indicator 1400c). It is important to note that 40.8% of PWD respondents reported they did not need rehabilitation services in the last 12 months, which limits the sample of those who reported barriers. Women with disabilities report substantially more challenges than men with disabilities (13.4% vs 7.7%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	14	23	37	2	7	9
%	7.7	13.4	10.5	1.2	4.2	2.7

Table 5.3.3a: Challenges accessing rehabilitation – comparison by sex and disability status (%)

Statistical significance: $p = 0.000$ – statistically significant.

As with health services, the CS captured the specific barriers to rehabilitation services reported by respondents. Figure 5.3.3 presents the eight most-reported barriers in descending order of prevalence among PWDs.

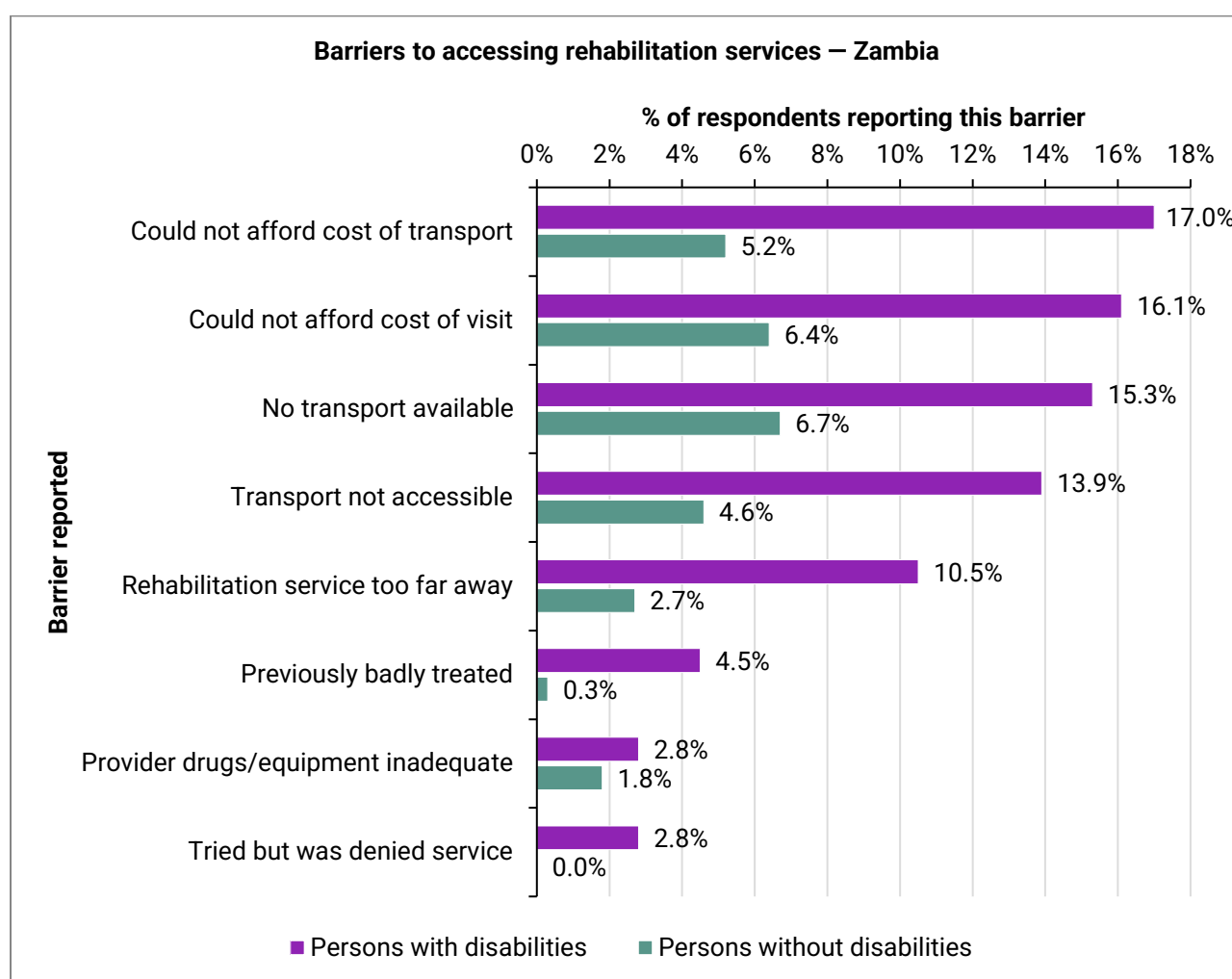


Figure 5.3.3: Barriers to accessing rehabilitation services – Zambia (% reporting each barrier, multiple-response)

The pattern of rehabilitation barriers aligns with the pattern of health barriers in Zambia. All four transport- and affordability-related barriers (cost of transport 17.0%, cost of visit 16.1%, transport availability 15.3%, transport accessibility 13.9%) are among the most reported, with distance to the rehabilitation service in fifth (10.5%). The PWD-PWoD gap is statistically significant for each of these barriers, indicating that they are disability-specific barriers. "Previously badly treated" is also statistically significant (4.5% PWD vs 0.3% PWoD).

Provider-side barriers (inadequate drugs / equipment 2.8%; inadequate skills 1.7%) are reported by smaller proportions of PWDs and the PWD-PWoD differences for these findings are not statistically significant.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Could not afford cost of transport	17.0%	5.2%	+11.8 pp	Significant (p<0.001)
Could not afford cost of visit	16.1%	6.4%	+9.7 pp	Significant (p=0.001)
No transport available	15.3%	6.7%	+8.6 pp	Significant (p=0.006)
Transport not accessible	13.9%	4.6%	+9.3 pp	Significant (p<0.001)
Rehabilitation service too far away	10.5%	2.7%	+7.8 pp	Significant (p<0.001)
Previously badly treated	4.5%	0.3%	+4.2 pp	Significant (p=0.017)
Provider drugs/equipment inadequate	2.8%	1.8%	+1.0 pp	Not significant (p=0.478)
Tried but was denied service	2.8%	0.0%	+2.8 pp	Not testable (—)
Did not know where to go	2.0%	1.2%	+0.8 pp	Not significant (p=0.335)
Could not take time off work	1.7%	0.6%	+1.1 pp	Not significant (p=0.242)
Provider skills inadequate	1.7%	0.9%	+0.8 pp	Not significant (p=0.450)

Table 5.3.3b: Barriers to accessing rehabilitation services in the last 12 months, Zambia (% of respondents reporting each barrier)

5.3.4 Other H&R Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1400d: Treatment decision-making	49.6%	62.0%	-12.4 pp	0.054
1410a: Received recommended health services	48.4%	43.2%	+5.2 pp	0.200
1410b: Needed and received health care	74.3%	81.1%	-6.8 pp	0.158

Table 5.3.4: Summary of additional H&R indicators (% answering affirmatively)

Summary – Health and Rehabilitation (CS)

- PWDs in Zambia are more than twice as likely as PWoDs to report challenges accessing health services (18.7% vs 8.8%) and nearly four times as likely to report challenges accessing rehabilitation (10.5% vs 2.7%). Women with disabilities report higher levels of challenges than men with disabilities for both indicators.
- Affordability of the visit and transport-related barriers (availability, accessibility, cost, and assistance) are the most cited barriers for both health and rehabilitation services. The PWD-PWoD gap is statistically significant on every transport sub-item.
- Distance to the facility is reported less frequently in Zambia compared to access – the access challenge in Zambia is more about getting to the facility (transport) than about how far away it is.
- Provider-side barriers (drugs/equipment and skills inadequacy) are reported by lower proportions of PWDs in Zambia than for transport barriers, and the PWD-PWoD gaps are not statistically significant – pointing to facility-wide capacity constraints rather than disability-specific constraints.
- "Previously badly treated" is statistically significant for rehabilitation (4.5% PWD vs 0.3% PWoD), suggesting qualitative follow-up with PWD users of rehabilitation services in Zambia is needed.

5.4 Inclusive Climate Change Adaptation and Disaster Risk Reduction

For Inclusive Climate Change Adaptation and Disaster Risk Reduction (ICCA&DRR), the Community Survey collects data against two indicators capturing self-reported resilience and knowledge of how to adapt to climate change and respond to disasters.

Indicator	PWD %	PWoD %	Difference	p-value
1500: Climate change and disaster resilience	1.1%	2.4%	-1.3 pp	0.154
1510a: Climate adaptation knowledge	0.3%	1.5%	-1.2 pp	0.000

Table 5.4: ICCA&DRR indicators (% answering affirmatively)

Summary – Inclusive Climate Change Adaptation And Disaster Risk Reduction

- Only 1.1% of PWDs and 2.4% of PWoDs report improved climate change and disaster resilience. The difference is not statistically significant, indicating that resilience to climate and disaster-related shocks is low across communities.
- Knowledge of how to adapt to climate change and respond to disasters is similarly low (0.3% PWD vs 1.5% PWoD, $p < 0.001$). This underlines a major gap in awareness and knowledge of climate and disaster preparedness community-wide, while the statistically significant PWD-PWoD gap shows that persons with disabilities are at greater risk of being left behind.
- Zambia faces increasing climate-related disasters; CADiR's ICCA&DRR work should equip OPDs to engage with the Zambia National Adaptation Plan and ensure persons with disabilities are visible in district disaster preparedness committees.

6 Findings – Inclusive Education Assessment

6.1 Enrolment of Learners with Disabilities

The Inclusive Education Assessment (IEA) was conducted in 29 target schools in Zambia. Of these 29 schools, 28 schools (96.6%) maintain enrolment registers; 14 (48.3%) disaggregate the register by disability status, and 12 (41.4%) disaggregate by type of disability. The figures presented in Table 6.1a combine: registered figures from the 14 schools whose registers record disability status; and school estimates provided by teachers and head teachers in the remaining 15 schools.

Source	Boys	Girls	Total
Registered (n=14 schools)	540	528	1,068
Estimated (n=15 schools)	422	355	777
Total estimated (n=29 schools)	962	883	1,845

Table 6.1a: Number of learners with disabilities enrolled in CADiR target schools, by sex

Note: figures from the 15 schools without disaggregated registers are estimates provided by school staff and should be interpreted with caution. They are presented to give an indicative total enrolment figure across the CADiR target schools.

In the table below, figures are from the 12 schools that disaggregate by type of disability.

Disability type	Boys	Girls	Total
Hearing	189	186	375
Cognitive	104	110	214
Walking (mobility)	73	52	125
Multiple disabilities	53	53	106
Seeing (visual)	46	29	75
Deafblindness	31	34	65
Self-care	12	15	27
Communication	11	11	22
Affect	10	4	14

Disability type	Boys	Girls	Total
Upper body	5	6	11
Not specified	1	1	2
Total (n=12 schools)	522	513	1,035

Table 6.1b: Learners with disabilities by disability type (schools that disaggregate by type)

6.2 School Inclusivity Scores

The IEA aims to determine the inclusivity of teaching and learning environments for learners with disabilities. Of the 19 schools whose inclusivity scores are reported, 9 (47%) score in the Moderate to High band and 2 reach the Very High band. No school scored Very Low.

IEA scores are calculated against a maximum of 42 points across the five modules (School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively).

Disability-specific schools tend to cluster in the higher bands, reflecting their strong focus on learners with disabilities.

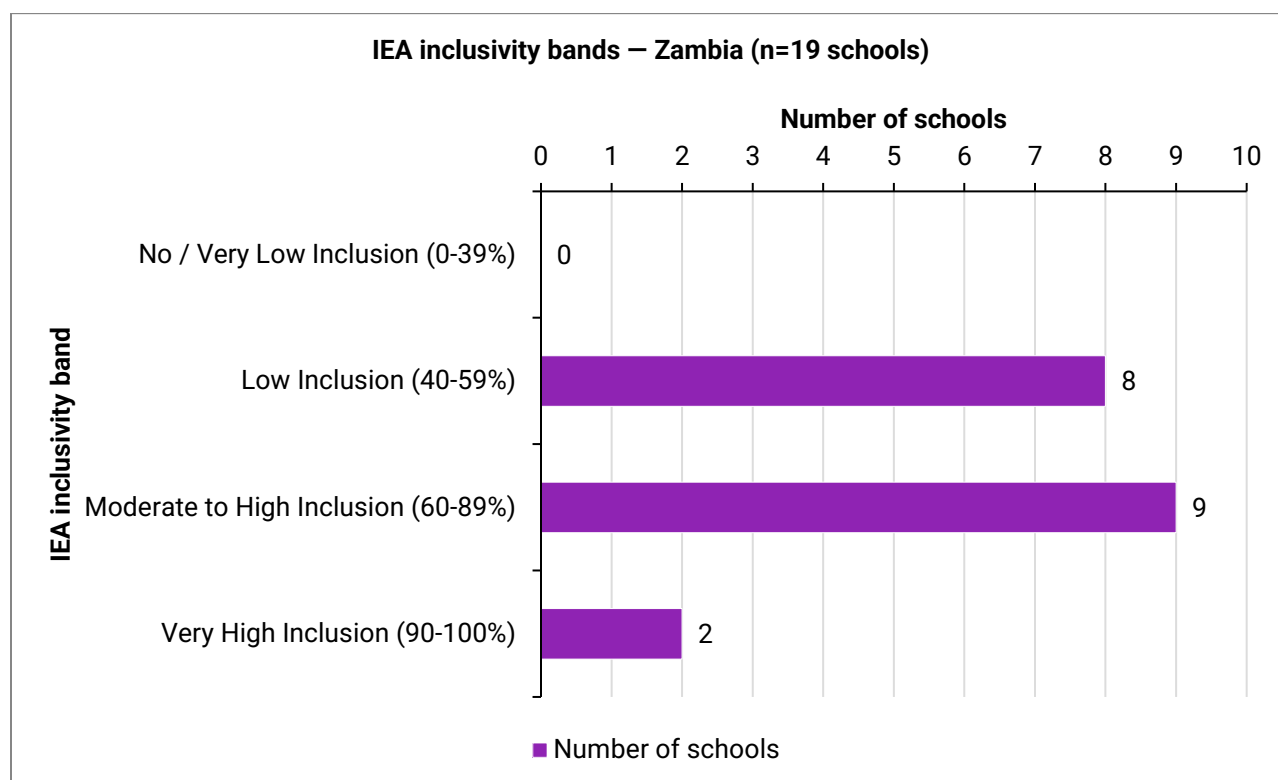


Figure 6.2: Distribution of CADiR target schools across IEA inclusivity bands (n=19) – Zambia

Inclusivity band	Number of schools	Percent
No / Very Low Inclusion (0-39%)	0	0.0%
Low Inclusion (40-59%)	8	42.1%
Moderate to High Inclusion (60-89%)	9	47.4%
Very High Inclusion (90-100%)	2	10.5%
Reported total	19	100.0%

Table 6.2a: Distribution of CADiR target schools by IEA inclusivity band (n=19)

Below, Table 6.2b presents the mean score of all reporting schools per module. Module C (Physical Environment) is the strongest, reflecting investment in accessibility infrastructure across the assessed schools; while Modules E (Adaptations and Assistive Technologies) and F (Teaching Inclusively) have the lowest scores.

Important to note that not all Zambia country programme partners implement activities and interventions that focus on every module of the IEA as part of the CADiR programme. In Zambia, the predominant focus in schools is Teaching Inclusively (Module F), Physical Environment/Infrastructure (Module C), and Adaptations and Assistive Technologies (Module E).

Module	Mean score (% of max)
Module B: School Leadership and Management	76%
Module C: Physical Environment / Infrastructure	85%
Module D: Wellbeing of Learners	62%
Module E: Adaptations and Assistive Technologies	50%
Module F: Teaching Inclusively	50%

Table 6.2b: Module-level performance across the assessed schools (mean % of maximum score)

6.3 Other IEA indicators

In addition to the overall inclusivity score, the IEA captures structural aspects of school inclusion. Implementing partners in Zambia do not currently report against the school inclusion team, inclusive club, code of conduct or referral pathway indicators in the IEA, reflecting differences in how the partners structure their school-level inclusion work.

Indicator	Result
Schools maintaining enrolment registers	28 of 29 (96.6%)
Schools whose register disaggregates by disability status	14 of 29 (48.3%)
Schools whose register disaggregates by disability type	12 of 29 (41.4%)
Schools reporting overall IEA inclusivity score	19 of 29 (BSNP and ZAPCD only)
School inclusion teams (not reported by Zambia partners)	Not reported
Inclusive clubs (not reported by Zambia partners)	Not reported
Inclusive codes of conduct (not reported by Zambia partners)	Not reported
Formal disability service referral pathways (not reported)	Not reported

Table 6.3: Summary of additional IEA indicators

Summary – Inclusive Education

- Of the 19 schools whose inclusivity scores are reported, 9 (47%) reach the Moderate to High band and 2 (10.5%) reach Very High. No school scored Very Low.
- Module C (Physical Environment) is the strongest module across schools at 85% – accessibility infrastructure investments are bearing fruit. Module E (Adaptations and Assistive Technologies) and Module F (Teaching Inclusively) are the weakest (both 50%), pointing to the need to deepen investment in adaptive teaching materials.
- Less than half of schools currently disaggregate enrolment registers by disability status (14 of 29; 48%). This points to a need to support schools in introducing inclusive enrolment registers.
- Disability-specific schools cluster at the higher end of the inclusivity distribution.

7 Conclusions

The CADiR Zambia baseline provides an initial quantitative understanding of where persons with disabilities stand relative to persons without disabilities at the start of the 2025-2029 programme period. A crucial finding is that persons with disabilities in CADiR target communities face significant disadvantages in making informed choices and decisions, in economic participation, and in access to health and rehabilitation services. At the same time, the country programme begins from a strong CBID position – reflected in the relatively high rates of OPD membership and social protection coverage among PWDs in Zambia.

Findings from the CS on barriers to health and rehabilitation services reveal a consistent pattern: persons with disabilities are constrained less by an absence of facilities, but more by the difficulty of reaching them, physically and financially. Affordability of the visit, availability and accessibility of transport, and cost of transport collectively account for most barriers reported, and the PWD-PWoD gap is statistically significant on every transport-related sub-item. Distance to the facility is reported less frequently in Zambia than in other countries, meaning the access challenge in Zambia is more about getting to the facility than about how far away it is. For rehabilitation, "previously badly treated" is statistically significant (4.5% PWD vs 0.3% PWoD), pointing to a need for further follow-up with PWD who make use of rehabilitation services in Zambia.

Findings from the Inclusive Education Assessment show that physical accessibility and school leadership are strong across the assessed schools, while individualized supports, inclusive teaching practice and disaggregated enrolment data are weaker. Disability-specific schools cluster at the higher end of the inclusivity distribution compared to mainstream schools.

These findings give CADiR partners a programme-level baseline against which to measure change over the next four years. Importantly, they provide an evidence base to use in policy dialogue with stakeholders and duty-bearers on the implementation of the Persons with Disabilities Act 12, the National Policy on Persons with Disabilities, the 2023 Education Curriculum Framework, the 2026 National Guidelines for the Implementation of Inclusive and Special Education, and the National Adaptation Plan.

Cross-cutting implications

- Strengthen the gender focus across thematic areas: women with disabilities consistently report the lowest agency, self-confidence, community recognition, and challenges accessing health and rehabilitation services.
- Continue to consolidate OPD organizational capacity (governance, advocacy, financial management) – building on Zambia's comparatively high OPD membership rates.
- Support the implementation of inclusive enrolment registers in CADiR target schools.
- Build on Zambia's strong social protection coverage for PWDs (53.3%).
- Use baseline findings as the basis for transparent dialogue with government stakeholders on inclusive policy implementation under the CRPD.

9 Annexes

Annex A: Indicator Descriptions

Code	Indicator	Tool
1100a	% of persons with disabilities who report getting to make informed choices and decisions	CS
1100b	% of persons with disabilities reporting improved agency and opportunities to participate in household and community	CS
1110a	% of persons with disabilities who report joint decision-making with family members on personal care and household purchases	CS
1110b	% of persons with disabilities who report increased self-confidence and empowerment	CS
1120a	% of persons with disabilities who feel valued as individuals by members of their community	CS
1120b	% of persons with disabilities who report participation in community planning	CS
1130a	% of persons with disabilities on local, programme and national decision-making bodies	CS
1210a	# of learners with disabilities enrolled in target educational institutions	IEA
1220	% of educational institutions with increased inclusivity of teaching and learning environments for learners with disabilities	IEA
1300a	Poverty Probability Index – proportion of respondents likely to live below the national poverty line	CS
1300b	% of persons with disabilities who report deciding how to use their money and other resources	CS
1310a	% of persons with disabilities who report knowing how to access formal and informal financial services	CS
1310b	% of persons with disabilities who report having access to formal and informal financial services	CS
1320a	% of persons with disabilities with an account at a financial service	CS
1320b	% of persons with disabilities with formal employment	CS
1320c	% of persons with disabilities enrolled in social security programmes or receiving benefits	CS

Code	Indicator	Tool
1400a	% of persons with disabilities who rate their health as good or very good	CS
1400b	% of persons with disabilities who report challenges accessing health services	CS
1400c	% of persons with disabilities who report challenges accessing rehabilitation services	CS
1400d	% of persons with disabilities who report being involved in making decisions about their treatment	CS
1410a	% of persons with disabilities who receive recommended health checkups	CS
1410b	% of persons with disabilities that needed medical care in the last 12 months and received the care needed	CS
1500	% of persons with disabilities and caregivers who report improved climate change and disaster resilience	CS
1510a	% of persons with disabilities who know how to adapt to climate change and respond to disasters	CS

Table A1: CADiR Indicators reported in this document

